SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015 BRIDGEPORT, CONN.

LAND RECORDS

REC'D FOR RESORD FILING

Page I of 109

23 APR 10 PM 3: 52

ATTEST:

Chsolia D. Chinone Jr. Do Noc Mark in This Space For Official Use Gary

COVER PAGE

1. NAME OF COMMITTEE	and the same					-	
Ganim for Bridgeport 23							
2. TREASURER NAME				Salting Co.	100000000000000000000000000000000000000		
First		МІ	Last			Suffix	
Anthony		Sale.	Paoletto			136	
3. TREASURER ADDRESS	WALLES OF THE PARTY NAMED IN					and the last	
Street Address			City			State	Zip Code
321 Lynne Place		- 1	Bridgeport			СТ	06610
4. ELECTION/REFERENDUM DAT	TE 5. OFFICE SOU	GHT	(Complete only if Cana	fidate Committee)	6. DISTRICT NUM	IBER	ALC: NO
(mm/dd/yyyy)					(if applicable)		(*************************************
11/07/2023	Mayor						
7. CANDIDATE NAME (Complete	only if Candidate or Exp	lonator	y Committee)			- 1/2 E	
First		MI	Last			Suffix	
Joseph		P.	Ganim				
8. TYPE OF REPORT (Check On	e Box)	100	TELL II, I E.		MV have	Billey II	
	7th day preceding p 30 days following p 7th day preceding e 12th day preceding e (State Central Com. 45 days following e held in November Beginning Date	orimary lection election mittees	45 days Deficit n Termina Only)	preceding referendum following referendum stion Ending Date 03/31/2023	— (PACs ONI	.Y) to	soursemen
10. CERTIFICATION							N
I hereby certify and state, under Campaign Finance Disclosure	Statement for the po		covered is true, accu	rate and complet	e. Juverso "	// // // DATE (mm/	
A person who is for			villfully violated any penalty or imprisonmen		mpaign finance		,

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

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of 109

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Ganim for Bridgeport 23	April 10 filing			
	COLUMN A This Period	COLUMN B Aggregate		
11 Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.0		
12. Balance on hand at the beginning of Reporting Period	\$204,516 42			
13. Contributions received from Individuals (Section A and B)	\$84,415.00	\$314,430.00		
14. Receipts from Other Committees (Sections C1 and C2)	\$2,000.00	\$8,400.00		
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0,00		
6a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00		
60. Per Public Act 11-48, effective January 1, 2012 Section 1.2. removed				
6c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$3,825.00	\$3,825.00		
7. Total Monetary Receipts (add totals for lines 13-16c)	\$90,240.00	\$326,655.00		
8. Subtotals (add totals in Line 12 + 17 in Column A, and in Line 11 + 17 in Column B)	\$294,756.42	\$326,655.00		
9. Expenditures Paid by Committee (Section P)	\$19,649.62	\$40,918.66		
0 Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$285,736.34	\$285,736.34		
1. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0,00		
2 In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00		
3. In-kind Contributions Received (Section M)	\$2,328.61	\$4,649.06		
4 Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00		
5 Loan Balance	\$0.00			
Sa + Loans Received (Section D)	\$0.00	\$0.00		
5b + Interest and Penalties on Loan	\$0.00	\$0.00		
6c - Payments on Loan	\$0.00	\$0.00		
d. Total Outstanding Loan Amount	\$0.00			
Campaign Expenses Paid by Candidate (Section Q)	40.00	***		
	\$0.00	\$0.00		
Expenses Incurred on Committee Credit Card (Section R)	\$0,00	\$0.00		
Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00			
a Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00			

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NAME OF COMMITTEE (Provide Complete Name as Registered	d with Filing Repo	ository)		TYPE OF REPORT	400000		
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Receive	ed this Period (ONLY	A PROPERTY.				
(See instructions for definition of Small Contributor)		S	abtotal Section	A			\$0.0
B. Item	nized Contribu	tions fre	un Individual		2000		ALC: NO
Last Name		First					M.I.
Tubens		Misa	el				
Residential Street Address	City	-			State	Zip Code	
164 Beechmont Ave, Apt D	Bridge	port			СТ	06606-	4311
Principal Occupation			Employer				
Auxiliary Service Worker		City of	Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in emunicipality does communicipality valued as	ntributor or business	s he/she is a		f executive officer of a e a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal If yes, indicate which to branches of government contract is with	branch or	r or prosper	ctive state contracto	☑ res ☑No			\$250.00
Method of contribution: Cash Personal Check Credit Debit Card Payroll Deduction		I	Date Received 03/30/2023	Aggregate contributions \$400.00			
Last Name		First		'		72.7	M.I.
Richman		Richa	ırd				
Residential Street Address	City				State	Zip Code	
777 W Putnam Ave	Greenv	wich			CT	06830-5	5091
Principal Occupation Chairman		1759	Employer chman Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in examinicipality does conmunicipality valued at	tributor or business	he/she is as			Amoui	at of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal If yes, indicate which by branches of government branches of government	oranch or	or prospec	tive state contracto	r? ☐ Yes ☑ No		\$	1,000.00
If yes, list Event # branches of government contract is with:	Ex	ecutive	Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduc	tion Money Ord		Pate Received 3/31/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Brand	-2 3 9 1	Victor	ia				2 2
Residential Street Address	City	8			State	Zip Code	
740 Orchard St	Middleto				NJ	07748-2	.522
Principal Occupation Homemaker		Name of I Homen					
Is contributor a lobby ist, spouse, or dependent child of a lobby ist? Yes If contribution is in exemunicipality does continuincipality valued at	tributor or business h				Amoun	t of Contr	ibution
is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which be branches of government in with	ranch or	or prospect	ive state contractor	☑ Tes		\$1	,000.00
Vethod of contribution		-	ate Received	Aggregate contributions			

\$2.250.00	SUBTOTAL Section B - This Page
\$84.415.00	TOTAL of Section B Pages
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Page	4	of	109

NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Repos	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - Reco	rived this Period C	NLY		Lipido		
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
B.10	temized Contribut	ions from Individual	3			
Last Name		First				M.I.
Berkowitz		Adriana				
Residential Street Address	City			State	Zip Code	
116 Princess Pine Ln	Fairfield	i .		CT	06824-	7857
Principal Occupation		Name of Employer				H-19
Homemaker		Homemaker				
dependent child of a lobbyist? municipality does		ndidate committee for a chie he/she is associated with hav Yes		Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branches of governments to suit.	ch branch or	or prospective state contract	∐ tes ☑No		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll De	eduction Money Orde	Date Received 02/11/2023	Aggregate contributions \$1,000.00	1		
Last Name		First	70.0 77 72 30		13 - 10 - 10	M.L
Farrow		Edwin				
Residential Street Address	City			State	Zip Code	
3324 Main St, Apt 5	Bridgep	ort		СТ	06606-4	1227
Principal Occupation Attorney		Name of Employer Edwin P. Farrow, Att	tomey at Law			
dependent child of a lobbyist? municipality does		didate committee for a chie e/she is associated with have Yes		Amou	nt of Cont	ribution
event reported in Section L1? Tes If yes, indicate which	h branch or	or prospective state contracto	or? Yes ✓ No		\$	1,000.00
If yes, list Event = branches of government contract is with	Exe	cutive Legis	lative			
Method of contribution ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll De	duction Money Order	Date Received 02/01/2023	Aggregate contributions \$1,000.00			
Last Name		First				M.L
Richman		Ellen				
Residential Street Address	City	J		State	Zip Code	
777 W Putnam Ave	Greenwi	ch 		CT	06830-5	091
Principal Occupation Adjunct Professor		Name of Employer Columbia University				***
dependent child of a lobbyist? Manufacture municipality does c		didate committee for a chief e/she is associated with have Yes		Amoun	t of Contr	ibution
s this contribution associated with an vent reported in Section L1? Yes, list Event # Ves Ves, list Event # Is contributor a princip If yes, indicate which branches of government to with	h branch or	r prospective state contracto	∐ Tes √No		\$1	,000.000
elethod of contribution		Date Received	Aggregate contributions			

\$3,000.00	SUBTOTAL Section B - This Page
\$84,415,00	TOTAL of Section B Pages
\$84,415,00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Page	5	of	109

NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing Repos	sitory)	TYPE OF REPORT			TRUE STATE
Ganim for Bridgeport 23			April 10 filing		-	
A. Total Contributions from Small Contributors	s - Received this Period O	NLY	7/5			14.14
(See instructions for definition of Small Contributor)		Subtotal Sect	ion A			\$0.00
	B. Itemized Contribut	ions from Individu	uals			
Last Name	NO. 1 (1) 1	First				ML
Robinson		Larry				
Residential Street Address	City			State	Zip Code	1
566 Wood Ave	Bridgep	ort-		CT	06604-	2430
Principal Occupation		Name of Employer		•		
Retired		Retired				
dependent child of a lobbyist? Mo municip	bution is in excess of \$400 to a car ality does contributor or business la ality valued at more than \$5,000?			Amou	nt of Cont	ribution
event reported in Section L1? If yes, inc	or a principal of a state contractor dicate which branch or of government the with:	_	Yes Gislative			\$50.00
Method of contribution	Payroll Deduction Money Orde	Date Received 03/31/2023	Aggregate contributions \$50.00			
Last Name	180	First	and Wild Massa, Heaters Acceler		100 m	M.I.
Bakiriddin		Ayanna	P. Commence			
Residential Street Address	City		***************************************	State	Zip Code	
666 Winthrop Ave	New Ha	ven		CT	06511-2	2834
Principal Occupation Homemaker		Name of Employer Homemaker				
dependent child of a lobbyist? [2] No municipa	oution is in excess of \$400 to a can dity does contributor or business h dity valued at more than \$5,000?			Amour	it of Cont	ribution
event reported in Section L. 7 If yes, indi	or a principal of a state contractor of scate which branch or f government the	or prospective state contra	ector? ☐ Yes			\$500.00
If yes, list Event # contract is		cutiveLe	gislative			- 1
Method of contribution: ☐ Cash ☐ Personal Check ☑ Crediv Debit Card ☐ P	Payroll Deduction Money Order	Date Received 03/31/2023	Aggregate contributions \$500.00	5 6		
Last Name		First				MI
Dorgan		Johanna				
Residential Street Address	City			State	Zip Code	
88 Lance Cir	Bridgepo			СТ	06606-1	045
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist municipal	ution is in excess of \$400 to a candity does contributor or business he ity valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1? [f yes. indic	a principal of a state contractor of cate which branch or government the		ctor? Yes No uslative			\$100.00
Method of contribution	ayroll Deduction Money Order	Date Received 03/22/2023	Aggregate contributions \$175.00	9		

\$650.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84.415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete	Name as Registered with .	Filing Repo	sitory)		TYPE OF REPORT	Sept. 1		
Ganim for Bridgeport 23					April 10 filing			
A. Total Contributions from Small Cont.	ributors - Received thi	s Period (DNLY		J - 00.007.00000			
(See instructions for definition of Small Contril	bustor)		Sub	total Section				\$0.0
	B. Itemized	Contribut	ions from	Individuals		4764		
Last Name			First		WILLIAM TO THE TANK	2 0000		M.L
Gaines			Audrey					
Residential Street Address		City	Addicy		- V-1 - V	State	Zip Code	1
30 Nautilus Rd		Bridger	oort			CT	06606	
Principal Occupation		1 .	Name of Em	plover				
Supervisor			City of Br	idgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	r or business than \$5,000°	he/she is asso	Yes	a contract with said No	Amou	nt of Con	tribution
event reported in Section L1? No 15	contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or prospective	e state contractor	[]No			\$100.00
Method of contribution: ☐ Cash	rd Payroll Deduction	Money Orde	5/1	Received 22/2023	Aggregate contributions \$175.00			
Last Name	1272		First				-	MI
Williams			Donasia					
Residential Street Address		City				State	Zip Code	
267 W Hazel St		New Ha	ven			CT	06511-	1736
Principal Occupation Medical Case Manager			Name of Emp South We		ty Health Center			
	If contribution is in excess of municipality does contributor municipality valued at more d	or business h	e/she is assoc			Amoun	t of Cont	ribution
event reported in Section L1? When list Event # 032223a	contributor a principal of a state fyes, indicate which branch or ranches of government the	-	or prospective	state contractor	∐ Yes ✓ No			\$100.00
Method of contribution Cash Personal Check Credit/Debit Care	ontract is with Deduction	Money Orde	Date	Received 2/2023	Aggregate contributions \$100.00			
Last Name			First					MI
			14 41					
Ortiz			Katherine	:				-
Residential Street Address		City Bridgepo	12.00%			State CT	Zip Code 06606-3	715
Residential Street Address 9 Elm Ct Principal Occupation		Bridgepo	12.00%	lover				715
Residential Street Address 9 Elm Ct Principal Occupation Community Liaison Is contributor a lobbyist, spouse, or Yes Idependent child of a lobbyist?	If contribution is in excess of S municipality does contributor municipality valued at more th	Bridgepo	ort Name of Empl Webster B	lover ank tee for a chief ex		СТ		
Residential Street Address 9 Elm Ct Principal Occupation Community Liaison Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? West list Event # 032223a No bra	municipality does contributor of	Bridgepo 5400 to a canco or business he an \$5,000?	Name of Employeester B	over ank tee for a chief ex and with have a Yes	No Yes	СТ	06606-3	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$84.415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84.415.00

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NAME OF COMMITTEE (Provide Complete Name as Registere	ed with Filing Repo	sitory)	TYPE OF RE	PORT	
Ganim for Bridgeport 23	Fer.		April 10 filin	g	1,000
A. Total Contributions from Small Contributors - Receive	ved this Period (DNLY	Date of the last		
(See instructions for definition of Small Contributor)		Subtotal Se	ection A		\$0.0
B. Ite	mized Contribu	tions from Indivi	iduals		CK TO THE TOTAL OF
Last Name		First			MI
Nastu		Lee			Р
Residential Street Address	City			State	Zip Code
172 Toll House Ln	Fairfiel	d		СТ	06825-1052
Principal Occupation		Name of Employer			
Coordinator		City of Bridgepo	ort		
dependent child of a lobbyist? municipality does of		he/she is associated w	a chief executive officer of th have a contract with sa		nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal of yes, indicate which branches of government contract is with:	n branch or		ontractor? Ye Legislative		\$100.0
Method of contribution Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	uction Money Ord	Date Receive 03/22/202		ibutions 100.00	
Last Name		First	- 32-	100	MI
Roach		Stephen			Р
Residential Street Address	City			State	Zip Code
113 Brittin Ave	Bridgep	ort		CT	06605-3419
Principal Occupation PGA Golf Professional		Name of Employer First Tee CT			
	ntributor or business l		a chief executive officer of th have a contract with said No		nt of Contribution
Is this contribution associated with an event reported in Section L1? No N	branch or	or prospective state con	ntractor?	1	\$100.00
If yes, list Event ≠ 032223a	nt the Exe	ecutive []	Legislative		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	action Money Orde	Date Receiver 03/22/202	100	00.00	
Last Name		First			M.I.
Talamelli-Cusick		Karen			
Residential Street Address	City			State	Zip Code
6 Diana Dr	Woodbr			СТ	06525-1217
Principal Occupation Consulting	10366	Name of Employer Cusick & Co LLC			o kir
	ntributor or business h		chief executive officer of h have a contract with said No	1.3 mout	nt of Contribution
s this contribution associated with an vent reported in Section L1? Yes, list Event = 032223a No Is contributor a principal ff yes, indicate which be branches of government contract is with	branch or		egislative		\$100.00
Method of contribution	ction Money Order	Date Received 03/22/2023		outions 00.00	

\$300,00	SUBTOTAL Section B - This Page
\$84.415.00	TOTAL of Section B Pages
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository		TYPE OF REPORT		36617460	
Ganim for Bridgeport 23			April 10 filing			-026200
A. Total Contributions from Small Contributors -	Received this Period ONL	Y				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
	B. Itemized Contributions	from Individual				TACKNET P
Last Name	Fü	Control of the Contro	Annah di Santa Waller and Harring S			M.I.
Nadrizny	C	raig				
Residential Street Address	City	alg		State	Zip Code	
65 Seabreeze Dr	Stratford			CT	06614	
Principal Occupation	Nam	e of Employer		1	-	11.27
Director of Public Facilities	City	of Bridgeport				
dependent child of a lobbyist? Mo municipality	on is in excess of \$400 to a candidat does contributor or business he/she valued at more than \$5,000?			Amou	nt of Con	tributio
event reported in Section I 12			L res			\$100.0
Method of contribution: Cash Personal Check C Credit/Debit Card Payr	oll Deduction Money Order	Date Received 03/22/2023	Aggregate contributions \$250.00			
Last Name	Firs	ž				MI
Talamelli	Wa	ayne				
Residential Street Address	City			State	Zip Code	-
38 Marion St	West Haven			СТ	06516-	5438
Principal Occupation Supervisor	The state of the s	of Employer rge Ellis Co.				
dependent child of a lobbyist? Mo municipality	n is in excess of \$400 to a candidate does contributor or business he/she valued at more than \$5,000?			Amour	t of Cont	ribution
event reported in Section L1? If yes, indicate branches of gov			☑ res ✓ No			\$100.00
Method of contribution	Deduction Money Order	Date Received 03/22/2023	Aggregate contributions \$300.00			
ast Name	First	12.34		Kida Elma		ML
Suliman	Sar	nia				
desidential Street Address	Citv			State	Zip Code	
81 Success Ave	Bridgeport			CT	06610-2	418
runcipal Occupation Homemaker		of Employer emaker				
ependent child of a lobbyist? municipality de	is in excess of \$400 to a candidate bes contributor or business he/she is alued at more than \$5,000?			Amoun	t of Conti	ribution
this contribution associated with an vent reported in Section L1? Yes Is contributor a provent reported in Section L1? No If yes, indicate we branches of gove contract is with			☑ Tes			\$100.00
fethod of contribution: Cash Personal Check Credit/Debit Card Payroll	Deduction Money Order	Date Received 03/22/2023	Aggregate contributions \$300.00			

\$300.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84.415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Regista	ered with Filing Repo	isticity)	TYPE OF REPORT	GENERAL STATES	1000	
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - Reco	erved this Period (ONLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
RI	temized Contribut	tions from Individua	k			100,000
Last Name		First			S. S	M.L
Picarazzi		Michael				A
Residential Street Address	City	IVIICIIaci		Lem	7 0 1	
160 Gilman St	Bridge	oort		State	Zip Code 06605	
Principal Occupation	1 - 1 - 3 - 1	Name of Employer		10.	00000	-0010
Contractor		G Pic Construction				
dependent child of a lobbyrst?		ndidate committee for a chic he/she is associated with har		Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a princ If yes, indicate which is the section of government is with:	ich branch or	or prospective state contract	∐ Yes ✓ No			\$100.0
Method of contribution.	eduction Money Ord	Date Received	Aggregate contributions \$850.00			
Last Name		First		-		MI
Andrews		Cowlis				
Residential Street Address	City			State	Zip Code	1
46 Jennifer Dr	Bridgep	ort		CT	06610-	1000
Principal Occupation Project Manager		Name of Employer State of Connecticut				
dependent child of a lobbyist? Into municipality does municipality value	contributor or business hed at more than \$5,000?	ididate committee for a chiel le/she is associated with have Yes	e a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal of yes, indicate which branches of government contract is with	th branch or	or prospective state contractor contractor Legis	∐ Tes ☑No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Dec		Date Received	Aggregate contributions \$475.00			
Last Name Sampieri		First Michael		345		ML
Residential Street Address	City			State	Zip Code	
6 Saley Rd	Milford			CT	06460-3	8835
Principal Occupation Sealer of Weights and Measures		Name of Employer City of Bridgeport	100			
lependent child of a lobbyist?		didate committee for a chief is associated with have		Amoun	t of Conti	ribution
s this contribution associated with an event reported in Section L1? Yes Is contributor a principal fyes, indicate which branches of government is with.	o branch or	r prospective state contractor	☐ Yes			\$100.00
/dethod of contribution Cash Personal Check Credit/Debit Card Payroll Ded		Date Received	Aggregate contributions			

SUBTOTAL Section B - This Page	\$300,00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415.00

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing R	epository)	TYPE OF REPORT	45000	THE REAL PROPERTY.	Part Comme
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contribut	ors - Received this Perio	d ONL	Y				
(See instructions for definition of Small Contributor)			Subtotal Section	n A.			\$0.00
	B. Itemized Contri	butions	from Individua	ls	CENTRAL CE		
Last Name	2 21011	Fir	st			_	MI
Florio		Ca	armela				
Residential Street Address	City			·····	State	Zip Code	:
80 Woodlawn Rd	Mor	roe			СТ	06468	2136
Principal Occupation			e of Employer				
Receptionist		City	of Bridgeport				
dependent child of a lobbyist?	ntribution is in excess of \$400 to icipality does contributor or busin icipality valued at more than \$5,0	ness he/she		. Y 1 155	Amour	it of Con	tribution
event reported in Section L1? If yes, branch of O32223a	butor a principal of a state contra indicate which branch or es of government the	Executiv	_	Yes V No			\$100.00
Method of contribution: Cash ✓ Personal Check Crediv Debit Card	et is with:		Date Received 03/22/2023	Aggregate contributions	4		
Last Name		Fers	t				M.I.
Smith		Ne	ssah				J
Residential Street Address	City				State	Zip Code	1
500 Evers St	Bride	geport			CT	06610-	1305
Principal Occupation Retired		Name	of Employer red				
dependent child of a lobbyist?	attribution is in excess of \$400 to incipality does contributor or busin cipality valued at more than \$5,00	ess he/she			Amoun	t of Cont	ribution
event reported in Section L1? V 1es	outor a principal of a state contract indicate which branch or is of government the	ctor or pros	pective state contract	or? Yes ✓ No			\$100.00
If use list Event & USZZZSB	t is with	Executiv	e Legi:	slative			
Method of contribution Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction Money	Order	Date Received 03/22/2023	Aggregate contributions \$300.00			
Last Name		First					M.L
Rodriguez		Mai	rilyn				
Residential Street Address	City				State	Zip Code	
434 Thorme St	Bridg	eport			CT	06606-3	417
Principal Occupation Executive Assistant			of Employer of Bridgeport				
dependent child of a lobbyist? The munic	ribution is in excess of \$400 to a pality does contributor or busine ipality valued at more than \$5,00	ss he she is			Amoun	t of Cont	ribution
went reported in Section L1? Vies If yes, i	utor a principal of a state contrac indicate which branch or s of government the			∐ Yes ☑No			\$100,00
COMMACT		Executive		lative			ļ
lethod of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Money (Order	Date Received 03/22/2023	Aggregate contributions \$175.00			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$84,415,00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415,00

I. MONETARY RECEIPTS (Sections A-K)

Page II of 109

NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Rep	ositor	7)	TYPE OF REPORT		国际发表	1000
Ganim for Bridgeport 23			4	April 10 filing	Olympia 410		
A. Total Contributions from Small Contributors - Reco	eived this Period	ONL	Y			-	
(See instructions for definition of Small Contributor)		144	Subtotal Section	A			\$0.0
Rh	temized Contribu	ations	from Individual		F (52) (6)		Education .
Last Name		Fu	The second second second	SELMANDA SELECTION		REDUCTION OF	МЛ
Piazza		Jo	hn				
Residential Street Address	City				State	Zip Code	
114 Round Hill Rd	Merid	en			CT	06450-	
Principal Occupation		Nam	e of Employer				
Data Analyst		City	of Bridgeport				
dependent child of a lobbyist? No municipality does municipality value	in excess of \$400 to a c s contributor or busines sed at more than \$5,000	s he/she	is associated with hav	e a contract with said No	Amou	nt of Con	tribution
If yes, list Event # 032223a No If yes, indicate while branches of government is with:	ment the	xecutiv		[No			\$100.00
	eduction Money Or	der	Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name		Fus	t				M.I.
Geter		Ch	akakhan				
Residential Street Address	City				State	Zip Code	
75 Ramsdell St	New H	aven	12 32		СТ	06515-	1615
Principal Occupation Case Manager		Stat	of Employer e Well Health Ce				
dependent child of a lobbyist? No municipality does of municipality valued.	n excess of \$400 to a ca contributor or business d at more than \$5,000?	he/she	is associated with have	a contract with said	Amout	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Wes, list Event # 032223a Is contributor a princip of the section L1? If yes, list Event # 032223a Is contributor a princip of the section L1?	ch branch or			∐ Tes ✓ No			\$100.00
contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution ✓ Cash Personal Check CredivDebit Card Payroll Dec	duction Money Ord	er	Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name		First	100	1.0 = 1			M.I.
Heller		Mar	ia				
Residential Street Address 20 Emerald Ridge Ct	City Shelton				State CT	Zip Code 06484-2	178
Principal Occupation P/T Senior Center Coor			of Employer of Bridgeport			1177.44	
ependent child of a lobbyist? Mo municipality does co	excess of \$400 to a car ontributor or business h at more than \$5,000?	ndidate (committee for a chief a sassociated with have :	executive officer of a a contract with said	Amoun	t of Contr	ibution
s this contribution associated with an vent reported in Section L1? Yes If yes, list Event # 032223a Solution of Section L1? No Is contributor a principal fyes, indicate which branches of government contract is with:	branch or	or prosp		∐ Yes ✓ No		5	\$100.00
lethod of contribution: Cash Personal Check Crediv Debit Card Payroll Dedu	uction Money Orde	r	Date Received 03/22/2023	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page	
\$84,415.00	TOTAL of Section B Pages	
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Regista	ered with Filing Repos	itory)	TYPE OF REPORT	W.E		
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - Reco	eived this Period O	NLY				1000
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
B ³ I	temized Contributi	ions from Individual	3			ERVICE S
Last Name		First			-	MI
Larracuente		Raymond				100.00
Residential Street Address	City	, and the second		State	Zip Code	
318 Dover St	Bridgep	ort		CT	06610	
Principal Occupation		Name of Employer		-		
Deputy Sealer Weights and Measures	- 1	City of Bridgeport				
dependent child of a lobbyist? municipality does		ididate commuttee for a chie le/she is associated with have Yes		Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a No Is contributor a princ If yes, indicate which is the prince of government is with:	ich branch or	or prospective state contract	∐ Yes ☑ No			\$100.0
Method of contribution:	Peduction Money Orde	Date Received	Aggregate contributions \$300.00			
Last Name		First		-		MI
Vozza		Mary				
Residential Street Address	City	<u>`</u>		State	Zip Code	-
406 Soundview Ave	Mamaro	neck		NY	10543-	1426
Principal Occupation Attorney Is contributor a lobbyist, spouse, or Yes If contribution is it		Name of Employer Law Offices of Mary Indiana committee for a chief	2,433,13			
dependent child of a lobbyist? municipality does		she is associated with have		Amoui	it of Cont	ribution
event reported in Section L1? If yes, indicate which	ch branch or	r prospective state contracto	or? ☐ Yes ☑ No			\$100.00
If yes, list Event # 032223a contract is with:	Exec	cutive Legis	lative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll De	eduction Money Order	Date Received 03/22/2023	Aggregate contributions \$300.00			
ast Name		First				M.I.
Vesley		Kirk				
Residential Street Address	City			State	Zip Code	
3336 Fairfield Ave	Bridgepoi			СТ	06605-3	3227
Principal Occupation Consultant		iame of Employer (irk Wesley LLC				
ependent child of a lobbyist? Mo municipality does o		date committee for a chief she is associated with have \times Yes		Amoun	t of Conti	ribution
vent reported in Section L1? If yes, indicate which branches of government of the property	h branch or	prospective state contractor utive Legisla	☐ Yes			\$100.00
contract is with:	Lizaci					

\$300,00	SUBTOTAL Section B - This Page	
\$84,415,00	TOTAL of Section B Pages	
\$84,415.00	L CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	TOTAL OF A

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NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Filing Rep	ository)		TYPE OF REPORT	170 F.S.		25011.25
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Rec	ceived this Period	ONLY				10.00	ê: -
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.0
R.J	Itemized Contribu	tions !	irom Individual		CORD-0	0.99302	S S SLAGE
Last Name	William Bullion Barrier Barrier	Firs	A A SHOULD BE A SHOULD BE				ML
Marella		Mid	chael				
Residential Street Address	City	-	- 7.7		State	Zip Cod	-
18 Hickory Ln	Shelto	n	I and the same		CT	06484	-1711
Principal Occupation Executive Director		100	of Employer	W 321		100	
Executive Director		Bridg	geport PAL				
dependent child of a lobbyist?	in excess of \$400 to a c is contributor or business ued at more than \$5,000	s he she i			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principle of the princip	ment the	r or pros		∐ Tes ✓ No			\$100.0
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll D	Deduction Money Or	der	Date Received 03/22/2023	Augregate contributions \$200.00			
Last Name	- 44	First	X Y X				M.I.
Marella		Jud	ith				
Residential Street Address	City				State Zip Code		
18 Hickory Ln	Sheltor				СТ	06484-	1711
Principal Occupation Bookkeeper		200	of Employer of Bridgeport		eca su		
dependent child of a lobbyist? municipality does	in excess of \$400 to a ca contributor or business ed at more than \$5,000?	he/she is			Amoui	it of Cont	ribution
Is this contribution associated with an event reported in Section L1° Yes Is contributor a principle of the section L1° If yes, indicate which branches of governments of the section of the section L1° If yes, indicate which branches of governments of the section of the sectio	ment the			\[\]N ₀			\$100.00
Contract is with.		ecutive	Date Received 03/22/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Manzo		JoAr	nn				м
Residential Street Address 163 Scofield Ave	City Bridgep	ort			State Zip Code CT 06605-2954		
Principal Occupation Para		Name o	f Emplover f Bridgeport Boa	ard of Education			- 12
dependent child of a lobbyrst?	n excess of \$400 to a can contributor or business h d at more than \$5,000°				Amoun	t of Conti	ribution
s this contribution associated with an vent reported in Section L1? Yes, list Event # 032223a No Is contributor a princip If yes, indicate which branches of government of the princip	ent the	or prospe	Legisla	∐ Yes ✓No			\$100.00
lethod of contribution:	duction Money Orde		Date Received 03/22/2023	Aggregate contributions \$350.00			- 3

SUBTOTAL Section 8 - This Page	\$300.00
TOTAL of Section B Pages	\$84.415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84.415.00

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NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Repo	ository)		TYPE OF REPORT		(Constitution)	
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Re	ceived this Period	ONLY		7			
(See instructions for definition of Small Contributor)		Subto	tal Section	A			\$0.0
R	Itemized Contribu	tions from I	dividual		NAME OF THE OWNER O		
Last Name		First		Name of the Party			M.L
Perez		Kelly					1
Residential Street Address	City	100000	96		State	Zip Code	
76 Evers PI	Bridge	port			CT	06610	
Principal Occupation		Name of Empl	oyer			-	
Administrative Assistant		City of Brid	geport				
dependent child of a lobbyist?	s in excess of \$400 to a ca es contributor or business lued at more than \$5,000?	he she is associa			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a price of yes, indicate we branches of governments is with	mment the	r or prospective s kecutive	late contract	[_] Yes			\$100.00
Method of contribution:	Deduction Money Ord	. 9	eceived 1/2023	Aggregate contributions \$150.00			
Last Name		First			- 7.55		M.I.
Mallory		Rosalind					
Residential Street Address	City	-			State	Zip Code	
35 Johnson St	Ansonia	a			СТ	06401-	3017
Principal Occupation Retired		Name of Emplo Retired	ver				
dependent child of a lobbyist?	in excess of \$400 to a car is contributor or business lued at more than \$5,000?				Amour	it of Cont	ribution
event reported in Section L1? If yes, indicate white Value Iss Event 032223a No	ment the	or prospective st	Legis	∐ Yes ✓ No			\$100.00
Method of contribution	Deduction Money Orde	Date Re	ceived	Aggregate contributions \$100.00			
Last Name		First					M.I.
Parisi		Gabrielle					
Residential Street Address	City				State	Zip Code	
151 Astoria Ave	Bridgep				СТ	06604-	707
Principal Occupation Accountant		Name of Employ City of Bridg	-				
lependent child of a lobbyist? municipality does	in excess of \$400 to a can contributor or business hed at more than \$5,000°	e she is associate			Amoun	t of Cont	ribution
s this contribution associated with an vent reported in Section L1? Yes Is contributor a princ If yes, indicate whith branches of government contract is with	ment the	or prospective sta	Legisla	∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll D.	eduction Money Orde	Date Rec 03/22/		Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page \$300.00	
TOTAL of Section B Pages \$84,415.00	
HBUTIONS FROM INDIVIDUALS (Sections A + B) ter total on Line 13, Column A of Summary Page \$84.415.00	TOTAL OF ALL C

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NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Filing Repo	ository)	TYPI	OF REPORT			
Ganim for Bridgeport 23	April	10 filing					
A. Total Contributions from Small Contributors - Rec	ceived this Period	ONLY	September 1	12 - SA 751			
(See instructions for definition of Small Contributor)		Subtotal	Section A				\$0.0
B.I	Itemized Contribu	tions from Indi	viduals		die wa	Section States	NAT DESCRIPTION
Last Name	the Control of the Co	First	Colores Selections	SALES CONTRACTOR SERVICE	SALE WAY	DESCRIPTION OF THE PROPERTY OF	ML
Pivirotto		Elaine					10000
Residential Street Address	City	Liunic			State	Zip Cod	
396A Ottawa Ln	Stratfo	ord			CT	06614	
Principal Occupation		Name of Employe	- 1000				-
Retired		Retired					
dependent child of a lobbyist? municipality does	in excess of \$400 to a cost contributor or business ued at more than \$5,000	he she is associated		t with said	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Yes If yes, indicate wh branches of govern contract is with:	ment the	or prospective state	contractor?	☐Yes ✓No			\$100.0
Method of contribution: Cash Personal Check Credit/Debit Card Payroll D	Deduction Money Ord	Date Recei 03/22/20	7.41. 11.	ate contributions \$100.00			
Last Name		First					M.I.
Brannelly		John					
Residential Street Address	City				State Zip Code		
1475 Burr St	Fairfield	1					1861
Principal Occupation Administrative Is contributor a lobbyist, spouse, or Yes If contribution is a	in excess of \$400 to a car	Name of Employer Fairfield Count	ty Medical Ass				
dependent child of a lobbyist? municipality does municipality value	contributor or business led at more than \$5,000?	he/she is associated v	with have a contract	with said	Amour	t of Cont	ribution
event reported in Section L1?		or prospective state of	contractor?	☐ Yes ✓ No			\$100.00
If yes, list Event # 032223a No branches of government on transfer of government is with:	Exe	ecutive	Legislative	₹ 140			
Method of contribution. Cash Personal Check Crediv Debit Card Payroll De	eduction Money Orde	Date Receiv 03/22/20		te contributions \$350.00			
ast Name		First		72.65		-2.11	M.I.
Anastasi		Paula					Р
Residential Street Address 25 Sullivan Pl	City Bridgep	ort		- 6	State Zip Code CT 06610-1026		
Principal Occupation Homernaker		Name of Employer Homemaker	-5.2	7 BR 1850			
ependent child of a lobbyist? municipality does of	n excess of \$400 to a can contributor or business he d at more than \$5,000°		ith have a contract		Amoun	t of Conti	ibution
sthis contribution associated with an vent reported in Section L1? Yes, list Event # 032223a No Section L1? No Section L1?	ent the	· · ·		☐ Yes ✓ No			\$100.00
fethod of contribution:	duction Money Order	Date Receive	d Augregat	contributions \$200.00			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415.00

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NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Repo	sitory)	TYPE OF REPORT		1000000	0.00
Ganim for Bridgeport 23		The state of	April 10 filing			1982010
A. Total Contributions from Small Contributors - Reco	eived this Period (DNLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
B, Is	temized Contribut	ions from Individual		8475 (C.S.)		
Last Name		Furst			CONTRACTOR OF	MI
Lyons		Michelle				A
Residential Street Address	City			State	Zip Code	
91 Jewett Ave	Bridgep	port		CT	06606-	-2825
Principal Occupation		Name of Employer		•		
Retired		Retired				
dependent child of a lobbyist? municipality does		ndidate committee for a chie hershe is associated with hav		Amou	nt of Con	tribution
event reported in Section L1? If yes, indicate which branches of governments of the section L1?	ch branch or	or prospective state contract	or? Yes			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll De		Date Received	Aggregate contributions \$175.00			
Last Name		First		32		M.I.
Caulfield		Bret				
Residential Street Address	City			State	Zip Code	
32 Fan Horizon Drive	Monroe			СТ	06468-	1733
Principal Occupation Landscaper		Name of Employer Mount Lanscaping Li	LC			
dependent child of a lobbyist? municipality does of		ididate committee for a chief se/she is associated with have Yes		Amoui	it of Cont	ribution
event reported in Section L1? If yes, indicate which	h branch or	or prospective state contracto	Yes No			\$100.00
If yes, list Event # 032223a contract is with:	Exe	ecutive Legisl	lative	Š		
Method of contribution ✓ Cash Personal Check Credit/Debit Card Payroll Dec	duction Money Orde	Date Received 03/22/2023	Aggregate contributions \$100.00		_	
Last Name		First				MI
Greenfield		David				
Residential Street Address	City			State	Zip Code	
430 Brinsmayd Ave	Stratford			СТ	06614-1	363
Principal Occupation Consultant		Name of Employer Leo Consulting LLC				
dependent child of a lobbyist? Mo municipality does to		didate committee for a chief e/she is associated with have Yes		Amoun	t of Conti	ribution
s this contribution associated with an event reported in Section L1? Yes, list Event # 032223a No Section L1? No Section L1? No Section L1?	h branch or	r prospective state contractor cutive Legisl:	∐ Yes ✓ No			\$100.00
Method of contribution.	luction Money Order	Date Received	Aggregate contributions \$200.00			

\$300.00	SUBTOTAL Section B - This Page
\$84.415.00	TOTAL of Section B Pages
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registere	ed with Filing Repo	ository)		TYPE OF REPORT			
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Receiv	ved this Period	ONLY				D 32	
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.0
B. Ite	mized Contribu	tions fr	om Individual		RAIS.		1.00
Last Name		First		grate to appear to a			ML
Jones		Terr	on				
Residential Street Address	City	Ton	011		State	Zip Cod	la la
138 Olive St	Bridge	port			CT	06605	
Principal Occupation		Name o	f Employer		_		
Emergency Management		City c	of Bridgeport				
dependent child of a lobbyist? The municipality does of	excess of \$400 to a contributor or business at more than \$5,000?	he/she is		f executive officer of a e a contract with said No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principe of yes, indicate which branches of government contract is with	h branch or	r or prosp xecutive		or? Yes			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Ded	luction Money Ord	der	Date Received 03/22/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Mobilio		Vince	ent				J
Residential Street Address	City				State	Zip Code	
1920 Madison Ave	Bridgep				СТ	06606	-4058
Principal Occupation Economic Development			f Employer f Bridgeport				
	entributor or business	he/she is		executive officer of a contract with said No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branches of government of the property of th	branch or	or prospe	ctive state contracto	r? ∐Yes ✓No			\$100.00
If yes, list Event # 032223a	Ex.	ecutive	Legisl	ative			
	action Money Orde		Date Received 03/22/2023	Aggregate contributions \$375.00			
Last Name		First					M.I.
O'Connor		Terra	nce				J
Residential Street Address	City		30 1 20		State	Zip Code	
5 Brettonwoods Rd	Trumbu				СТ	06611-	1102
Principal Occupation Retired		Retired	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in earth and the contribution is in ear	ntributor or business h				Amoun	t of Cont	ribution
s this contribution associated with an event reported in Section L1? Yes, list Event 032223a No Section L1? If yes, indicate which be branches of government is with	branch or	or prospec	tive state contractor	☐ Yes			\$100.00
contract is with	EXC	DOUL . C					

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84.415.00

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NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repo	sitory)	5470256	TYPE OF REPORT	ALC: THE	14 27 9 5	
Ganim for Bridgeport 23					April 10 filing			
A. Total Contributions from Small Contr	ibutors - Received the	s Period (ONLY					
See instructions for definition of Small Contrib	utor)			Subtotal Section	n A			\$0.0
	B. Itemized	Contribut	tions	from Individua	k and a second			505 Sec. 2
Last Name			Firs	A STATE OF THE STATE OF THE STATE OF		The Second second	CONTRACTOR OF	M.L
McGovern			Da	vid				1
Residential Street Address		City	Da	VIG		State	Zip Code	
66 Geissler Dr		Sheltor	n			CT	06484-	
Principal Occupation		1 .	Name	of Employer		1		
Sales & Leasing Professional			Mari	o D'Addario Bu	ick GMC			
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess o municipality does contribute municipality valued at more	r or business	he/she			Amou	nt of Con	tribution
event reported in Section L1? No by No big Event # 032223a	contributor a principal of a sta fyes, indicate which branch ranches of government the ontract is with:	or	or pros	×	tor? Yes No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Care	d Payroll Deduction	Money Ord	ler	Date Received 03/22/2023	Aggregate contributions \$300.00			
Last Name			First				_	M.I _O
Flatto			Кег	neth				
Residential Street Address		City				State	Zip Code	-l
3200 Park Ave, Unit 4D1		Bridgep	ort			СТ	06604-	1108
Principal Occupation Manager			530	of Employer of Bridgeport				
dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amour	it of Cont	ribution
event reported in Section L12	ontributor a principal of a state yes, indicate which branch of		or prosp	ective state contract	or? ☐ Yes ☑ No			\$100.00
If yet list Event # U32223d -	anches of government the intract is with:	Exe	ecutive	Legis	slative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$800.00			
Last Name			First					M.I.
Holloway			Jam	es				
Residential Street Address		City	· - · - ·	***************************************		State	Zip Code	
171 Prince St		Bridgepo	ort			СТ	06610-2	926
Principal Occupation Supervisor				of Employer of Bridgeport				
lependent child of a lobbyist?	f contribution is in excess of sunicipality does contributor nunicipality valued at more the	or business he				Amoun	t of Contr	ibution
vent reported in Section L1? (If y brain to Section L1? (If y brain to Section L1?	ntributor a principal of a state ses, indicate which branch or inches of government the stract is with			Legisi	∐ Yes			\$100.00
lethod of contribution.		 -		Date Received	Aggregate contributions			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415.00

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NAME OF COMMITTEE (Provide Compi	lete Name as Registered with i	Filing Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23					April 10 filing			
A. Total Contributions from Small Co	entributors - Received thi	s Period (DNL					
(See instructions for definition of Small Com	tributor)			Subtotal Section	A			\$0.00
	B. Itemized	Contribut	ions	from Individuals		9.5356	ASSESSED OF	CARGO CA
Last Name	CONTROL OF THE PROPERTY OF THE PARTY OF THE		Fire	it		Charles Spaces		M.I.
Stallworth			Ch	arles				144000
Residential Street Address		City	1			State	Zip Code	<u> </u>
35 Wickcliffe Court		Bridger	oort			СТ	06606	
Principal Occupation			Name	e of Employer				
Senior Pastor			Eas	t End Baptist Chu	ırch			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	r or business				Amoui	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	•		∐ Yes ✓ No			\$100.00
If yes, list Event # 002223d	contract is with:	∐ Ex	ecutiv		ative]		
Method of contribution: Cash Personal Check Credit/Debit	t Card Payroll Deduction	Money Ord	ег	Date Received 03/22/2023	Aggregate contributions \$100.00	1		
Last Name			Fürst					M.I.
Eaton			Ste	phen				
Residential Street Address		City				State	Zip Code	,
331 Griffin Ave		Bridgep	ort			СТ	06606-	2428
Principal Occupation Developer				of Employer in Enterprises LL	C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # 032223a	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r _	ecutive		∐ Tes			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit	contract is with:	Money Orde		Date Received 03/22/2023	Aggregate contributions \$425.00			
Last Name			First				_	M.L
Anastasi			Chr	istopher				м
Residential Street Address		City				State	Zip Code	
14 Buck Hill Rd		Madison	l			CT	06443-	1892
Principal Occupation Project Coordinator				of Employer of Bridgeport				
s contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	_	r prosp	_	✓ No			\$100.00
Viethod of contribution: Cash Personal Check Credit/Debit C	1000000			Date Received 03/22/2023	Aggregate contributions \$700.00			

\$300.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
304,413,00	(Enter total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing I	Repositor	y)	E HOL	TYPE OF REPORT			THE STATE OF THE S
Ganim for Bridgeport 23					April 10 filing			
A. Total Contributions from Small Contributor	s - Received this Perio	od ONI	Y	P. A.				
(See instructions for definition of Small Contributor)			Subtotal Se	ction A				\$0.0
	B. Itemized Contri	ibution	from Individ	inals		No.	OZ BEST ST	
Last Name		F	rst			PHILIPPIN VENE		M.I.
Fulton		1.0	odi					A
Residential Street Address	City					State	Zip Code	
254 Sampson St	·	dgeport				CT	06606	
Principal Occupation		Nar	ne of Employer	,			1-	
Nurse		Cit	y of Bridgepo	rt BOE				
dependent child of a lobbyist? [Z]No municip	bution is in excess of \$400 to ality does contributor or busing ality valued at more than \$5.0	ness he/sh				Amour	it of Con	tribution
event reported in Section L1?	or a principal of a state contra dicate which branch or of government the s with:	Executi		tractor?	☐ Yes ☑ No			\$100.00
Method of contribution: Cash Personal Check CredivDebit Card	Payroll Deduction Money	/ Order	Date Received 03/22/2023	1.5	Aggregate contributions \$350.00			
Last Name		Fir	st					M.I.
Webb		Ja	net					1
Residential Street Address	City					State	Zip Code	
65 Steuben St, Unit 17	Bridg	geport				СТ	06608-	2657
Principal Occupation Retired			e of Employer ired					
dependent child of a lobbyist? Mo municipa	oution is in excess of \$400 to dity does contributor or busin dity valued at more than \$5,00	ess he/she		have a c		Amoun	t of Cont	ribution
event reported in Section L1?	or a principal of a state contracticate which branch or	ctor or pro	spective state con	tractor?	☐ Yes ✓ No			\$100.00
If yes, list Event # 032223a No branches of contract is	f government the	Executiv	ve L	egislati	/e 🔽 140			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card P	Payroll Deduction Money	Order	Date Received 03/22/2023	- 1	ggregate contributions \$100.00			
Last Name		Fürs	t					M.I.
Felix		Fra	ank					
Residential Street Address	City					State	Zip Code	
344 west49th street apt 2F	New	York	21.67		1	NY	10019	
Principal Occupation Engineer			of Employer of New York					
lependent child of a lobbyist?	ation is in excess of \$400 to a ity does contributor or busine ity valued at more than \$5.00	ess he/she		have a co		Amount	of Conti	ribution
vent reported in Section L1?	a principal of a state contract	tor or pros	pective state conti	ractor?	Yes			\$100,00
contract is w	government the	Executiv		gislativ				
lethod of contribution: Cash Personal Check Credit/Debit Card Pa	ayroll Deduction Money C	Order	Date Received 03/22/2023	Aı	egregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page			
\$84,415,00	TOTAL of Section B Pages			
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
304,413,00	(Enter total on Line 13, Column A of Summary Page			

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NAME OF COMMITTEE (Provide Complete Name as Registered	d with Filing Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23		1.24		April 10 filing			
A. Total Contributions from Small Contributors - Receiv	ed this Period (ONLY	record. No b				
(See instructions for definition of Small Contributor)	WALTER SHIP	Sui	total Section	A			\$0.0
	mized Contribut	tions from	Individual		450	44578876	
Last Name		First		THE REPORT OF THE PARTY OF THE			M.I
Pavia		John					P
Residential Street Address	City	001111			State	Zip Code	
311 Silver Hill Rd	Easton				CT	06612-	
Principal Occupation		Name of Er	nployer		4		
Owner		Logicson	irce				
dependent child of a lobbyist? municipality does co.		he/she is asso		ef executive officer of a ve a contract with said	Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # 032223a Is contributor a principal If yes, indicate which branches of government contract is with:	branch or	or prospective	e state contract	∐ tes			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	uction Money Ord		Received 22/2023	Aggregate contributions \$200.00		W	
Last Name		First					M.I.
Lyons		Thomas	1				
Residential Street Address	City				State	Zip Code	
91 Jewett Ave	Bridgep	ort		1771 - N 17711 - 1	СТ	06606-2	2825
Principal Occupation Sales		Name of Em Hummel				Y 10	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in expendent child of a lobbyist? No If contribution is in expendent child of a lobbyist?	ntributor or business l			f executive officer of a e a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? No light personal light p	branch or	or prospective	state contracte	or Yes ✓ No			\$100.00
If yes, list Event # 032223a branches of government contract is with:	Exe	ecutive	Legis	lative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduc	ction Money Orde		Received 22/2023	Aggregate contributions \$175.00			
Last Name		Furst					MI
Miller		David					
Residential Street Address	City				State	Zip Code	
3900 Park Ave	Bridgepo				СТ	06604-1	060
Principal Occupation Retired		Name of Emp Retired	olover				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exmunicipality does continuous municipality valued at	tributor or business h				Amoun	t of Conti	ibution
s this contribution associated with an event reported in Section L1? Yes, list Event © 032223a Solution In Section L1? No list Event © 032223a Is contributor a principal of fyes, indicate which by farther of government contract is with:	ranch or	or prospective	state contracto	√ No			\$100.00
Method of contribution.	tion Money Order	100	Received	Aggregate contributions \$100.00			

\$300 00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84.415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
304,413.00	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Register	red with Filing Repo	ository)		TYPE OF REPORT		100	
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Rece	ived this Period	ONLY					-WE 5 × -
(See instructions for definition of Small Contributor)		Se	btotal Section	A			\$0.0
R.It	emized Contribu	tions from	Individual		STREET,		Mark St
Last Name		First					MI
DaCosta		Olivia					
Residential Street Address	City				State	Zip Code	-
715 Frenchtown Rd, Unit 17	Bridge	port			CT	06606	
Principal Occupation		Name of E	mplover		1		
Nurse		Jewish I	Nursing Hon	ne			
dependent child of a lobbyist?	n excess of \$400 to a ca contributor or business ed at more than \$5,000?	he/she is ass		ef executive officer of a ve a contract with said	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal formula for the section L1? If yes, list Event # 032223a Is contributor a principal formula	ment the	or prospective		Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll De	eduction Money Ord		e Received /22/2023	Aggregate contributions \$100.00	4		
Last Name		First			ST. CONTROL		MI
Klebar		Marlie					
Residential Street Address	City				State	Zip Code	
61 Bluff Ave	West H				СТ	06516-	5702
Principal Occupation Manager		Name of En Connoiss	aplover ser Media				
dependent child of a lobbyist? municipality does of	n excess of \$400 to a ca contributor or business d at more than \$5,000?				Amour	it of Cont	ribution
event reported in Section L1?		or prospectiv	e state contracto	or? ☐ Yes ☑ No			\$100.00
If yes, list Event # 032223a branches of government contract is with:	Ex	ecutive	Legis	lative Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Ded	duction Money Ord	er 03/	22/2023	\$100.00			
Last Name Jack		First Kim					MI
Residential Street Address	City				State	Zip Code	
23 Wilson Dr	Oxford	4			СТ	06478-1	423
Principal Occupation Comptroller		Name of Em City of Br				<u></u>	
dependent child of a lobbyist?	excess of \$400 to a can ontributor or business h at more than \$5,000?				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a No Is contributor a principal of yes, indicate which branches of governme contract is with	branch or	or prospective	state contracto	∐ res ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedit		Date	Received 22/2023	Aggregate contributions \$100.00			
		. 03/2	2212023	\$100.00	_		

SUBTOTAL Section B - This Page	\$300 00
TOTAL of Section B Pages	\$84.415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84.415.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filmg Repo	silory,		TYPE OF REPORT			
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Received t	this Period C	ONLY	t and the second				7 - 1
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0,00
	d Contribu	tions	from Individuals				42357
Last Name		Fire	Part of the State				M.I.
Livingston		Nii	na				
Residential Street Address	City			-	State	Zip Code	_
298 Henry Ave	Stratfo	rd			CT	06614-	4507
Principal Occupation		Nam	e of Employer				-
Security Officer		Allia	ince Universal				
Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes	utor or business ore than \$5,000?	he she	is associated with hav	e a contract with said	Amou	nt of Cont	ribution
event reported in Section L1? If yes, list Event # 032223a No If yes, list Event # 032223a	ch or	cecutiv		✓ No			\$100.00
Method of contribution Cash Personal Check Credit/Debit Card Payroll Deduction	Money Oro	ier	Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name		Firs			-		ML
Geter-Shabazz		Do	nna				
Residential Street Address	City	1			State	Zip Code	
105 Ramsdell St, Apt A6	New Ha	aven			CT	06515-	1651
Principal Occupation Unemployed		10.	of Employer mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution.	itor or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? No No Section L1? No No No No No No No No No N	:h or	or pros	_	✓ No			\$100.00
If yes, list Event # 032223a	Ex	ecutiv	e Legisl	ative			-
Method of contribution. Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 03/22/2023	Aggregate contributions \$100.00	b		
Last Name		First					ML
Ferrante	Test	Jed			State	Zip Code	
Residential Street Address 25 Punkup Rd	Oxford				CT	06478-1	725
Principal Occupation Operations		11.5	of Employer of Bridgeport	(11 	2		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution municipality valued at more	tor or business be than \$5,000°	ne/she i	s associated with have	a contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event \$\pm\$ 032223a No	h or			✓ No			\$100.00
Method of contribution: Cash		ecutive	Date Received 03/22/2023	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page	
\$84.415,00	TOTAL of Section B Pages	
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	
\$64,415.00	(Enter total on Line 13, Column A of Summary Page	

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Lage	T	O1	103

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Fili	ing Repos	itory)	77.2	TYPE OF REPORT			- 19/50
Ganim for Bridgeport 23					April 10 filing		DEPTH DESCRIPTION	
A. Total Contributions from Small Contributions	tors - Received this P	eriod O	NLY	H. F. San	5		-	7.7
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
	B. Itemized Co	ntribut	ions fire	m Individuals		N. O. E.		
Last Name	CONTRACTOR OF STREET,		First	CONTRACTOR OF THE PARTY OF THE				M.I.
Dawson			Sand	Ira				1
Residential Street Address		City		1-		State	Zip Code	-
40 Shugrue Rd	42	Colches	ster			СТ	06415-	
Principal Occupation			Name of	Employer				
Member			Pullma	an & Comley Ll	-C		0.70.00	
dependent child of a lobbyist? Mo mun	ntribution is in excess of \$40 acipality does contributor or acipality valued at more than	business h				Amou	nt of Cont	tribution
event reported in Section L1?	ibutor a principal of a state of indicate which branch or hes of government the let is with:	_	or prospe	ctive state contracto	∠ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card		loney Orde		Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name			First					М.1.
Kaiser			Karer) jugg			_,00	
Residential Street Address		City				State	Zip Code	
120 Catamount Rd		Fairfield		- N 107		СТ	06824-	1602
Principal Occupation Vice President			St. Vīn	Employer cent's / Hartfor				
dependent child of a lobbyist? Man	ntribution is in excess of \$40 icipality does contributor or licipality valued at more than	business h				Amour	it of Cont	ribution
event reported in Section L1? If yes, bist Event # 032223a No branch	butor a principal of a state or indicate which branch or es of government the		cutive	tive state contractor	∐ les			\$100.00
Method of contribution: Cash	Payroll Deduction		0	Pate Received 3/22/2023	Aggregate contributions \$100.00		-0.0-03	
Last Name			First					M.L.
Ortiz			Richa	rd				
Residential Street Address 9 Elm Ct	1 -	itv Bridgepo	ort			State	Zip Code 06606-3	3715
Principal Occupation Machinist			Name of I	Emplover Manufacturing I	nc			
dependent child of a lobbyist?	ntribution is in excess of \$400 cipality does contributor or b cipality valued at more than	ousiness he				Amoun	t of Conti	ribution
event reported in Section L1? If yes, No branche	outor a principal of a state co indicate which branch or is of government the		r prospeci cutive	ive state contractor	☑ res			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card	t is with: Payroll Deduction Mo	oney Order	D	ate Received 3/22/2023	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84.415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
304,415,00	(Enter total on Line 13, Column A of Summary Page

Page	25	of	109

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repo	sitory)		TYPE OF REPORT			The Walk
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Received to	his Period (ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemize	d Contribut	tions f	rom Individuals		100		HENRY BEE
Last Name		Firs					M.I.
DeJesus		Jos	eph				
Residential Street Address	City	-			State	Zip Code	
91 Jewett Ave	Bridge	port			СТ	06606	-2825
Principal Occupation			of Employer				
Student		Stud	ent				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more contribution.	ntor or business re than \$5,000?	he:she	s associated with have	e a contract with said No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? Wes, list Event # 032223a Is contributor a principal of a ff yes, indicate which branches of government the contract is with:	th or	or pros		∐ les			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name		First					M.L.
Hornyak		Nar	су				
Residential Street Address	City				State	Zip Code	-
280 Jewett Ave, Apt 325	Bridgep	ort			СТ	06606-	2869
Principal Occupation Retired		Name Retir	of Employer ed	-10 3 3 3			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more municipality valued at more specified by the specified property of	tor or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal of a second flyes, indicate which branch branches of government the contract is with	n or	or prosp		∠ No			\$100.00
Method of contribution Cash ✓ Personal Check Credit Debit Card Payroll Deduction [Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name		First			1		MLL
Pettway		Dere	eck				200
Residential Street Address	City				State	Zip Code	
25 Sawyer Rd	Fairfield				СТ	06824-4	1133
Principal Occupation General Contractor			of Employer sified Property In	mp. LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Ves contributor a principal of a store treported in Section L1? No No Is Event # 032223a No	or	, ,		✓ No			\$100.00
Vethod of contribution Cash Personal Check Credit Debit Card Payroll Deduction		cutive	Legisla Date Received 03/22/2023	Aggregate contributions \$600.00			
			OUIZZIZUZS	φουσ.υσ		_	

SUBTOTAL Section B - This Page	\$300,00
TOTAL of Section B Pages	\$84,415,00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415,00

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NAME OF COMMITTEE (Provide Complete Name as Regi	istered with Filing Repo	sitory)	TYPE OF REPORT	25.50	- AV-522	100
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - R.	eceived this Period (ONLY	(A)			
(See instructions for definition of Small Contributor)		Subtotal Secti	ов А			\$0.0
В	Itemized Contribut	tions from Individu	als		1541283	
Last Name		First	- Company of the Association of the Company of the		COLUMN TOWNS AND A	ML
Jennings		William				М
Residential Street Address	City			State	Zip Code	
50 Southport PI	Southp	oort		СТ	06890	-
Principal Occupation		Name of Employer		1		
Hospital Executive		Hartford Healthcar	e			
dependent child of a lobbyist?	is in excess of \$400 to a ca loes contributor or business valued at more than \$5,000?	he/she is associated with h		Amou	nt of Con	tribution
avent reported in Section 1 12	rincipal of a state contractor which branch or enument the	_	Yes Yes No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payrol	ll Deduction Money Ord	Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name		First				МГ
Paoletti		Frederick				D
Residential Street Address	City			State	Zip Code	
43 Vermont Ave	Stratfor	d		CT	06615-	7663
Principal Occupation Attorney Is contributor a lobbyist, spouse, or Yes If contribution	is in excess of \$400 to a car	Name of Employer Paoletti & Gusman				
dependent child of a lobbyist?	pes contributor or business halued at more than \$5,000?	he/she is associated with ba	ave a contract with said No	Amoui	at of Cont	ribution
event reported in Section L1? [fyes, indicate w		or prospective state contrac	Ctor? Yes ✓ No			\$100.00
If yes, list Event # 032223a INO branches of gover contract is with:	Exe	ecutive Leg	islative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll	Deduction Money Orde	Date Received 03/22/2023	Aggregate contributions \$150.00			
Last Name	OLONG STATE	First			- L	ML
Donaldson		Don	75000 0			2
Residential Street Address B7 Rosalie Dr	City Bridgepo	ort		State CT	Zip Code 06606-1	1624
Principal Occupation Retired		Name of Employer Retired				
lependent child of a lobbyist? [ANo municipality doe	s in excess of \$400 to a can- es contributor or business h lued at more than \$5,000?			Amoun	t of Cont	ribution
s this contribution associated with an vent reported in Section L1? Yes If yes, indicate with an If yes, indicate with an If yes, indicate with sanches of govern contract is with	nment the		tor! Yes VNo slative			\$100.00
dethod of contribution.	Deduction Money Order	Date Received 03/22/2023	Aggregate contributions \$200 00			

\$300.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
694.445.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$84.415.00	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Con	uplete Name as Registered with.	Filing Repo	sitory		TYPE OF REPORT		20103	yell diese
Ganim for Bridgeport 23					April 10 filing			
A. Tótal Contributions from Small	Contributors - Received thi	s Period (DNL	Yes a second				
(See instructions for definition of Small C	ontributor)			Subtotal Section	A			\$0.00
	B. Itemized	Contribut	ions	from Individuals	The Act of the State of the Sta	35 de 10		1. W. 48 4 4 1
Last Name			Fin	st				MI
Fontana			Ri	ck				
Residential Street Address		City				State	Zip Code	-
343 Beach St		West H	laven	I		СТ	06516	-6176
Principal Occupation				e of Employer				
Emergency Operations			City	of New Haven				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	والمنافق وال	r or business	he/she			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? We see that Event # 032223a	If yes, indicate which branch branches of government the	ог	or pro		⊤ Tes √No]		\$100.00
Method of contribution Cash ✓ Personal Check Credit/De	contract is with:			Date Received 03/22/2023	Aggregate contributions \$200.00			
Last Name			Fus	<u> </u>		1		ML
Dias		Michele					12.50	
Residential Street Address		City				State	Zip Code	
21 Highland Ave		Seymou	ır			СТ	06483-	3023
Principal Occupation Coordinator		1		of Employer of Bridgeport			-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No	municipality does contributor	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # 032223a	Is contributor a principal of a star If yes, indicate which branch o branches of government the	or	or pros		res			\$100.00
Method of contribution: Cash ✓ Personal Check CredivDet	contract is with:	Money Orde		Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name			First	<u> </u>				M.L
Buckley			Der	nis				
Residential Street Address 357 Commerce Dr. # 462		City Fairfield				State CT	Zip Code 06825-7	700
Principal Occupation Retired		- 1	Name Retir	of Employer 3d				
s contributor a lobbyist, spouse, or lependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
s this contribution associated with an Vest vent reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or		r prosp	ective state contractor?	☐ Yes ☑ No			\$100.00
Tyes, list Event # 032223a No	branches of government the contract is with:	Exe	cutive	Legislat Date Received	Aggregate contributions			
Cash Personal Check Credit Deb	t Card Payroll Deduction	Money Order		03/22/2023	\$200.00			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$84,415,00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415 00

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NAME OF COMMITTEE (Provide Complete Name as Registered	l with Filing Repo	ository)		TYPE OF REPORT	M 2 3 45	Marine To S	
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Receive	ed this Period	ONLY					
(See instructions for definition of Small Contributor)		Subt	otal Section	A			\$0.0
R. Item	ized Contribu	tions from l	Individua	s		7 C. C. C. C.	Set Street
Last Name		First					ML
Holstein		John					
Residential Street Address	City				State	Zip Code	-
337 Stonington Rd	Stoning	gton			СТ	06378-	2638
Principal Occupation		Name of Emp	оГоуег				
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in expendent child of a lobbyist? No No If contribution is in expendent child of a lobbyist?	ntributor or business	he/she is associ		ef executive officer of a ve a contract with said	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal If yes, indicate which because of government branches of government.	oranch or	r or prospective	state contract	∐ Yes ✓No		\$	1,000.00
Method of contribution Cash ✓ Personal Check Credit/Debit Card Payroll Deduc		Date	Received 2/2023	Aggregate contributions \$1,000.00	1		
Last Name		Fust					М1
Nurul		Alan					
Residential Street Address	City	<u> </u>			State	Zip Code	
5 Liberty HI	Wether	sfield		4.5	СТ	06109-3	3976
Principal Occupation Retired Is contributor a lobbyist, spouse, or Yes If contribution is in exception in the exception of t		Name of Employers		5			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in examinating the property of th	ributor or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which by branches of government branches of government	ranch or	or prospective s		∐ Yes ✓ No		\$1	00.000,1
contract is with	Exe	ecutive	Legis	lative			
Method of contribution Cash ✓ Personal Check Credit/Debit Card Payroll Deduct	ion Money Orde	er 03/22	eceived 2/2023	Aggregate contributions \$1,000.00			
Last Name Haggerty		First Michael					M,I,
Residential Street Address	City				State	Zip Code	
35 Wilkie Ave	Kingstor	n			NY	12401-6	121
Principal Occupation Sales Representative		Name of Emplo Highway Re)			
s contributor a lobbyist, spouse, or lependent child of a lobbyist? Yes If contribution is in exemunicipality does contribution is in exemunicipality does contribution is in exemunicipality valued at n	ibutor or business h				Amoun	t of Contr	ibution
s this contribution associated with an vent reported in Section L1? Yes, list Event 032223a No Section L1? No Is contributor a principal of If yes, indicate which branches of government the contract is with.	anch or	or prospective st	ate contracto	✓ No		\$1	.000.000
Vethod of contribution Cash Personal Check Credit/Debit Card Payroll Deduction		Date Re	eceived	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415.00

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Register)	THE OT MA ON							
Ganim for Bridgeport 23				April 10 filing	April 10 filing			
A. Total Contributions from Small Contributors - Rec	ceived this	Period C	DNLY					
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.0
B.	Itemized C	ontribut	ions fi	rom Individual	5	50 800	F-821.6.6.6	CATE WATER
Last Name	Very Common		First	ar o o o o o o o o o o o o o o o o o o o		EAST OF		M.I.
Anderson			Arth	niac.				
Residential Street Address		City	7 4 4			State	Zip Code	
221 Trumbull St, Apt 2705		Hartford	đ			CT	O6103-	
Principal Occupation			Name	of Employer				
Executive			Imag	ineers LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is municipality doe municipality value.	es contributor o	or business l	ndidate o he she is	committee for a chie associated with have	of executive officer of a see a contract with said	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a No Is contributor a print of the p	hich branch or	_	or prosp	_	☑ 1es		\$	1,000.0
Method of contribution:	Deduction 2	Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$1,000.00			
Last Name			First	***	- 18 Okt 180			M.I.
Haggerty			Rose	eanna				
Residential Street Address	7/	City				State	Zip Code	
35 Wilkie Ave		Kingstor	1			NY	12401-6	3121
Principal Occupation Homemaker			Home	f Employer maker				
dependent child of a lobbyist?	s contributor or	business he	didate co	ommittee for a chief associated with have Yes	e a contract with said No	Amou	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event 032223a No branches of governments of the section of the se	ich branch or	220			∐ Yes √No		\$1	1,000.00
Contract is with: Method of contribution: Cash	eduction	Ioney Order	- 1	Legisl Date Received 03/22/2023	Aggregate contributions \$1,000.00			
ast Name			First					M.L
Holstein			Abbo	tt				
Residential Street Address 139 Stonington Rd		City Stoningto	on			State CT	Zip Code 06378-2	638
Principal Occupation Homemaker			ame of lomen	Employer naker	31433			
sependent child of a lobbyist? Yes Yes If contribution is in municipality does of municipality valued	contributor or b	business he	idate coi she is as	mmittee for a chief a ssociated with have	executive officer of a a contract with said	Amoun	t of Contr	ibution
this contribution associated with an vent reported in Section L1? Yes, list Event # 032223a No Section L1? No Is contributor a princip of yes, indicate which is an example of government contract is with:	ch branch or	Exec		uve state contractor	∐ Yes ☑No		\$1	.000.00
lethod of contribution: Cash Personal Check Credit/Debit Card Payroll Dec	duction Mo	oney Order	- 1	ate Received 3/22/2023	Aggregate contributions \$1,000.00			

ge \$3,000.00	SUBTOTAL Section B - This Page			
es \$84,415.00	TOTAL of Section B Pages			
B) 594.415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
\$84.415.00	(Enter total on Line 13, Column A of Summary Page			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ganim for Bridgeport 23			April 10 filing				
A. Total Contributions from Small Contributors -	Received this Period	ONL	Y				
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.0
	B. Itemized Contribu	tions	from Individuals				No.
Last Name		Fir	st				M.I.
Pataky		Br	yan				
Residential Street Address	City		-		State	Zip Code	
93 Gurdon St	Bridge	port	100		СТ	06606-	5032
Principal Occupation Owner		- 1	e of Employer aky Bail Bonds				
dependent child of a lobbyist? No municipality municipality	ion is in excess of \$400 to a c y does contributor or busines y valued at more than \$5,000	s he/she			Amou	nt of Con	tribution
event reported in Section L1?	principal of a state contractor te which branch or overnment the	x or pro		∐ Yes ✓ No		4	61,000.00
Method of contribution:	Toll Deduction Money Or		Date Received 03/22/2023	Aggregate contributions \$1,000.00	- 		
Last Name		Firs	t)		M.I.
Colella		The	omas				J
Residential Street Address 5880 Donner Rd	City Lockpo	ort			State NY	Zip Code 14094-	9498
Principal Occupation President			of Employer Iway Rehab Corp				
dependent child of a lobbyist? municipality	on is in excess of \$400 to a co does contributor or business valued at more than \$5,000?	he/she			Amoun	t of Cont	ribution
event reported in Section L1? If yes, indicate branches of go		or pros	_	Yes √ No		\$	1,000.00
Method of contribution:	oll Deduction Money Ord		Date Received 03/22/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Kilian		Eliz	abeth				
Residential Street Address 185 Anton Driver	City Bridgep	ort			State CT	Zip Code 06606	
Principal Occupation Homemaker			of Employer emaker				
fependent child of a lobbyist? Mo municipality	n is in excess of \$400 to a car does contributor or business by valued at more than \$5,000?				Amoun	t of Conti	ibution
want reported in Castion (12		or prosp ecutive		✓ No		\$1	,000.00
Method of contribution Cash Personal Check Credit/Debit Card Payro	Il Deduction Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$1,000.00	,		

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84.415.00

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT				
Ganim for Bridgeport 23			April 10 filing					
A. Total Contributions from Small C	ontributors - Received thi	s Period (ONLY					
(See instructions for definition of Small Co	mtributor)			Subtotal Section	in A			\$0.0
	B. Itemized	Contribu	tions fr	om Individua	k	ALCO MAR		HARLE
Last Name			First					МІ
Hoffman			Lee					
Residential Street Address		City				State	Zip Code	
1003 Windsor Ave		Windso		375 1/4		СТ	06095-	3426
Principal Occupation Attorney				f Employer an & Comley	II.C			
			Fullitie	an a Conney		M 22		2
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	and deather than a secretarion	r or business	he/she is a			Amou	nt of Cont	ributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	r or prospe	2_	Yes Ves Voislative		\$	1,000.0
Method of contribution: Cash Personal Check CredivDeb	contract is with:	Money Ord	10	Date Received 03/22/2023	Aggregate contributions \$1,000 00	4		
Last Name		-	First					M.I.
Aktar			Solina	а				
Residential Street Address		City				State	Zip Code	
5 Liberty Hi		Wether			- 7,00	CT	06109-3	3976
Principal Occupation Retired			Name of Retired	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business !				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r	or prospec	tive state contract	∐ tes ✓ No		\$	1,000.00
Method of contribution:	contract is with:			Date Received	Aggregate contributions	+		
Cash Personal Check Credit Debu	t Card Payroll Deduction	Money Orde		3/22/2023	\$1,000.00			
Last Name			First		-			M.I.
Schoenfeild			Vali				3	
Residential Street Address		Citv				State	Zip Code	
58 Brantwest Drive		Glastoni	bury			CT	06033	
Principal Occupation VP			Name of B Manche	Emplover ester Tobacco	0			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of S municipality does contributor o municipality valued at more tha	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an very yes event reported in Section L1? Myes, list Event # 032223a No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with		or prospect	nve state contracto	∐ Yes ✓ No		\$1	,000.000,
Method of contribution:			Da	ate Received	Aggregate contributions			

SUBTOTAL Section B - This Page	\$3,000,00
TOTAL of Section B Pages	\$84.415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$94.41E.00
(Enter total on Line 13, Column A of Summary Page	\$84,415.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - Receive	ed this Period (DNLY	E87			
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
B. Iteu	nized Contribut	ions from Individual	s 1992/11/2019	101, 70, 25		SPANIES.
Last Name		First				M.I.
Schoenfeild		Michael				
Residential Street Address	City			State	Zip Code	
58 Brantwest Drive	Glastor	nbury		СТ	06033	
Principal Occupation VP	4	Name of Employer Manchester Tobacc	:0			
	atributor or business	ndidate committee for a chie he/she is associated with har Yes		Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal If yes, indicate which to branches of government contract is with:	branch or	ecutive Legi	□ tes √No		\$	\$1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduc	ction Money Ord	Date Received 03/22/2023	Aggregate contributions \$1,000.00			
Last Name		First				ML
Presume		Fednol				J
Residential Street Address	City			State	Zip Code	1.100
14 Cedar Crest PI	Norwall			СТ	06854-	1402
Principal Occupation ITS Support Service Manager		Name of Employer City of Bridgeport				
	utributor or business h	ndidate committee for a chie ne/she is associated with hav Yes		Amour	nt of Cont	ribution
event reported in Section L1? If yes, indicate which b	oranch or	or prospective state contract	or ² ☐ Yes ✓ No			\$150.00
If yes, list Event # 032223a branches of government contract is with:	t tine Ext	ecutive Legis	lative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduc	ction Money Orde	Date Received 03/22/2023	Aggregate contributions \$150.00			
Last Name		First				M.I.
Coward	y	Terri			3p.===c	D
Residential Street Address	City			State	Zip Code	
73 Pine Ridge Rd	Fairfield			СТ	06825-	1238
Principal Occupation City Treasurer		Name of Employer City of Bridgeport				
	tributor or business h	didate committee for a chief e/she is associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes South but or a principal of the section L1? Yes Is contributor a principal of the section L1? Yes Is contributor a principal of the section L1? Yes, indicate which by branches of government contract is with	ranch or	r prospective state contracto	[√No			\$150.00
Method of contribution: Cash Personal Check Credit Debit Card Payroll Deduct	tion Money Order	Date Received 03/22/2023	Augregate contributions \$300.00			

Su	BTOTAL Section B - This Page	\$1,300.00
	TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections A + B) 3, Column A of Summary Page	\$84,415.00

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Re	eceived this Peri	od ONL	Y				
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.0
R	Itemized Contr	ibution	from Individual			100000000000000000000000000000000000000	A CONT
Last Name			irst				M.I.
Jones		- L	yle				9
Residential Street Address	City	_	,,,		State	Zip Code	1
89 Weber Ave	Brie	dgeport			СТ	06610	3062
Principal Occupation		Nar	ne of Employer				
Chaplin		De	partment of Corre	ections			
dependent child of a lobbyist? In No municipality de municipality ve	oes contributor or bus alued at more than \$5,	iness he/sh 000?	te committee for a chie e is associated with hav Yes ospective state contract	e a contract with said	Amou	nt of Con	tribution
this contribution associated with an event reported in Section L1? If yes, list Event # 032223a No list Event # 032223a No list Event # 032223a	which branch or	Execut		Yes ✓ No			\$150.00
Method of contribution: ☐ Cash Personal Check Credit Debit Card Payroll	Deduction Mone	y Order	Date Received 03/22/2023	Aggregate contributions \$150.00	1		
Last Name		Fu	rst			- 100 100	ML
Stone		G	eoffrey				
Residential Street Address	City				State	Zip Code	_
115 Eaton St	Brid	geport			СТ	06604-	2219
Principal Occupation Maintenance Supervisor		City	of Bridgeport		,		
dependent child of a lobbyist? municipality do		ness he/she	te committee for a chief is associated with have Yes		Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event = 032223a No Is contributor a print fyes, indicate with an event reported in Section L1? If yes, indicate with an event reported in Section L1?	hich branch or	Executi	ve Legisl	☐ 1 es			\$150.00
Method of contribution:	Deduction Money	Order	Date Received 03/22/2023	Aggregate contributions \$150.00			
Last Name		Fir	St .				M.I.
Root		Ta	mara				
Residential Street Address	City				State	Zip Code	
955 Main St, Apt 412	Bridg	geport			CT	06604-4	335
Principal Occupation Secretary		100	of Employer of Bridgeport				
dependent child of a lobbyist?		ess he she	e committee for a chief is associated with have Yes		Amoun	t of Conti	ibution
s this contribution associated with an Yes sevent reported in Section L1? Yes, list Event ± 032223a No Section L1? No No Section L1?	nich branch or	Executiv	spective state contractor	✓ No			\$150.00
Method of contribution	Deduction Money		Date Received 03/22/2023	Aggregate contributions \$170.00	ii ii		10)

SUBTOTAL Section B - This Page	\$450,00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$84.415.00
(Enter total on Line 13, Column A of Summary Page	304,413.00

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NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Received	d this Period (DNLY	Mais	NI .		_	
(See instructions for definition of Small Contributor)		Subt	otal Section	A s		\$0.00	
	ized Contribut	tions from	ndividual				
Last Name	No. of Street, Street, Street, Street, St.	First	araa Wales all		. 91217035-007		M.I.
Gallopher		Violette					
Residential Street Address	City	110.01.0			State	Zip Cod	
26 Juhasz Rd	Norwai	k			СТ	06854	
Principal Occupation		Name of Emp	loyer	-		_	
Broker		DDS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	tributor or business	he/she is associ		f executive officer of a e a contract with said No	Amount of Contribution		tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal of If yes, indicate which by branches of government contract is with	ranch or	or prospective	state contract	∐ res	\$		\$20.00
Method of contribution Cash Personal Check Credit Debit Card Payroll Deduct	tion Money Ord		Received 2/2023	Aggregate contributions \$20.00			
Last Name		First					MI
Toledo		Andy					
Residential Street Address	City				State	Zip Code	
1545 Old Town Rd	Bridgep	ort			CT 06606-1422		1422
Principal Occupation		Name of Emp					
Mayoral Aide		City of Brid	lgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exemunicipality does contribution in the exemunicipality valued at a second contribution is in exemunicipality valued at a second contribution is in exemunicipality.	nbutor or business I				Amour	it of Con	ribution
Is this contribution associated with an Ves Is contributor a principal of event reported in Section L1?		or prospective :	tate contracto	Yes Yes			\$20.00
If yes, list Event # 032223a No branches of government to contract is with	the —	ecutive	Legis	ative No			
Method of contribution Cash Personal Check Credit Debit Card Payroll Deduction	on Money Orde		eceived 2/2023	Aggregate contributions \$120.00			
Last Name		First				33(3) Pr 2	М.І.
Paniccia		Domenic			24		S
Residential Street Address	City				State	Zip Code	
25 Easton Rd	Monroe				СТ	06468-	1502
Principal Occupation Retired		Name of Emp! Retired	over				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution is in excemunicipality valued at municipality valued at municipality.	butor or business h				Amoun	t of Cont	ribution
is this contribution associated with an Yes Is contributor a principal of yent reported in Section L1? Yes If yes, indicate which braining in the section of the section of the section is contributor approximately the section of th	nch or	r prospective s	ate contracto	L res	\$200,0		\$200.00
If yes, list Event # 032223a No branches of government the contract is with	Exe	cutive	Legisl	ative No			
Vethod of contribution. Cash ✓ Personal Check Credit Debit Card Payroll Deduction	on Money Order	Date R	ceived /2023	Aggregate contributions \$450.00			

\$240.00	SUBTOTAL Section B - This Page
\$84,415,00	TOTAL of Section B Pages
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Repos	sitory)	TYPE OF REPORT			1000000
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - Receiv	ed this Period C	NLY	NA CONTRACTOR OF THE PARTY OF T			
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
B. Iter	nized Contribut	ions from Individual				
Last Name		First				M.L
Balducci		Richard				J
Residential Street Address	City		-00	State	Zip Code	
245 River Rd	Deep R	liver		СТ	06417-	2117
Principal Occupation	-	Name of Employer			146	
Attorney		Doyle, D'Amore & Ba	alducci			
dependent child of a lobbyist?		ndidate committee for a chief he/she is associated with hav Yes		Amou	nt of Con	ribution
event reported in Section L1? [Fyes, indicate which	branch or	or prospective state contract	✓ Yes	\$200		\$200.00
If yes, list Event # 032223a		Date Received o3/22/2023	Aggregate contributions \$400.00			
Last Name		First	\$400.00			M.I.
Piccirillo		Jason				.VI.I.
Residential Street Address	City	000011		State	Zip Code	
712 Madison Ave	Bridgep	ort		СТ	06606-	5511
Principal Occupation Owner		Name of Employer Micilizzi's				
	nuributor or business h	didate committee for a chief e/she is associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal fyes, indicate which to branches of government of government from the principal field.	branch or	or prospective state contracto	✓ No			\$200.00
contract is with	Exe	cutive Legisl				
Method of contribution: Cash Personal Check Credit Debit Card Payroll Deduc	ction Money Order	Date Received 03/22/2023	Aggregate contributions \$700.00			
Last Name		First				M.f.
Monks		Kevin				
Residential Street Address	City			State	Zip Code	
200 Holland Rd	Bridgepo			CT	06610-1	041
Principal Occupation Painter	100	Name of Employer City of Bridgeport				-103210314
	tributor or business he	lidate committee for a chief of state is associated with have Yes		Amoun	t of Contr	ibution
s this contribution associated with an event reported in Section L1? Yes, list Event # 032223a Is contributor a principal of If yes, indicate which be branches of government contract is with	ranch or	r prospective state contractor	∐ Yes ✓ No	\$200.00		
vlethod of contribution Cash Personal Check CredivDebit Card Payroll Deduct	tion Money Order	Date Received 03/22/2023	Aggregate contributions \$500.00			

\$600.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84.415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo	ository		TYPE OF REPORT			39400
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Received thi	is Period (ONL	Y	183			
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized	Contribu	tions	from Individual		200 K 100	YORK DAVI	ALTO DE
Last Name		Fir	st		N-1-1-1		M.I.
Sherman		An	nanda				
Residential Street Address	City	1.5			State	Zip Code	-
78 Hawley Ave	Milford	l			CT	06460-	8142
Principal Occupation		Nam	e of Employer				
Relations		Yale	University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? V No If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a No Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with	or	r or pro	<u>h</u>	∐ res √No		\$200	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Payroll Deduction	Money Ord	ier	Date Received 03/22/2023	Aggregate contributions \$200.00			
Last Name		Firs					M.L.
Costello		Do	menic				
Residential Street Address	City				State	Zip Code	
6 Richard Pl	Trumbu	ıll.			CT 06611-3815		815
Principal Occupation	100-	Name	of Employer	12.			-
Deputy Director of Labor Relations		City	of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amour	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # 032223a Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	or pros	_ 33	∐ Yes ✓No	\$200.00		\$200.00
Method of contribution:	Money Orde		Date Received 03/22/2023	Aggregate contributions \$625.00			
Last Name		First					M.I.
Malheiro		Ilidio)				
Residential Street Address	City				State	Zip Code	=
11 Botsford PI	Trumbul	ll .			CT	06611-4	702
Principal Occupation Driver			of Employer son Family				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Contri	ibution
s this contribution associated with an went reported in Section L1? Yes Is contributor a principal of a state of the section L1? Yes, list Event # 032223a No Section L1? Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch or branches of government the contributor as the section L1?	· _	104		☐ Yes	\$200.00		200.00
Vertiod of contribution Cash Personal Check Crediv Debit Card Payroll Deduction		r cutive	Date Received 03/22/2023	Aggregate contributions \$450.00			

\$600.00	SUBTOTAL Section B - This Page
\$84.415.00	TOTAL of Section B Pages
\$84,415,00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections A-K) Page 37 of 109

NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Repo	sitory)		TYPE OF REPORT	2,47,22	E CONTRACTOR	A RECEIVED
Ganim for Bridgeport 23				April 10 filing			
A. Total Contributions from Small Contributors - Re	ceived this Period	ONLY	Little Properties by				
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.0
B.	Itemized Contribu	tions fi	rom Individual				1
Last Name		First		A STREET AND ADDRESS OF THE PARTY AND ADDRESS.			M.I
Moore		Will	iam				
Residential Street Address	City	1			State	Zip Cod	[e
60 Lawn Ave, Apt 30	Stamfo	ord			CT	06902	
Principal Occupation	· · ·	1	of Employer				
Marketing Consultantant		PTM					
dependent child of a lobbyist? III No municipality do	is in excess of \$400 to a cases contributor or business blued at more than \$5,000?	he/she is			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a print of the section L1? If yes, list Event # 032223a Is contributor a print of the section L1? If yes, indicate we branches of government is with	roment the	or prosp	_	∐ Yes ✓ No			\$200.0
Method of contribution. Cash Personal Check Credit Debit Card Payroll	Deduction Money Ord	ler	Date Received 03/22/2023	Aggregate contributions \$300.00	1		
Last Name		First	<u> </u>	'	•		M.I.
Lewis		Sara	ih				
Residential Street Address	City				State	Zip Code	:
355 Remington St	Bridgep	ort			СТ	06610-	2212
Principal Occupation Retired		Name o Retire	f Employer d				
dependent child of a lobbyist?	s in excess of \$400 to a car es contributor or business l ued at more than \$5,000?				Amour	t of Cont	ribution
event reported in Section L1? If yes, indicate wh	cipal of a state contractor	or prospe	ctive state contracto	☐ 1 €S]		\$25.00
If yes, list Event # 032223a No branches of govern contract is with	nument the Exc	ecutive	Legist				
	Deduction Money Orde		Date Received 03/22/2023	Aggregate contributions \$25.00			
Last Name		First					M.I.
Taylor		Alvet	a				
Residential Street Address	City				State	Zip Code	
511 Pembroke St	Bridgepo		Employer		СТ	06608-2	2006
Retired		Retired					
ependent child of a lobbyist?	in excess of \$400 to a can- s contributor or business hed at more than \$5,000?				Amoun	t of Conti	ribution
s this contribution associated with an vent reported in Section L1? Yes Structure of Yes, list Event # 032223a Structure of Yes, list Event # 032223a Structure of Yes, list Event # 032223a	ment the	r prospec	tive state contractor	∐ Yes ✓ No			\$25.00
lethod of contribution:	eduction Money Order	[Date Received 03/22/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84.415.00

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Ganim for Bridgeport 23 A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor) B. Itemized C Last Name Lindsay		ONLY Subtotal Section tions from Individual	April 10 filing			0
(See instructions for definition of Small Contributor) B. Itemized (Last Name		Subtotal Section	A		536	
B. Itemized (Contribut		A			
Last Name	Contribut	tions from Individuals				\$0.0
	-		A STATE OF THE PARTY.		4.8/2.00 A	Here
Lindsay		First				M.I.
		Michelle				1
Residential Street Address	City			State	Zip Code	_
110 Asylum St	Bridgep	oort		CT	06610-	2104
Principal Occupation	1	Name of Employer				
Administrator		Dress for Success				
Is contributor a lobbyist, spouse or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more dependent.	or business l			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a If yes, list Event # 032223a Is contributor a principal of a state of the section of	or	or prospective state contractor ecutiveLegis	∐ Tes √No			\$25.0
Method of contribution: Cash Personal Check Credit Debit Card Payroll Deduction	Money Orde	Date Received 03/22/2023	Aggregate contributions \$25.00			
Last Name		First			- 1	M.I.
DiLuca		Sylvia				1
Residential Street Address	City			State	Zip Code	
1415 Wood Ave	Bridgep	ort		СТ	06604-	1426
Principal Occupation Program Coordinator		Name of Employer City of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If committation is in excess of a municipality does contributor of municipality valued at more the	or business h			Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state event reported in Section L1? No No No No No No No No No N		or prospective state contracto	r? Yes ✓ No			\$25.00
If yes, list Event # 032223a branches of government the contract is with:	Exe	ecutive Legisl	ative			
Method of contribution: Cash Personal Check Crediv Debit Card Payroll Deduction Payroll Deduction	Money Order	Date Received 03/22/2023	Aggregate contributions \$200.00	5,00		
Last Name		First				M.I.
Vickers		Constance	200		2	E
Residential Street Address	City			State	Zip Code	- 100
881 Lafayette Blvd, Unit 1B	Bridgepo			СТ	06604-4	723
Principal Occupation Director of Legislative Affairs		Name of Employer City of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of Smunicipality does contributor of municipality valued at more that	r business he			Amoun	t of Contr	ibution
s this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? No If yes, list Event # 032223a	_	r prospective state contractor	☑ Yes		:	\$250.00
Verthod of contribution Cash Personal Check Credit/Debit Card Payroll Deduction 1		Date Received	Aggregate contributions \$500.00			

\$300,00	SUBTOTAL Section B - This Page
\$84,415,00	TOTAL of Section B Pages
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Re	egistered with i	Filing Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23				Tay Tay	April 10 filing			
A. Total Contributions from Small Contributors -	Received thi	s Period (DNLY					
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
	B. Itemized	Contribu	tions f	irom Individual		K SEED		95°08'09'09
Last Name	A THE REAL PROPERTY.	DENIE PARCON	Firs	NACOTI-CAUCTURE -		CALL SHIP SHIP SHIP	mer parameter () and	M.I.
Lipsett			Mic	chael				J
Residential Street Address		City	-	16.1.0		State	Zip Cod	e
788 Ocean Ave		West F	laven			СТ	06516	
Principal Occupation			Name	of Employer		•		
Exterminator			CT	Pest Elimination				
dependent child of a lobbyist?	does contributor valued at more	r or business than \$5,000?	he she	s associated with hav	√No	Amou	nt of Con	tribution
event reported in Section L!? If yes, list Event # 032223a If yes, indicate branches of go contract is with	te which branch o	or	or pros	e Legis	✓ No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payr	roll Deduction	Money Ord	ler	Date Received 03/22/2023	Aggregate contributions \$550.00			
Last Name			First			_		M.I.
Mauro			Sar	nantha				
Residential Street Address		City	_		33152	State Zip Code		
70 Oronoque Trl		Shelton	0000000	NECON SERVICE		СТ	06484	4949
Principal Occupation			. 200	of Employer				
Manager			VVnis	кеу Вапеі				
dependent child of a lobbyist? Manual municipality		or business l		committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amour	nt of Con	tribution
avent reported in Section 1.12	which branch of vernment the	r _	or prosp	ective state contracto	∐ tes	\$250		\$250.00
Method of contribution:	oil Deduction			Date Received 03/22/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
DePara			Ang	el				M
Residential Street Address		City			-	State	Zip Code	-
332 Wells St, Apt 104		Bridgep	ort			CT	06606-	5465
Principal Occupation Special Projects Coordinator				of Employer of Bridgeport	M. 10			
dependent child of a lobbyist?	loes contributor of valued at more th	or business h an \$5,000?	e she is	ommittee for a chief associated with have Yes	a contract with said No	Amoun	t of Cont	ribution
Willes	which branch or	_	W	ective state contractor	☑ Tes ☑ No			\$250.00
elethod of contribution:		Money Orde		Date Received	Aggregate contributions			
Cash ✓ Personal Check Credit Debit Card Payro.	Il Deduction	Money Orde		03/22/2023	\$750.00			

\$750.00	SUBTOTAL Section B - This Page				
\$84,415.00	TOTAL of Section B Pages				
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				
\$04,415.00	(Enter total on Line 13, Column A of Summary Page				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			STATE OF THE PARTY		
Ganim for Bridgeport 23			15.		April 10 filing			
A. Total Contributions from Small Contributors - R.	eccived this	s Period (DNL					
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
B	. Itemized	Contribut	ions	from Individuals		STANKE.	Tiske S	ale made
Last Name			Fire	t			-	M.I.
Conine			Lu	ann				
Residential Street Address		Citv				State	Zip Code	
63 Lobsterback Rd		Sheltor	1			СТ	06484-	5715
Principal Occupation				of Employer				
Superintendent of Recreation			City	of Bridgeport				
dependent child of a lobbyist?		r or business	he she	committee for a chief is associated with have	executive officer of a ea contract with said No	Amou	nt of Con	ribution
event reported in Section L1? If yes, indicate	which branch o	or	•	pective state contracto	✓ No]		\$250.00
If yes, list Event # 032223a branches of government is with:	CHARON AND	Ex	ecutiv	e Legisi	lative]		
Method of contribution: Cash ✓ Personal Check ☐ Credit/Debit Card ☐ Payrol	II Deduction	Money Ord	er	Date Received 03/22/2023	Aggregate contributions \$750.00			- 21
Last Name			Fus					M.L
Washington			De	smond				
Residential Street Address		City				State	Zip Code	,
9 Tashua Pkwy		Trumbu	III			CT	06611-	1026
Principal Occupation Property Management				of Employer / Properties				
	oes contributor	or business h		committee for a chief s associated with have Yes		Amoun	it of Cont	ribution
event reported in Section L1? If yes, indicate w branches of gove	which branch o		or pros	pective state contractor	✓ No	=1,77		\$250.00
Method of contribution:	Deduction	Money Orde		Date Received 03/22/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
Pacacha			Ror	ald				
Residential Street Address 7505 Mansfield Hollow Rd		City Delray E	Beach		· · ·	State FL	Zip Code 33446-3	314
Principal Occupation Attorney				of Employer Ild Pacacha	.			
dependent child of a lobbyist? municipality do municipality val	es contributor of lued at more th	or business h an \$5,000?	e/she ii	commutee for a chief of associated with have	a contract with said No	Amoun	t of Conti	ibution
Is contributor a printered in Section L1? If yes, list Event = 032223a Yes Is contributor a printered in Section L1? If yes, indicate we branches of gover contract is with:	hich branch or		cutive	Legisla	☐ tes			\$250 00
elethod of contribution:	Deduction [Money Order	r	Date Received 03/22/2023	Aggregate contributions \$750.00			

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415.00

Page	41	of	10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ganim for Bridgeport 23		-			April 10 filing			
A. Total Contributions from Small Contri	butors - Received this	Period C	NLY	STATE OF THE				
(See instructions for definition of Small Contribu				ubtotal Section	A			\$0.00
		Contribut	ions fro	m Individuals		STATE	15953 F 2015	7.853
Last Name		del de la constante	First					ML
Bochanis			Jorda	an				
Residential Street Address	1,0	City	borde	***		State	Zip Code	
172 Mayweed Rd		Fairfield	d			CT	06824-	
Principal Occupation		-	Name of	Employer				
Marketing			Bocha	nis Rogan Zoo	m LLC			
dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business han \$5,000?	he/she is a	ssociated with have	a contract with said No	Amoui	nt of Con	tribution
event reported in Section L1? (Comp. lies Forest # 032223a No br	ontributor a principal of a stat yes, indicate which branch of anches of government the intract is with		or prosper	cuve state contracto	No □ 'es			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card	- W	Money Ord		Date Received 03/22/2023	Aggregate contributions \$750.00			
Last Name			First	10.00				ML
Portanova			Danie	el				
Residential Street Address		City				State	Zip Code	•
95 Teller Rd		Trumbu	ll .			CT	06611-	1421
Principal Occupation Attorney				Employer D Portanova, /	Atty LLC			
dependent child of a lobbyist?	f contribution is in excess of nunicipality does contributor nunicipality valued at more the	or business l	ndidate con ne/she is a	mmittee for a chief ssociated with have Yes	executive officer of a a contract with said	Amour	it of Cont	ribution
event reported in Section L1? When her Event d 032223a	ontributor a principal of a state pes, indicate which branch or anches of government the		or prospec	hve state contractor	☑ 100 ☑ No	\$250.00		\$250.00
Method of contribution Cash	ntract is with:	Money Orde	10	Pate Received 13/22/2023	Aggregate contributions \$600.00			
Last Name			First					M.L
Auerbach			Steve	n				н
Residential Street Address		City				State	Zip Code	
151 Kennedy Dr		Bridgep				СТ	06606-	917
Principal Occupation Director of Parking				Emplover Bridgeport				
dependent child of a lobbyist?	f contribution is in excess of S nunicipality does contributor of nunicipality valued at more th	r business h				Amoun	t of Cont	ribution
event reported in Section L1? If you has Event = 032223a No bra	ntributor a principal of a state es, indicate which branch or notes of government the stract is with:		or prospec	nve state contractor	☑ No			\$250.00
Method of contribution: Cash Personal Check Credit Debit Card		Money Orde	44.	ate Received 3/22/2023	Aggregate contributions \$550 00			

\$750.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84.415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repos	itory)	TYPE OF REPORT	Tabasana		
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors -	Received this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Se	ction A			\$0.0
	B. Itemized Contribut	ions from Indivi	duals			E COLUMN TO
Last Name	The same of the sa	First	THE RESERVE THE PROPERTY.	(Laboration (III)		MI
Марра		Lauren				1
Residential Street Address	City			State	Zip Code	
20 Aspen Wood Ln	Fairfield	1		CT	06825	
Principal Occupation		Name of Employer		-		
WPCA Manager		City of Bridgepo	rt			
dependent child of a lobbyist?	on is in excess of \$400 to a car does contributor or business by valued at more than \$5,000?			Amou	nt of Con	tribution
attent reported in Section [19			ntractor? Yes ✓ No Legislative			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payr	oll Deduction Money Orde	Date Received 03/22/202	141-11	100		
Last Name		First		-		MLL
Shearin		James				
Residential Street Address	City			State	Zip Code	100
81 Taunton Hill Rd	Newtow	n	The state of the s	CT	06470-	1728
Principal Occupation Attorney		Name of Employer Pullman & Comle	ey LLC			
dependent child of a lobbyist? municipality	n is in excess of \$400 to a can does contributor or business have valued at more than \$5,000?			Amoui	nt of Cont	ribution
event reported in Section L1?	which branch or		∐ tes ☑No			\$250.00
tf yes, list Event # 00222000 contract is with		cutive L	egislative			
	oll Deduction Money Order	Date Received 03/22/2023				
Last Name		First	25 LC		55' 5.52 1945	M.L
Gill		Nancy				
Residential Street Address 244 Sailors Ln	City Bridgepo	rt		State CT	Zip Code 06605-3	3624
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? municipality d	is in excess of \$400 to a cand oes contributor or business he alued at more than \$5,000?			Amoun	t of Conti	ribution
s this contribution associated with an vent reported in Section L1? Yes, list Event # 032223a Is contributor a pr If yes, indicate branches of gow contract is with	ernment the	320	ractor" Yes Z No egislative			\$250.00
Method of contribution	Il Deduction Money Order	Date Received 03/22/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$84,415.00
(Enter total on Line 13, Column A of Summary Page	\$04,415.UU

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NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Fi	ung Kepos	sitory)		TYPE OF REPORT			250
Ganim for Bridgeport 23					April 10 filing			
A. Total Contributions from Small Contributors - Reco	eived this	Period O	NLY			Ann Sunn		
(See instructions for definition of Small Contributor)			S	ubtotal Section	A			\$0.0
B. 10	emized C	ontributi	ions fro	n Individual			NEW TOWN	70.50
Last Name	organization is	teraceles but	First		THE PARTY OF THE P	TO SHOULD SEE SEE		МІ
Brown			Marci	16				116.5
		0	ivialic	15		1.0	1	-
Residential Street Address	- 1	City Bridgep	ort			State	Zip Cod 06604	
1705 Capitol Ave Principal Occupation		bridgep		- 1		101	00004	-1525
Workforce Development			Avangi	Employer id				
	contributor o	r business b			ef executive officer of a ve a contract with said	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal of the princip	ch branch or	_	or prospec	ive state contract	∐ 1 es			\$250.0
Method of contribution: ☐ Cash ☐ Personal Check ✓ Crediv Debit Card ☐ Payroll De	eduction .	Money Orde		ate Received 3/22/2023	Aggregate contributions \$500.00	4		
Last Name			First					M.I.
Ortiz		enere de	Jose					
Residential Street Address		City				State	Zip Code	
88 Raleigh Rd		Bridgepo	ort			CT	06606	-1037
Principal Occupation Retired			Name of I Retired					
	contributor or	business he			f executive officer of a e a contract with said	Amoui	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a princip of yes, indicate which branches of government contract is with	h branch or		r prospect	ve state contracto	Yes ✓No			\$250.00
Method of contribution	duction M	loney Order		te Received 3/22/2023	Aggregate contributions \$450.00			
Last Name			First					M.I.
Britt			William					J
Residential Street Address 10 Cold Spring Rd	200	City Easton				State	Zip Code 06612-	-
Principal Occupation			Name of E	molower			50012-	
Attorney				filkinson				
	ontributor or	business he			executive officer of a a contract with said No	Amoun	t of Cont	ribution
sthis contribution associated with an event reported in Section L1? Tyes, list Event # 032223a Secontribution associated with an event reported in Section L1? If yes, indicate which branches of government contract is with:	branch or	ontractor or		e state contracto	res ✓ No			\$250.00
fethod of contribution: Cash	untion [] M	oney Order		e Received /22/2023	Aggregate contributions \$750.00			

\$750.00	SUBTOTAL Section B - This Page
\$84,415,00	TOTAL of Section B Pages
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repo	sitory)	TYPE OF REPO	RT	44	
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - l	Received this Period (DNLY	54000			
(See instructions for definition of Small Contributor)		Subtotal S	ection A			\$0.0
	B. Itemized Contribut	ions from Indiv	idnals	9500000		Variation of
Last Name		First	THE PERSON NAMED IN			M.L
Schneider		Robert				
Residential Street Address	City			State	Zip Cod	ic .
120 Royals Ct	Trumbu	ıll		CT	06611	
Principal Occupation		Name of Employer			- 12	176.
Retired		Retired				
dependent child of a lobbyist? No municipality municipality	does contributor or business valued at more than \$5,000?	he/she is associated w	√ No	Amou	int of Con	ıtributior
event reported in Cention [17		_	ontractor?			\$250.00
	oll Deduction Money Orde	Date Receive 03/22/202	74 //			
Last Name		First		Colors -	72	M.L
Gonzalez		Barbara				
Residential Street Address	City			State	Zip Code	:
114 Intervale Rd	Bridgep	ort		СТ	06610-	-1014
Principal Occupation Owner		Name of Employer Beyond Homec				
dependent child of a lobbyist?	n is in excess of \$400 to a can does contributor or business h valued at more than \$5,000?	didate committee for e/she is associated wi	a chief executive officer of a th have a contract with said No	Amou	at of Con	tribution
event reported in Section L1? If yes, indicate	rincipal of a state contractor of which branch or	r prospective state co	i es			\$250.00
If yes, list Event # 032223a No branches of gov.	Exe	cutive	Legislative No			
	Deduction Money Order	Date Received 03/22/202				
Last Name		First				M.I.
Wiggins	394	Larry				D
Residential Street Address 1769 Watertown Ave	City Waterbui	ry		State CT	Zip Code 06708-	1072
Principal Occupation CFO	1.10	same of Employer Hispanic Health	Council			
lependent child of a lobbytst?	is in excess of \$400 to a cand bes contributor or business he dued at more than \$5,000?	idate committee for a she is associated with Yes	chief executive officer of a have a contract with said	Amoun	t of Cont	ribution
s this contribution associated with an vent reported in Section L1? Fyes, list Event = 032223a Section L12 Is contributor a private with an list of government is with.			tractor? Yes V No egislative			\$250.00
lethod of contribution:	Deduction Money Order	Date Received 03/22/2023	Aggregate contribution \$250.0	-1		

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$84.415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84,415,00

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NAME OF COMMITTEE (Provide Complete N	lame as Registered with	Filing Repo	sitory)		TYPE OF REPORT	ACT THE	SERVICE SER	
Ganim for Bridgeport 23			11.0		April 10 filing	-		
A. Total Contributions from Small Contri	butors - Received thi	is Period C	NLY	1				
(See instructions for definition of Small Contribu	tor)			Subtotal Section	A			\$0.0
	B. Itemized	Contribut	ions	from Individuals		Stanovice S	125.30	SHOWE
Last Name			Firs	st		212		M.I
Denton			Cu	rtis				J
Residential Street Address		City				State	Zip Code	
955 Main St, Apt 808		Bridgep	ort			СТ	06604	4336
Principal Occupation ITS Director				of Employer of Bridgeport				
dependent child of a lobbyist?	f contribution is in excess o municipality does contributo nunicipality valued at more	r or business l				Amout	it of Con	tribution
event reported in Section L1? If wes, list Event # 032223a	ontributor a principal of a sta wes, indicate which branch of unches of government the ntract is with:	or	or pros		☐ Yes ✓ No	1		\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction			Date Received 03/22/2023	Aggregate contributions \$750.00			
Last Name			First		-			ML
Pereira			Fab	oio				
Residential Street Address		City				State	Zip Code	
45 Durant St		Stamfor				СТ	06902-	611
Principal Occupation Police Officer	21.12.22		City	of Employer of Bridgeport				
dependent child of a lobbyist?	contribution is in excess of unicipality does contributor unicipality valued at more the	or business h				Amoun	t of Cont	ribution
event reported in Section L.1?	ntributor a principal of a states, indicate which branch on the of government the		r prosp	pective state contractor	Yes ✓ No			\$250.00
If use list Event # U32223d	tract is with	☐ Exe	cutive	Legisla	tive			
Method of contribution Cash Personal Check Crediv Debit Card	Payroll Deduction	Money Order	-	Date Received 03/22/2023	Aggregate contributions \$250.00			
Last Name			First					М.І.
Cedeno			Mari	а				
Residential Street Address 525 Palisade Ave		City Bridgepo	rt			State CT	Zip Code 06610-3	425
Principal Occupation Retired			ame o	f Employer ed				
ependent child of a lobbyist?	contribution is in excess of similarity does contributor on incipality valued at more than	or business he	idate c	ommittee for a chief exassociated with have a	ecutive officer of a contract with said	Amount	of Contr	ibution
vent reported in Section L1? If yes, list Event # 032223a No brane	inbutor a principal of a state s, indicate which branch or thes of government the act is with:		prospe	ective state contractor?	☐ Yes		!	\$250.00
lethod of contribution Cash Personal Check Credit Debit Card	Payroll Deduction	Money Order	- 1	Date Received 03/22/2023	Aggregate contributions \$250.00			

\$750.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84.415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Register	ed with Filing Repo	ository)	TYPE OF REPORT	25 E		1000
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - Recei	ived this Period	ONLY	100			
(See instructions for definition of Small Contributor)		Subtotal Section	n A			\$0.0
B. lite	mized Contribu	tions from Individua	k and a second			WO.
Last Name		First	AND CONTRACTOR OF STREET		MASSES WAR	MI
Duby		Christopher				
Residential Street Address	City	Officiopher		State	Zip Coo	Same a
11 Howard Ave	Branfo	rd		CT	O6405	
Principal Occupation		Name of Employer	7.7	-	100.00	1020
Attorney		Law Office of Christ	topher Đuby LLC			
dependent child of a lobbyist? Mo municipality does of		andidate committee for a chi- he she is associated with ha		Amou	nt of Cor	ıtributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Is contributor a principal flyes, indicate which branches of government contract is with.	h branch or	or prospective state contract	tor? Yes			\$250.0
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedit	luction Money Ord	Date Received 03/22/2023	Aggregate contributions \$250.00	1		
Last Name		First		-		M.I.
Papa		Tammy				J.
Residential Street Address	City			State	Zip Code	
223 Algonquin Trl	Trumbu	ill		CT	06611	4580
Principal Occupation Director of Youth Services		Name of Employer City of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in e municipality does communicipality valued a	entributor or business h	ndidate committee for a chie ne/she is associated with hav Yes	f executive officer of a ea contract with said	Amou	nt of Con	tribution
West list Event # 032223a No branches of government	branch or	or prospective state contracte	✓ No			\$250.00
contract is with: Method of contribution: Cash Payroll Deduction Payroll Deduction Card Payroll Deduction Payr		Date Received	Aggregate contributions \$500.00			
Last Name		First				M.I.
√az		Antonio				
Residential Street Address	City			State	Zip Code	_
7 Coe Rd	Wolcott			СТ	06716-2	2511
Principal Occupation Office Manager		Name of Employer Orchard Hill Develo	LLC			
	unbuter or business he	didate committee for a chief e-she is associated with have Yes		Amoun	t of Cont	ribution
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of yes, indicate which be branches of government contract is with	oranch or	r prospective state contractor	∐ Yes ✓ No			\$250.00
fethod of contribution Cash Personal Check V Credit/Debit Card Payroll Deduct	tion Money Order	Date Received 03/22/2023	Aggregate contributions \$250.00			

\$750.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
\$84,415,00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Repo	ository)	TYPE OF REPORT			-0,
Ganim for Bridgeport 23			April 10 filing			
A. Total Contributions from Small Contributors - Rec	eccived this Period	ONLY	NO.	-		_
(See instructions for definition of Small Contributor)		Subtotal Section	on A			\$0.0
B.	Itemized Contribu	tions from Individu	ik attacher	PULL SERVICE		
Last Name		First		NH COLUMN		MI
Giacobbe		Marilia				
Residential Street Address	City	Texas in a		State	Zip Cod	•
7 Marsh Ct	Westpe	ort		CT	06880	
Principal Occupation		Name of Employer	Without the control of the control o		-	
Special Project Coordinator		City of Bridgeport				
dependent child of a lobbyist? No municipality value.	es contributor or business lued at more than \$5,000?		ave a contract with said No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a No Is contributor a print of the	hich branch or	or prospective state contra-	Yes No islative			\$250,00
	Deduction Money Ord	Date Received 03/22/2023	Aggregate contributions \$750.00	- 1		
Last Name		First				МІ
Paoletto		Susan				1
Residential Street Address	City		201	State	Zip Code	-
321 Lynne PI	Bridgep			СТ	06610-	1233
Principal Occupation Secretary		Name of Employer City of Bridgeport				
dependent child of a lobbyist?	in excess of \$400 to a car s contributor or business had at more than \$5,000?	ndidate committee for a chie ne/she is associated with har Yes	ef executive officer of a we a contract with said No	Amour	t of Cont	tribution
event reported in Section L1? [Fyes, indicate whi	nich branch or	or prospective state contrac	Y es			\$250.00
If yes, list Event ≠ 032223a No branches of governation contract is with.	Exe	cutive Legi	slative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll Debit Card Payroll Debit Card Payroll Debit Card Debit Card Payroll Debit Card Payroll Debit Card Debit Card Payroll Debit Card Deb	Deduction Money Orde	Date Received 03/22/2023	Aggregate contributions \$250.00		20	
Last Name	120	First				MI
Esteves		Cristina				
Residential Street Address 124 Morningside Ct	City Shelton			State CT	Zip Code 06484-4	1344
Principal Occupation Computer Technician		Name of Employer City of Bridgeport				
lependent child of a lobbyist?	in excess of \$400 to a cano contributor or business he ed at more than \$5,000?	didate committee for a chiefe she is associated with have	f executive officer of a e a contract with said	Amoun	t of Cont	ribution
this contribution associated with an vent reported in Section L1? Yes Is contributor a princip If yes, indicate which branches of government contract is with.	ch branch or	r prospective state contracto	∐ tes ✓No			\$250.00
fethod of contribution: Cash Personal Check Credit/Debit Card Payroll Dec	eduction Money Order	Date Received 03/22/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$84,415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$84.415.00

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NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Rep	ository)	TYPE OF REPORT	2000	SIN ES	
Ganim for Bridgeport 23	71 84 1			April 10 filing			
A. Total Contributions from Small Contributors - Rece	eived this Period	ONL	Y	RIZA		-	
(See instructions for definition of Small Contributor)			Subtotal Section	Δ			\$0.0
B. It	temized Contrib	utions	from Individual	5			
Last Name		Fu	st		CONTRACTOR OF STREET		M.I.
McMillan		To	om				Т
Residential Street Address	City	_			State	Zip Cod	le
224 Lyon Ter	Bridg	eport			CT	06604	-3624
Principal Occupation			e of Employer				
Contractor		MF	XA Construction				
dependent child of a lobbyist?	contributor or busines ed at more than \$5,000	ss he/she)?	is associated with hav	✓ No	Amou	nt of Cor	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a No Section L1? If yes, indicate whe branches of government is with:	ch branch or	or or pro	spective state contract	∐ les ☑ No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroil De	eduction Money O	rder	Date Received 03/22/2023	Aggregate contributions \$350.00	T.		
Last Name		Firs	t				MI
Kica		Art	pen				
Residential Street Address	City	-		*	State	Zip Code	
4 Blueberry Ln	Oxford	i			CT	06478	-1050
Principal Occupation Building Official		1000	of Employer of Bridgeport	2000			
dependent child of a lobbyist?		he/she	committee for a chief is associated with have Yes	executive officer of a contract with said No	Amoui	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a princip If yes, indicate which branches of governm	h branch or			∐ Yes ☑No			\$250.00
If yes, list Event # 032223d contract is with:	E	xecutiv	e Legisl	lative	1		
Method of contribution: Cash Personal Check CredivDebit Card Payroll Dec	duction Money Or	der	Date Received 03/22/2023	Aggregate contributions \$250.00		_	
ast Name		First	2007		C. 100.0	e-halk-	M.I.
Gecewicz		The	mas				E
Residential Street Address 3900 Park Ave, Unit 7E	Ciry Bridge	oort			State CT	Zip Code 06604-	1032
Principal Occupation Program Manager			of Employer of Bridgeport				
ependent child of a lobbyist?		he/she is	committee for a chief s associated with have Yes		Amoun	t of Cont	ribution
sthis contribution associated with an vent reported in Section L1? Yes, list Event # 032223a Is contributor a principal flyes, indicate which branches of governme contract is with	branch or	or prosp	_	∐ Yes √ No			\$250.00
lethod of contribution	uction Money Ord	er	Date Received 03/22/2023	Aggregate contributions \$700.00			

\$750.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
PD4 445 0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$84.415.00	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Re	egistered with	Filing Repo	sitory		TYPE OF REPORT	YPE OF REPORT		
Sanim for Bridgeport 23 April 10 filing					10 filing			
A. Total Contributions from Small Contributors -	Received th	is Period	ONL	V Marian Company		_	7.	-
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.0
The second secon	B. Itemized	Contribu	tions	from Individua	R Marie Company of September 19	Apa Seus		October School
Last Name			Fir	THE RESERVE OF THE PARTY OF THE				M.I.
Greenwood			la	mes M.				.,,,,,,
Residential Street Address		City	1 04	THEO IVI		State	Zip Cod	
82 Mariners Way		Fairfiel	d			CT	06824	
Principal Occupation		-	Nam	of Employer				
Reinsurance			Ger	eral Reinsurand	æ			
Is this contribution associated with an event reported in Section 112	does contributed valued at more principal of a state which branch	or or business than \$5,000? ate contractor or	he/she	is associated with hav	□ res	Amount of Contribu		\$250.00
Method of contribution:	h: off Deduction	Money Ord	ecutiv	Date Received 03/22/2023	Aggregate contributions \$450.00	1		
Last Name			Furst	72			_	ML
Gilleran			Kev	⁄in				
Residential Street Address		City				State	Zip Code	1
25 Beckley Rd		Berlin				CT 06037-2501		
dependent child of a lobbyist? municipality d	does contributor	or business h	City	of Employer of Bridgeport committee for a chief s associated with have	executive officer of a	Amoui	nt of Cont	tribution
— manacipanty v	which branch or ernment the	e contractor (or prosp	Yes Date Received	∐ tes ✓ No	\$300		\$300.00
Cash Personal Check Credit Debit Card Payrol	Deduction	Money Orde	1	03/22/2023	\$500.00			
Last Name			First					M.L.
Martinez			Lydi	a				N
Residential Street Address 92 Grant St		City Bridgepo	ort			State	Zip Code 06610-2	
Principal Occupation City Clerk				f Employer f Bridgeport				
s contributor a lobbyist, spouse, or Pes If contribution municipality do municipality va	es contributor o	r business he	lidate c vshe is	ommittee for a chief cassociated with have	executive officer of a a contract with said	Amoun	t of Conti	ribution
this contribution associated with an vent reported in Section L1? Yes, list Event = 032223a Yes, list Event = 032223a If yes, indicate w branches of government is with	vhich branch or	Exec		ective state contractor	∐ Yes ✓No		\$40.0	
lethod of contribution	Deduction .	Money Order		Date Received 03/22/2023	Augregate contributions \$140.00			

\$590,00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
ED 4 445 00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$84,415,00	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Reg	istered with Filing R	epositor	y)	TYPE OF REPORT		阿米尔 斯	2 2 4 3 1 2
Ganim for Bridgeport 23		Halt-		April 10 filing	April 10 filing		
A. Total Contributions from Small Contributors - R.	eceived this Perio	d ONL	Y	100			
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.0
B	. Itemized Contri	butions	from Individual	5		NEW DOOR	N. P. S. S. S. S.
Last Name	The second second second	Fi	rst		220000000000000000000000000000000000000	CHARLES AND A	1MI
Grace		s	alandra				
Residential Street Address	City	_			State	Zip Cod	e
78 Eastwood Rd	Brid	geport			СТ	06606	
Principal Occupation			ne of Employer				-
Clerk		Cit	y of Bridgeport				
dependent child of a lobbyist? municipality de	is in excess of \$400 to oes contributor or busin alued at more than \$5,0	ess he/sh		f executive officer of a re a contract with said	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L!? If yes, list Event # 032223a Is contributor a priority of the section	ernment the	Executi	_	□ tes □ No			\$5_0
Method of contribution:	l Deduction Money	Order	Date Received 03/22/2023	Aggregate contributions \$5.00	4		
Last Name		Fir	st				M.I.
Markham		Ma	эгу				
Residential Street Address	City				State	Zip Code	_
3 Stony Brook Cir	Trum	bull			СТ	06611-	2725
Principal Occupation Town Clerk		Tow	e of Employer yn of Trumbull				8
dependent child of a lobbyist?	is in excess of \$400 to a es contributor or busine lued at more than \$5,00	ss he/she			Amour	nt of Cont	ribution
event reported in Section L1? If yes, indicate w	exmant tha			☑ Yes			\$50.00
contract is with		Executiv	e Legisl	ative			
	Deduction Money C		Date Received 03/22/2023	Aggregate contributions \$150.00			
Last Name		Firs				100 20	M.I.
Giacobbe		Gio	vanni				М
Residential Street Address 7 Marsh Ct	City	ort			State Zip Code CT 06880-6738		2720
Principal Occupation	Westp		of Employer		GI	VO880-6	0130
Student		Stud				- 1	
ependent child of a lobbyist?	in excess of \$400 to a is contributor or busines ued at more than \$5,000	s he/she i			Amoun	t of Conti	ribution
vent reported in Section L1? If yes, indicate who branches of govern	ment the	xecutive	_	∐ Yes	\$50		\$50.00
fethod of contribution:	Deduction Money Or		Date Received 03/22/2023	Aggregate contributions \$50.00			

\$105.00	SUBTOTAL Section B - This Page
\$84,415.00	TOTAL of Section B Pages
694 445 00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$84,415.00	(Enter total on Line 13, Column A of Summary Page

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I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Registere	ed with Filing Repos	sitory)	TYPE OF REPORT	NOT THE		
Ganim for Bridgeport 23			April 10 filing	The state of the same of the s		
A. Total Contributions from Small Contributors - Receiv	ved this Period O	NLY	98			_
(See instructions for definition of Small Contributor)		Subtotal Section	D A			\$0.0
R. Ite	mized Contributi	ions from Individua	k		100000	
Last Name		First		NETWORK STATE		МГ
Giacobbe		Josephine				
Residential Street Address	City	оссорино		State	Zip Code	
20 Martha Pl	Bridgep	ort		CT	06606-	
Principal Occupation		Name of Employer		1		
Retired		Retired				
dependent child of a lobbyist? municipality does co		ididate committee for a chie ie she is associated with have Yes		Amou	nt of Cont	tributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032223a Section L19 No Is contributor a principal of yes, indicate which branches of government contract is with:	branch or	cutive Legi	tor° Yes ✓ No			\$50.0
Method of contribution Cash Personal Check Credit/Debit Card Payroll Dedu Payroll Dedu Payroll Dedu Payroll Dedu	uction Money Order	Date Received 03/22/2023	Aggregate contributions \$50.00	1		
Last Name		First				M.L
Skudlarek		Carl				Α
Residential Street Address	City			State	Zip Code	100
9 Riverside Dr	Milford			CT	06461-3	3917
Principal Occupation Manager Scontributor a lobbyist, spouse, or Yes If contribution is in experimental experiments.		Name of Employer BCE FCU didate committee for a chief	f executive officer of a	1	4 of C-4	-11-41
municipality valued a	st more than \$5,000?	wshe is associated with have	✓No	Antoui	it of Conti	ribution
event reported in Section L1? Yes If yes, list Event # 032223a No If yes, indicate which because of government branches of government	branch or	prospective state contracto	☑ res			\$50.00
contract is with	Exec	cutive Legis.	lative			
Method of contribution Cash Personal Check Credit/Debit Card Payroll Deduc	ction Money Order	Date Received 03/22/2023	Aggregate contributions \$350.00			
Last Name		First		- 15	3312	M.I.
Morales		Tamar				
Residential Street Address	City	-		State	Zip Code	404
304 Huntington Rd	Bridgepor			СТ	06608-1	104
Administrative Specialist		ame of Employer City of Bridgeport				
	tributor or business here	date committee for a chief she is associated with haveYes		Amoun	t of Contr	ibution
went reported in Section L1? If yes, indicate which br	ranch or	prospective state contractor	∐ Yes ✓ No		\$50	
fyes, list Event # 032223a No branches of government contract is with:	the Execu	utive Legisla	ative			

\$150.00	SUBTOTAL Section B - This Page
\$84,415,00	TOTAL of Section B Pages
\$84,415,00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repositor	ועי	TYPE OF REPORT	TYPE OF REPORT		
Ganim for Bridgeport 23	April 10 filing	April 10 filing				
A. Total Contributions from Small Contributors -	Received this Period ON	LY				
(See instructions for definition of Small Contributor)		Subtotal Section	o A			\$0.
	R. Itemized Contribution	s from Individua	5	47.20		
Last Name	F	irst				MI
Anderson	F	Robert			V.	
Residential Street Address 185 Alpine St	City Bridgeport			State	Zip Code	
Principal Occupation		me of Employer	_	101	O6610	-1/59
Anti-Blight Technician	1721	ty of Bridgeport				
dependent child of a lobbyist? No municipality municipality	on is in excess of \$400 to a candid does contributor or business he/sh valued at more than \$5,000?	ne is associated with have	ve a contract with said No	Amou	nt of Con	tributio
event renormed in Nection 1.17		Ec 5	☐ tes			\$50.0
	oll Deduction Money Order	Date Received 03/22/2023	Aggregate contributions \$100.00			
Last Name	Fu	rst				Mil
Cousins	M	агу				
Residential Street Address 1564 Elm St	City Stratford			State	Zip Code	
Principal Occupation		ne of Employer	· · · · · · · · · · · · · · · · · · ·	СТ	06615-	7066
ITS Admin		y of Bridgeport				
dependent child of a lobbyist? [Months municipality of	n is in excess of \$400 to a candidat does contributor or business he/she valued at more than \$5,000?	te committee for a chief is associated with have	executive officer of a contract with said	Amoun	t of Cont	ribution
### O32223a No If yes, list Event # O32223a No contract is with:	which branch or ernment the Executiv	ospective state contracto	Yes ✓ No		\$50	
Method of contribution: Cash Personal Check Credit/Debit Card Payrol	ll Deduction Money Order	Date Received 03/22/2023	Aggregate contributions \$100.00			
ast Name	Firs	st				M.L
Brown	Ge	eorge				
Residential Street Address	City			State	Zip Code	
3 Washington Ter	Bridgeport			СТ	06604-3	417
Arincipal Occupation Supervisor		of Employer of Bridgeport			·	
ependent child of a lobbyist?	is in excess of \$400 to a candidate ses contributor or business he she alued at more than \$5,000?	is associated with have	executive officer of a a contract with said	Amount	of Contr	ibution
yes, list Event # 032223a No branches of government is with			∐ tes ✓No		\$50	
lethod of contribution:		Date Received	Aggregate contributions			

\$150.00	SUBTOTAL Section B - This Page
\$84.415.00	TOTAL of Section B Pages
\$84,415.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page