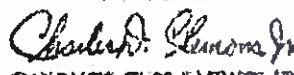




# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2015

BRIDGEPORT, CONN.  
 LAND RECORDS  
 REC'D FOR RECORD FILING  
 2023 JUN 10 PM 3:31  
 ATTEST:  
  
 CHARLES D. CLEMENTE JR.  
 TOWN CLERK

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Ganim for Bridgeport 23			
<b>2. TREASURER NAME</b>			
First	MI	Last	Suffix
Anthony		Paoletto	
<b>3. TREASURER ADDRESS</b>			
Street Address		City	State Zip Code
321 Lynne Place		Bridgeport	CT 06610
<b>4. ELECTION/REFERENDUM DATE</b>	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i>		<b>6. DISTRICT NUMBER</b>
(mm/dd/yyyy)	Mayor		(if applicable) 0
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Joseph		Ganim	
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input checked="" type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		
<input type="checkbox"/> Primary	<input type="checkbox"/> Election		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
04/01/2023		thru 06/30/2023	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		 PRINT NAME OF SIGNER	7-10-23 DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

# SEEC FORM 20

## Itemized Campaign Finance Disclosure Statement

### CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page 2 of 54

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ganim for Bridgeport 23	July 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		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$285,736.34	
13. Contributions received from Individuals (Section A and B)	\$62,975.00	\$377,405.00
14. Receipts from Other Committees (Sections C1 and C2)	\$300.00	\$7,700.00
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
<i>16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$6,475.00	\$10,550.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$69,750.00	\$395,655.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$355,486.34	\$395,655.00
19. Expenditures Paid by Committee (Section P)	\$11,120.26	\$52,038.92
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$344,366.08	\$344,366.08
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-kind Contributions Received (Section M)	\$0.00	\$4,649.06
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>					
<b>Subtotal Section A</b>					\$0.00
<b>B. Itemized Contributions from Individuals</b>					
Last Name Brower		First Elizabeth		M.I.	
Residential Street Address 2 Silver Brook Rd		City Westport		State CT	Zip Code 06880-1519
Principal Occupation Attorney		Name of Employer Berkowitz, Trager & Trager, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate contributions \$1,000.00		
Last Name Rogers		First Adrienne		M.I.	
Residential Street Address 695 Lakeside Blvd W		City Waterbury		State CT	Zip Code 06708-2832
Principal Occupation Administrator		Name of Employer UCAA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 042023a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$1,000.00		
Last Name Olson		First Josh		M.I.	
Residential Street Address 100 Lancelot Rd		City Fairfield		State CT	Zip Code 06824-7137
Principal Occupation Insurance & Bond Broker		Name of Employer Lockton			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 042023a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$1,000.00		

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Pinette		First Breia M.I.	
Residential Street Address 758 Hill Rd		City Harwinton State CT Zip Code 06791-2712	
Principal Occupation HVAC		Name of Employer Alliance All Trades Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	
		Aggregate contributions \$1,000.00	
Last Name Mintz		First Michael M.I.	
Residential Street Address 801 2nd Ave		City New York State NY Zip Code 10017-4706	
Principal Occupation Owner		Name of Employer MD Squared Property Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	
		Aggregate contributions \$1,000.00	
Last Name Trefz		First Patricia M.I.	
Residential Street Address 140 Driftwood Ln		City Trumbull State CT Zip Code 06611-1805	
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	
		Aggregate contributions \$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>					
<b>Subtotal Section A</b>					\$0.00
<b>B. Itemized Contributions from Individuals</b>					
Last Name Ganim, Jr.		First George		M.I.	
Residential Street Address 57 Melba St		City Milford	State CT	Zip Code 06460-7438	
Principal Occupation Attorney		Name of Employer Attorney George W. Ganim Jr. P.C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate contributions \$1,000.00		
Last Name Monarca		First Salvatore		M.I.	
Residential Street Address 249 Haddam Quarter Rd		City Durham	State CT	Zip Code 06422-1622	
Principal Occupation Mason		Name of Employer Monarca Masonry			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 042023a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$1,000.00		
Last Name O'Keefe		First Sean		M.I.	
Residential Street Address 91 Shield St		City West Hartford	State CT	Zip Code 06110-1969	
Principal Occupation Sales		Name of Employer O'Keefe Industries			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 042023a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$1,000.00		

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Cartelli		Douglas			
Residential Street Address		City		State	Zip Code
30 Riverside Ave		Old Saybrook		CT	06475-1415
Principal Occupation			Name of Employer		
President of Construction			CSS Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			04/20/2023	\$1,000.00	
Last Name		First		M.I.	
Driscoll		Brian			
Residential Street Address		City		State	Zip Code
116 Charles St		Boston		MA	02114-3217
Principal Occupation			Name of Employer		
Broker			Lockton Companies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			04/20/2023	\$1,000.00	
Last Name		First		M.I.	
Minchello		David			
Residential Street Address		City		State	Zip Code
2 Captains Ct		Manasquan		NJ	08736-3303
Principal Occupation			Name of Employer		
Partner			Rainone, Coughlin, Minchello LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/10/2023	\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Guilmartin		Scott			
Residential Street Address		City		State	Zip Code
759 Hale St		Suffield		CT	06078-2507
Principal Occupation			Name of Employer		
Owner			Guilmartin Energy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			04/20/2023	\$700.00	
Last Name		First		M.I.	
DeCrescenzo		Robert			
Residential Street Address		City		State	Zip Code
84 Drumlin Rd		South Glastonbury		CT	06073-2300
Principal Occupation			Name of Employer		
Manager			Upkile, Rely & Spellaway PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			04/20/2023	\$250.00	
Last Name		First		M.I.	
Ravensline		Geof			
Residential Street Address		City		State	Zip Code
5 Anchorage Ln		Old Saybrook		CT	06475-1401
Principal Occupation			Name of Employer		
CFO			Corvas Capital Partners LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			04/20/2023	\$250.00	

<b>SUBTOTAL Section B - This Page</b>	\$700.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Ganim for Bridgeport 23		July 10 filing
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name DeVuono		First Giuliana		M.I.
Residential Street Address 294 Bronxville Rd		City Bronxville	State NY	Zip Code 10708-2850
Principal Occupation Stylist		Name of Employer John Barrett		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$250.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$250.00	
Last Name Sisco		First Brenda		M.I.
Residential Street Address 10 Brockway Rd		City Ellington	State CT	Zip Code 06029-2100
Principal Occupation Consultant		Name of Employer RSG		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$250.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$1,000.00	
Last Name Reyes		First Luis		M.I.
Residential Street Address 128 Judson Pl		City Bridgeport	State CT	Zip Code 06610-2917
Principal Occupation Owner		Name of Employer LR Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$250.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$250.00	

SUBTOTAL Section B - This Page		\$750.00
TOTAL of Section B Pages		\$62,825.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$62,825.00



I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Bain		First Tiheba	
Residential Street Address 145 Hope St		City Bridgeport	State CT
Principal Occupation Executive Director		Name of Employer Women Against Mass Incarceration, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate contributions \$50.00
Last Name DiMaio		First Thomas	
Residential Street Address 2258 Steinway St		City Astoria	State NY
Principal Occupation Banker		Name of Employer Alma Bank	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062923a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate contributions \$1,000.00
Last Name Stowell		First Mark	
Residential Street Address 45 Bennetts Bridge Rd		City Sandy Hook	State CT
Principal Occupation Owner		Name of Employer Hilltop Painting Services LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062923a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate contributions \$750.00

<b>SUBTOTAL Section B - This Page</b>	\$600.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Picard		First Michael		M.I.	
Residential Street Address 30 NE RD		City Branford		State CT	Zip Code 06405
Principal Occupation Owner		Name of Employer Atlas Residential and Commercial Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		\$500.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$500.00		
Last Name Daddario		First Nicholas		M.I.	
Residential Street Address 356 Van Brunt St, # 2		City Brooklyn		State NY	Zip Code 11231-1248
Principal Occupation Business Owner		Name of Employer Daddario			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		\$500.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/20/2023	Aggregate contributions \$500.00		
Last Name Peterson		First Laura		M.I.	
Residential Street Address 10 Wedgewood Ln		City South Windsor		State CT	Zip Code 06074-1579
Principal Occupation CFO		Name of Employer Daniels Caulking LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		\$500.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate contributions \$500.00		

<b>SUBTOTAL Section B - This Page</b>	\$1,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Brandao		Christopher			
Residential Street Address		City		State	Zip Code
158 Wade St		Bridgeport		CT	06604-1817
Principal Occupation		Name of Employer			
Owner		CM Brandao, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/20/2023	\$500.00		
Last Name		First		M.I.	
Lacobelle		Robert		A	
Residential Street Address		City		State	Zip Code
11 Kohler's Farm Road		Shelton		CT	06484
Principal Occupation		Name of Employer			
Attorney		Byrne & Lacobelle P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$75.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2023	\$75.00		
Last Name		First		M.I.	
Morss		Chris			
Residential Street Address		City		State	Zip Code
PO Box 4114		Truckee		CA	96160-4114
Principal Occupation		Name of Employer			
Business Development		US Water Services Corp			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$750.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/20/2023	\$750.00		

SUBTOTAL Section B - This Page		\$1,325.00
TOTAL of Section B Pages		\$62,825.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Visceglia		Vincent	
Residential Street Address		City	State Zip Code
300 Raritan Center Pkwy		Edison	NJ 08837-3609
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/01/2023	\$1,000.00
Last Name		First	
Stein		Michael	
Residential Street Address		City	State Zip Code
11 Briar St		Norwalk	CT 06854-3804
Principal Occupation		Name of Employer	
Architect		Stein Troost Architecture	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 042023a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/11/2023	\$250.00
Last Name		First	
Kelso		Thomas	
Residential Street Address		City	State Zip Code
132 Hamilton St		New Brunswick	NJ 08901-1807
Principal Occupation		Name of Employer	
Attorney		Kelso & Burgess Esqs	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/01/2023	\$700.00

<b>SUBTOTAL Section B - This Page</b>	\$1,650.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Doyle		Eva			
Residential Street Address		City		State	Zip Code
72 N Harwinton Ave		Terryville		CT	06786-4502
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/11/2023	\$500.00		
Last Name		First		M.I.	
Kindelan		Edmund			
Residential Street Address		City		State	Zip Code
34 Burgundy Dr		Berlin		CT	06037-1838
Principal Occupation		Name of Employer			
CPA		Cohnreznick LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/01/2023	\$500.00		
Last Name		First		M.I.	
Horsford		Robert		T	
Residential Street Address		City		State	Zip Code
375 Farragut Ave		Hastings On Hudson		NY	10706-4040
Principal Occupation		Name of Employer			
Builder/Construction		Apex Building Co			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/01/2023	\$500.00		

<b>SUBTOTAL Section B - This Page</b>	\$1,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

L. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>Subtotal Section A</b> \$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Brando		First Christopher		M.I.	
Residential Street Address 332 Wells St, Apt 204		City Bridgeport		State CT	Zip Code 06606-5466
Principal Occupation Owner		Name of Employer CSB Contracting LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/01/2023	Aggregate contributions \$500.00		
Last Name Taffet		First Gary		M.I.	
Residential Street Address 5 Stage Coach Run		City East Brunswick		State NJ	Zip Code 08816-3248
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$700.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/01/2023	Aggregate contributions \$1,000.00		
Last Name Gonzalez		First Barbara		M.I.	
Residential Street Address 114 Intervale Rd		City Bridgeport		State CT	Zip Code 06610-1014
Principal Occupation Owner		Name of Employer Beyond Homecare			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/22/2023	Aggregate contributions \$1,000.00		

<b>SUBTOTAL Section B - This Page</b>	\$1,700.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)			Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>				
Last Name		First		M.I.
Willinger		Anne Marie		
Residential Street Address		City	State	Zip Code
100 Parrott Dr, Unit 1401		Shelton	CT	06484-4793
Principal Occupation		Name of Employer		
Attorney		Willinger Willinger and Bucci PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:		Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/13/2023	\$1,000.00	
Last Name		First		M.I.
Mulligan		Thomas		
Residential Street Address		City	State	Zip Code
20 Armitage Dr		Bridgeport	CT	06605-3601
Principal Occupation		Name of Employer		
Lawyer		McNamara and Keamey		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:		Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2023	\$675.00	
Last Name		First		M.I.
Capozziello		Katia		
Residential Street Address		City	State	Zip Code
469 Brooklawn Ave		Fairfield	CT	06825-1805
Principal Occupation		Name of Employer		
Manager		Trevi Lounge		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:		Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/24/2023	\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$2,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			July 10 filing		
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)			Subtotal Section A \$0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Gennarini		Frank			
Residential Street Address		City		State	Zip Code
3 Honek St		Milford		CT	06460-5109
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/15/2023	\$1,000.00	
Last Name		First		M.I.	
Harvey		Desiree			
Residential Street Address		City		State	Zip Code
230 Alpine St		Bridgeport		CT	06610-1728
Principal Occupation		Name of Employer			
Accountant		Elite Tax Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 060723a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/05/2023	\$500.00	
Last Name		First		M.I.	
Dippolito		Joseph			
Residential Street Address		City		State	Zip Code
881 Long Ridge Rd		Stamford		CT	06902-1103
Principal Occupation		Name of Employer			
Admin		Future Health Care System			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 062923a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/26/2023	\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$2,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00



I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Dierna		John			
Residential Street Address		City		State	Zip Code
30 Park Blvd		Stratford		CT	06615-7846
Principal Occupation		Name of Employer			
Realtor		Spadaccino Realty			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/16/2023		\$1,000.00	
Last Name		First		M.I.	
Bellegarde		Clement			
Residential Street Address		City		State	Zip Code
20 Wildwood Ave, Fl 1		Milford		CT	06460-5845
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/06/2023		\$250.00	
Last Name		First		M.I.	
Kumaran		Meenakshi		S	
Residential Street Address		City		State	Zip Code
243 N Ridge St		Rye Brook		NY	10573-1140
Principal Occupation		Name of Employer			
Real Estate		Realty Pavilion LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/06/2023		\$250.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ganim for Bridgeport 23			July 10 filing		
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>					Subtotal Section A
					\$0.00
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Garskof		Deborah			
Residential Street Address		City		State	Zip Code
87 Sachem Rd		Fairfield		CT	06825-1830
Principal Occupation			Name of Employer		
Attorney			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			04/16/2023	\$500.00	
Last Name		First		M.I.	
Echevarria		Lizzette			
Residential Street Address		City		State	Zip Code
1077 Old Town Rd		Bridgeport		CT	06606-1419
Principal Occupation			Name of Employer		
Administrative Assistant			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 060723a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/07/2023	\$200.00	
Last Name		First		M.I.	
Kleps		Patrick			
Residential Street Address		City		State	Zip Code
55 Haddon St, Apt 4		Bridgeport		CT	06605-3067
Principal Occupation			Name of Employer		
Zoning Inspector			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 060723a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/07/2023	\$200.00	

<b>SUBTOTAL Section B - This Page</b>	\$700.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>			Subtotal Section A	
			\$0.00	
<b>B. Itemized Contributions from Individuals</b>				
Last Name		First		M.I.
Roach		Bonita		B
Residential Street Address		City	State	Zip Code
19 Quinlan Ave		Bridgeport	CT	06605-3527
Principal Occupation		Name of Employer		
Senior Center Coordinator		City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060723a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:		Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$450.00	
Last Name		First		M.I.
Santiago		Jose		
Residential Street Address		City	State	Zip Code
34B Stone Ridge Rd		Bridgeport	CT	06606-2577
Principal Occupation		Name of Employer		
Maintainer		City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060723a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:		Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$100.00	
Last Name		First		M.I.
McBride-Lee		Mary		A
Residential Street Address		City	State	Zip Code
125 Hillcrest Rd		Bridgeport	CT	06606-3124
Principal Occupation		Name of Employer		
Teacher		City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060723a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution:		Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$300.00	

<b>SUBTOTAL Section B - This Page</b>	\$300.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Valle		Maria		I	
Residential Street Address		City		State	Zip Code
561 Brooks St		Bridgeport		CT	06608-1302
Principal Occupation		Name of Employer			
Senior Aide		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$125.00		
Last Name		First		M.I.	
Foglio		Chris			
Residential Street Address		City		State	Zip Code
111 Mercer St		Princeton		NJ	08540-6809
Principal Occupation		Name of Employer			
Owner		Community Investments Strategies, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/17/2023	\$1,000.00		
Last Name		First		M.I.	
Cordero		Santos			
Residential Street Address		City		State	Zip Code
187 Sherman St		Stratford		CT	06615-6249
Principal Occupation		Name of Employer			
Owner		Higher Level Construction LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$1,000.00		

<b>SUBTOTAL Section B - This Page</b>	\$2,100.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Nunuez		Soledad			
Residential Street Address		City		State	Zip Code
780 Seaview Ave, Unit 6		Bridgeport		CT	06607-1633
Principal Occupation		Name of Employer			
Manager		Power Humanity LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$1,000.00		
Last Name		First		M.I.	
Dippolito		Jeanette			
Residential Street Address		City		State	Zip Code
1615 Mayflower Ave		Bronx		NY	10461-4817
Principal Occupation		Name of Employer			
Teacher		New York City Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2023	\$1,000.00		
Last Name		First		M.I.	
Cumings		Margaret			
Residential Street Address		City		State	Zip Code
18 April Ln		Shelton		CT	06484-5728
Principal Occupation		Name of Employer			
Business Owner		MacKenzie Painting Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/17/2023	\$1,000.00		

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Badillo		Edgar			
Residential Street Address		City		State	Zip Code
184 Funston Ave		Bridgeport		CT	06606-3036
Principal Occupation		Name of Employer			
Tech		Pensioned Soc. Sec.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$1,000.00		
Last Name		First		M.I.	
Hernandez		Dorca			
Residential Street Address		City		State	Zip Code
1928 Seaview Ave		Bridgeport		CT	06610-2732
Principal Occupation		Name of Employer			
Unemployed		Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$20.00		
Last Name		First		M.I.	
Mobilio		Vincent		J	
Residential Street Address		City		State	Zip Code
1920 Madison Ave		Bridgeport		CT	06606-4058
Principal Occupation		Name of Employer			
Economic Development		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$575.00		

<b>SUBTOTAL Section B - This Page</b>	\$1,220.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b>	\$62,825.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Mercado		Elsie			
Residential Street Address		City		State	Zip Code
269 Bamum Ave, Apt 2B		Bridgeport		CT	06608-2261
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$25.00		
Last Name		First		M.I.	
Williams		Sharon			
Residential Street Address		City		State	Zip Code
128 East Ave		Bridgeport		CT	06610-3236
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$250.00		
Last Name		First		M.I.	
Debrah		Francis			
Residential Street Address		City		State	Zip Code
2 Elton Ct		Norwalk		CT	06851-4834
Principal Occupation		Name of Employer			
Owner		Safari 77 Cuisine			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	\$250.00		

<b>SUBTOTAL Section B - This Page</b>	\$525.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			July 10 filing		
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)			Subtotal Section A		
			\$0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Chapatwala		Hiren			
Residential Street Address		City		State	Zip Code
370 Highland St		West Haven		CT	06516-3522
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/17/2023		\$250.00	
Last Name		First		M.I.	
Hernandez		Sandra			
Residential Street Address		City		State	Zip Code
44 Elmwood Pl		Bridgeport		CT	06605-1406
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 060723a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023		\$250.00	
Last Name		First		M.I.	
Domond		Edrice			
Residential Street Address		City		State	Zip Code
229 Pleasantview Ave		Bridgeport		CT	06606-3747
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 060723a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023		\$250.00	

<b>SUBTOTAL Section B - This Page</b>	\$750.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b>	\$62,825.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	



I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Varela		Cintia			
Residential Street Address		City		State	Zip Code
68 Locust St		Bridgeport		CT	06610-1718
Principal Occupation			Name of Employer		
Real Estate Agent			Keller Williams		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/07/2023	\$250.00	
Last Name		First		M.I.	
Meehan		Michael		S	
Residential Street Address		City		State	Zip Code
113 Seaside Ave		Bridgeport		CT	06605-3529
Principal Occupation			Name of Employer		
Attorney			Michael Meehan		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/07/2023	\$350.00	
Last Name		First		M.I.	
Ortiz		Jose			
Residential Street Address		City		State	Zip Code
88 Raleigh Rd		Bridgeport		CT	06606-1037
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/07/2023	\$700.00	

<b>SUBTOTAL Section B - This Page</b>	\$750.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Nelson		Stephen		M	
Residential Street Address		City		State	Zip Code
24A Stone Ridge Rd		Bridgeport		CT	06606-2576
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$400.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/07/2023	\$575.00	
Last Name		First		M.I.	
Ballester		Juan			
Residential Street Address		City		State	Zip Code
445 Light St		Stratford		CT	06614-4658
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			04/17/2023	\$50.00	
Last Name		First		M.I.	
Martinez		Eneida			
Residential Street Address		City		State	Zip Code
PO Box 55052		Bridgeport		CT	06610-5052
Principal Occupation			Name of Employer		
Unemployed			Unemployed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/07/2023	\$100.00	

<b>SUBTOTAL Section B - This Page</b>	\$500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Martinez		Lydia		N	
Residential Street Address		City		State	Zip Code
92 Grant St		Bridgeport		CT	06610-2708
Principal Occupation			Name of Employer		
City Clerk			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023		\$190.00	
Last Name		First		M.I.	
Morales		Tamar			
Residential Street Address		City		State	Zip Code
304 Huntington Rd		Bridgeport		CT	06608-1104
Principal Occupation			Name of Employer		
Administrative Specialist			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023		\$100.00	
Last Name		First		M.I.	
Zamora		Elizabeth		P	
Residential Street Address		City		State	Zip Code
812 Pacific St		Stamford		CT	06902-7330
Principal Occupation			Name of Employer		
Executive Assistant			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023		\$200.00	

<b>SUBTOTAL Section B - This Page</b>	\$150.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>Subtotal Section A</b>	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Palmer		First Douglas		M.I. MI	
Residential Street Address 1970 Brunswick Ave		City Lawrence		State NJ	Zip Code 08648-4678
Principal Occupation Consulting		Name of Employer Douglas H Palmer & Associates, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/17/2023		Aggregate contributions \$1,000.00	
Last Name Perez		First Rosa		M.I. H	
Residential Street Address 76 Evers Pl		City Bridgeport		State CT	Zip Code 06610-1430
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060723a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/07/2023		Aggregate contributions \$500.00	
Last Name Silva		First Carlos		M.I. MI	
Residential Street Address 66 Cleveland Ave		City Bridgeport		State CT	Zip Code 06606-5209
Principal Occupation Owner		Name of Employer Silva Enterprises LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060723a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/07/2023		Aggregate contributions \$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>Subtotal Section A</b>	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Cifelli		First Arthur		M.I.	
Residential Street Address 5 Debra Ln		City Basking Ridge		State NJ	Zip Code 07920-1907
Principal Occupation Principal Consultant		Name of Employer Capitol Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/07/2023	Aggregate contributions \$1,000.00		
Last Name Alvarado		First Jessica		M.I.	
Residential Street Address 942 Grand St		City Bridgeport		State CT	Zip Code 06604-2679
Principal Occupation Accountant		Name of Employer Rohuer Corp			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$600.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060723a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/07/2023	Aggregate contributions \$600.00		
Last Name Andrews		First Cowlis		M.I.	
Residential Street Address 46 Jennifer Dr		City Bridgeport		State CT	Zip Code 06610-1000
Principal Occupation Project Manager		Name of Employer State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$80.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060723a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/07/2023	Aggregate contributions \$555.00		

<b>SUBTOTAL Section B - This Page</b>	\$1,180.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>Subtotal Section A</b> \$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Koplik		First Jeremy		M.I.	
Residential Street Address 46 Brookdale Rd		City Stamford		State CT	Zip Code 06903-4117
Principal Occupation Talent Buyer		Name of Employer Live Nation Entertainment			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2023		Aggregate contributions \$1,000.00	
Last Name Cronin		First Linda		M.I.	
Residential Street Address 62 Burr St		City Easton		State CT	Zip Code 06612-1616
Principal Occupation Attorney		Name of Employer Cronin & Byczek LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2023		Aggregate contributions \$500.00	
Last Name Gurevich		First Alex		M.I.	
Residential Street Address 47 Charcoal Hill Rd		City Westport		State CT	Zip Code 06880-1635
Principal Occupation Attorney		Name of Employer Continental Realty LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023		Aggregate contributions \$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$2,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Gottesman		Abraham			
Residential Street Address		City		State	Zip Code
7 Rita Ave, Apt H		Monsey		NY	10952-6602
Principal Occupation		Name of Employer			
Owner		Blue Garden Management			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$1,000.00	
Last Name		First		M.I.	
Goodman		Alyse			
Residential Street Address		City		State	Zip Code
13 Gull Point Rd		Hilton Head Island		SC	29928-4154
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$1,000.00	
Last Name		First		M.I.	
Watson		Donna			
Residential Street Address		City		State	Zip Code
16 Valley View Rd		Trumbull		CT	06611-3812
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Watson		First Stephanie M.I.	
Residential Street Address 15 Wildfire Ln		City Trumbull	State CT Zip Code 06611-2659
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate contributions \$1,000.00
Last Name Fidelman		First Jeffrey M.I.	
Residential Street Address 215 Acorn Ln		City Southport	State CT Zip Code 06890-1293
Principal Occupation Consultant		Name of Employer Fidelman & Co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate contributions \$1,000.00
Last Name Massimino		First Julieth M.I.	
Residential Street Address 133 Wildrose Rd		City Orange	State CT Zip Code 06477-1836
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate contributions \$1,000.00

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00



I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
D'Addario		Siena	
Residential Street Address		City	M.I.
8 Glovers Ln		Easton	
Principal Occupation		State	Zip Code
Actress		CT	06612-2217
Name of Employer			
Siena D'Addario			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 062923a		If yes, indicate which branch or branches of government the contract is with.	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023	\$1,000.00
Last Name		First	
Cartelli		Jacqueline	
Residential Street Address		City	M.I.
30 Riverside Ave		Old Saybrook	
Principal Occupation		State	Zip Code
Interior Design		CT	06475-1415
Name of Employer			
Cartelli Designs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 042023a		If yes, indicate which branch or branches of government the contract is with.	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/19/2023	\$1,000.00
Last Name		First	
Picarazzi		Guido	
Residential Street Address		City	M.I.
24 Hawks Ridge Dr		Shelton	
Principal Occupation		State	Zip Code
President		CT	06484-5659
Name of Employer			
G Pic & Sons Construction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 062923a		If yes, indicate which branch or branches of government the contract is with.	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023	\$1,000.00

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b>	\$62,825.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>Subtotal Section A</b>	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Sachs		Matthew			
Residential Street Address		City		State	Zip Code
57 Island View Ave		Branford		CT	06405-5629
Principal Occupation			Name of Employer		
Manager			Cherry Hill Construction		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$1,000.00	
Last Name		First		M.I.	
Gurevich		Ella			
Residential Street Address		City		State	Zip Code
47 Charcoal Hill Rd		Westport		CT	06880-1635
Principal Occupation			Name of Employer		
Homemaker			Homemaker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$1,000.00	
Last Name		First		M.I.	
Gurevich		Alexander			
Residential Street Address		City		State	Zip Code
47 Charcoal Hill Rd		Westport		CT	06880-1635
Principal Occupation			Name of Employer		
Property Management			Continental Finance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$3,000.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Picarazzi		Michael		A	
Residential Street Address		City		State	Zip Code
160 Gilman St		Bridgeport		CT	06605-3313
Principal Occupation			Name of Employer		
Vice President			G Pic Construction		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$1,000.00	
Last Name		First		M.I.	
Scrivani		Marylou			
Residential Street Address		City		State	Zip Code
72 Penonette St		Bridgeport		CT	06606
Principal Occupation			Name of Employer		
Dental Hygienist			Fairfield Dental Arts		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/19/2023		\$250.00	
Last Name		First		M.I.	
Vickers		Constance		E	
Residential Street Address		City		State	Zip Code
881 Lafayette Blvd, Unit 1B		Bridgeport		CT	06604-4723
Principal Occupation			Name of Employer		
Director of Legislative Affairs			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$750.00	

<b>SUBTOTAL Section B - This Page</b>		\$650.00
<b>TOTAL of Section B Pages</b>		\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b>		\$62,825.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>		

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>Subtotal Section A</b> \$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Mauzerall		First Michael		M.I.	
Residential Street Address 95 Copper Kettle Rd		City Stratford		State CT	Zip Code 06614-1411
Principal Occupation Contractor		Name of Employer M&M Fence & Works Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023		Aggregate contributions \$1,000.00	
Last Name Mauzerall		First Dawn		M.I.	
Residential Street Address 95 Copper Kettle Rd		City Stratford		State CT	Zip Code 06614-1411
Principal Occupation Corporate Secretary		Name of Employer M&M Fence & Wire Works Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023		Aggregate contributions \$250.00	
Last Name Costello		First Domenic		M.I.	
Residential Street Address 6 Richard Pl		City Trumbull		State CT	Zip Code 06611-3815
Principal Occupation Deputy Director of Labor Relations		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$375.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023		Aggregate contributions \$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$875.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>Subtotal Section A</b> \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Sampieri		First Michael	
Residential Street Address 6 Saley Rd		City Milford	State CT
Principal Occupation Sealer of Weights and Measures		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate contributions \$850.00
Last Name Eaton		First Stephen	
Residential Street Address 331 Griffin Ave		City Bridgeport	State CT
Principal Occupation Developer		Name of Employer Eaton Enterprises LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate contributions \$925.00
Last Name Vazzano		First Alex	
Residential Street Address 1395 Huntington Tpke		City Trumbull	State CT
Principal Occupation Manager		Name of Employer Catamount Food Svc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate contributions \$500.00

<b>SUBTOTAL Section B - This Page</b>	\$1,400.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$62,825.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Nadrizny		Craig			
Residential Street Address		City		State	Zip Code
65 Seabreeze Dr		Stratford		CT	06614-1727
Principal Occupation			Name of Employer		
Director of Public Facilities			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$500.00</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$750.00	
Last Name		First		M.I.	
Berchem		Lee			
Residential Street Address		City		State	Zip Code
125 W River St		Milford		CT	06460-3420
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$500.00</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$500.00	
Last Name		First		M.I.	
Silva		Carlos			
Residential Street Address		City		State	Zip Code
66 Cleveland Ave		Bridgeport		CT	06606-5209
Principal Occupation			Name of Employer		
Owner			Silva Enterprises LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$500.00</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062923a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023		\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b>	\$62,825.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Orpita		Samantha			
Residential Street Address		City		State	Zip Code
5 Liberty HI		Wethersfield		CT	06109-3976
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062923a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:				Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				06/29/2023	\$500.00
Last Name		First		M.I.	
Harrison		Carolina			
Residential Street Address		City		State	Zip Code
65 Norton Rd		Easton		CT	06612-1539
Principal Occupation		Name of Employer			
Sales Rep		3G			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062923a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:				Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				06/29/2023	\$500.00
Last Name		First		M.I.	
Stevens		Patricia			
Residential Street Address		City		State	Zip Code
472 Old Post Rd		Fairfield		CT	06824-6645
Principal Occupation		Name of Employer			
Office Management		G Pic & Sons Construction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062923a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:				Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				06/29/2023	\$500.00

<b>SUBTOTAL Section B - This Page</b>	\$1,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b>	\$62,825.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Austin		Vernon		I	
Residential Street Address		City		State	Zip Code
286 Beach Rd		Wolcott		CT	06716-1626
Principal Occupation		Name of Employer			
Owner/President		CMSA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023	\$1,000.00		
Last Name		First		M.I.	
Fortin		Beth			
Residential Street Address		City		State	Zip Code
19 Sylvesters Way		Shelton		CT	06484-2910
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023	\$1,000.00		
Last Name		First		M.I.	
Santiago		Americo			
Residential Street Address		City		State	Zip Code
135 Lee Ave		Bridgeport		CT	06605-1561
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 062923a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023	\$500.00		

<b>SUBTOTAL Section B - This Page</b>	\$1,500.00
<b>TOTAL of Section B Pages</b>	\$62,825.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b>	\$62,825.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	



I. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>					<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23					July 10 filing	
<b>C1. Contributions from Other Committees</b>						
<b>Name of Committee</b> Blue Victory Fund				<b>Name of Treasurer</b> Brian Boyell		
<b>Address</b> 277 Hana Rd			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		<b>Amount of Contribution</b>	
<b>City</b> Edison	<b>State</b> NJ	<b>Zip Code</b> 08817-2055	<b>Date Received</b> 05/11/2023	<b>Aggregate Contributions</b> \$300.00		<b>\$300.00</b>

<b>SUBTOTAL Section C1 - This Page</b>	\$300.00
<b>TOTAL of Section C1 Pages</b>	\$300.00
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page)</i>	\$300.00

**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>		<b>TYPE OF REPORT</b>
Ganim for Bridgeport 23		July 10 filing
<b>Summary of Other Monetary Receipts (Sections D-K)</b>		
<b>Total Loans Received this Period (Section D)</b>		\$0.00
<b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>	+	\$0.00
<b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>	+	\$0.00
<b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b>	+	\$0.00
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>	+	\$0.00
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>	+	\$0.00
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>	+	\$0.00

**Total of Other Monetary Receipts** (Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)*

\$0.00
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II. EVENT ACTIVITY (Sections L1-L5)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>			<b>TYPE OF REPORT</b>	
Ganirn for Bridgeport 23			July 10 filing	
<b>L1. Event Information</b>				
<b>Event #</b>	<b>Description</b>			<b>Was this a fundraising event?</b>
<b>Date of Event</b> 04/20/2023	<b>Letter</b> a	Dinner Event		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Location: Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
120 Colt Street		East Hartford	CT	06108
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		

<b>SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page</b>	\$0.00
<b>SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page</b>	\$0.00
<b>TOTAL of Section L1 Pages</b>	\$0.00
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)</b>	\$0.00

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>			<b>TYPE OF REPORT</b>		
Ganin for Bridgeport 23			July 10 filing		
<b>L1. Event Information</b>					
<b>Event #</b>	<b>Date of Event</b>	<b>Letter</b>	<b>Description</b>	<b>Was this a fundraising event?</b>	
	06/07/2023	a	Cocktail Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Location: Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
4 Crescent Avenue			Bridgeport	CT	06608
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?			<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?			<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		

<b>SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page</b>	\$0.00
<b>SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page</b>	\$0.00
<b>TOTAL of Section L1 Pages</b>	\$0.00
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)</b>	\$0.00

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>			<b>TYPE OF REPORT</b>		
Ganin for Bridgeport 23			July 10 filing		
<b>L1. Event Information</b>					
<b>Event #</b>	<b>Date of Event</b>	<b>Letter</b>	<b>Description</b>	<b>Was this a fundraising event?</b>	
	06/29/2023	a	Dinner Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Location: Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
360 Fairfield Avenue			Bridgeport	CT	06604
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?				<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?				<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?				<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No	

<b>SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page</b>	\$0.00
<b>SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page</b>	\$0.00
<b>TOTAL of Section L1 Pages</b>	\$0.00
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)</b>	\$0.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Ganim for Bridgeport 23					July 10 filing	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>						
Name of Purchaser Hi Ho Energy Services				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 39 Salt St			City Bridgeport		State CT	Zip Code 06605-2126
Date Received 04/20/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser MVP Services LLC				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 280 Boston Ave			City Bridgeport		State CT	Zip Code 06610-1605
Date Received 05/30/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser LR Capitol Partners				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 128 Judson Pl			City Bridgeport		State CT	Zip Code 06610-2917
Date Received 04/20/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser First Class Barbers & Hai				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 202 Fairfield Ave			City Bridgeport		State CT	Zip Code 06604-4205
Date Received 05/01/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Larry Wiggins Accounting				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 1000 Lafayette Blvd			City Bridgeport		State CT	Zip Code 06604-4725
Date Received 05/02/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Montstream Law Group LLP				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 175 Capital Blvd, Ste 204			City Rocky Hill		State CT	Zip Code 06067-3914
Date Received 05/22/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
<b>SUBTOTAL Section L3</b>					<b>\$1,500.00</b>	
<b>Total Purchases of Advertising in a Program Book - This Page</b>					<b>\$1,500.00</b>	
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>					<b>\$0.00</b>	
<b>Total Purchases of Advertising on a Sign - This Page</b>					<b>\$0.00</b>	
<b>TOTAL of Section L3 Pages</b>					<b>\$6,475.00</b>	
<b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK OR ON A SIGN</b>					<b>\$6,475.00</b>	
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>						

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>					
Name of Purchaser Pullman & Comley LLC				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 850 Main St		City Bridgeport		State CT	Zip Code 06604-4917
Date Received 05/12/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	
Name of Purchaser Chery Hill Construction				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 51 Ciro Rd		City North Branford		State CT	Zip Code 06471-1521
Date Received 05/24/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	
Name of Purchaser Smart Home Connection LLC				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 1088 Madison Ave		City Bridgeport		State CT	Zip Code 06606-4625
Date Received 04/17/2023	Event #	Aggregate Purchases for all Events \$125.00	Amount of Program Ad Purchase \$125.00	Amount of Sign Purchase \$0.00	
Name of Purchaser H&H Realty LLC				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 125 Lexington Ave		City Bridgeport		State CT	Zip Code 06604-3117
Date Received 06/17/2023	Event #	Aggregate Purchases for all Events \$125.00	Amount of Program Ad Purchase \$125.00	Amount of Sign Purchase \$0.00	
Name of Purchaser Jai Mata Di LLC				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 370 Highland St		City West Haven		State CT	Zip Code 06516-3522
Date Received 04/17/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	
Name of Purchaser Mountainview Cleaning LLC				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 67 Plains Rd		City Milford		State CT	Zip Code 06461-2521
Date Received 06/07/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	
<b>SUBTOTAL Section L3</b>					
<b>Total Purchases of Advertising in a Program Book - This Page</b>				\$1,250.00	
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>					
<b>Total Purchases of Advertising on a Sign - This Page</b>				\$0.00	
<b>TOTAL of Section L3 Pages</b>				\$6,475.00	
<b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>					
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				\$6,475.00	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Ganin for Bridgeport 23					July 10 filing	
L3. Purchases of Advertising in a Program Book or on a Sign						
Name of Purchaser Rosely Restaurant				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 944 E Main St			City Bridgeport		State CT	Zip Code 06608-1913
Date Received 04/17/2023	Event #	Aggregate Purchases for all Events \$75.00	Amount of Program Ad Purchase \$75.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Mario's Body Shop Inc				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 47 Columbus Pl			City Bridgeport		State CT	Zip Code 06604-3325
Date Received 04/17/2023	Event #	Aggregate Purchases for all Events \$75.00	Amount of Program Ad Purchase \$75.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Ace Restoration LLC				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 129 Oxbow Ln			City Northford		State CT	Zip Code 06472-1163
Date Received 06/07/2023	Event #	Aggregate Purchases for all Events \$75.00	Amount of Program Ad Purchase \$75.00	Amount of Sign Purchase \$0.00		
Name of Purchaser ABC Carbon Fiber LLC				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 111 Monroe St			City Bridgeport		State CT	Zip Code 06605-2747
Date Received 06/28/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Beyond Homecare Staffing				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 362-364 Main Street			City Ansonia		State CT	Zip Code 06401
Date Received 04/18/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Beyond An Education				Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 2410 E Main St			City Bridgeport		State CT	Zip Code 06610-1805
Date Received 04/18/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		

<b>SUBTOTAL Section L3</b>		\$975.00
<b>Total Purchases of Advertising in a Program Book - This Page</b>		
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>		\$0.00
<b>Total Purchases of Advertising on a Sign - This Page</b>		
<b>TOTAL of Section L3 Pages</b>		\$6,475.00
<b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>		\$6,475.00
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>		



II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Ganim for Bridgeport 23					July 10 filing	
L3. Purchases of Advertising in a Program Book or on a Sign						
Name of Purchaser Beyond A Scrub				Purchase Made By <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 2285 Whitney Ave			City Hamden		State CT	Zip Code 06518-3514
Date Received 04/18/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser George Papageorge Homes				Purchase Made By <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 11 Pleasant St			City Trumbull		State CT	Zip Code 06611-3019
Date Received 04/18/2023	Event #	Aggregate Purchases for all Events \$50.00	Amount of Program Ad Purchase \$50.00	Amount of Sign Purchase \$0.00		
Name of Purchaser El Coquito				Purchase Made By <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 510 E Main St			City Bridgeport		State CT	Zip Code 06608-2327
Date Received 04/18/2023	Event #	Aggregate Purchases for all Events \$75.00	Amount of Program Ad Purchase \$75.00	Amount of Sign Purchase \$0.00		
Name of Purchaser EDCO Industries				Purchase Made By <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 203 Dekalb Ave, # 249			City Bridgeport		State CT	Zip Code 06607-2418
Date Received 05/09/2023	Event #	Aggregate Purchases for all Events \$125.00	Amount of Program Ad Purchase \$125.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Genaro Restaurant				Purchase Made By <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 496 E Main St			City Bridgeport		State CT	Zip Code 06608-2327
Date Received 04/19/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser East Side Rental Properti				Purchase Made By <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 1313 E Main St			City Bridgeport		State CT	Zip Code 06608-1418
Date Received 04/19/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		

<b>SUBTOTAL Section L3</b>		\$1,000.00
<b>Total Purchases of Advertising in a Program Book - This Page</b>		
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>		\$0.00
<b>Total Purchases of Advertising on a Sign - This Page</b>		
<b>TOTAL of Section L3 Pages</b>		\$6,475.00
<b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>		\$6,475.00
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Ganim for Bridgeport 23					July 10 filing	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>						
Name of Purchaser Catamount Food Service					Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 1395 Huntington Tpke			City Trumbull		State CT	Zip Code 06611-5318
Date Received 06/29/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Nutmeg Adjusters					Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 101 River St, # 2			City Milford		State CT	Zip Code 06460-3315
Date Received 06/29/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Vazzano Bros Properties L					Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 1395 Huntington Tpke			City Trumbull		State CT	Zip Code 06611-5318
Date Received 06/29/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Safety First Transportati					Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 190 Fairfield Ave			City Bridgeport		State CT	Zip Code 06604-4282
Date Received 05/09/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Park City Consulting LLC					Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 1705 Capitol Ave			City Bridgeport		State CT	Zip Code 06604-1525
Date Received 06/29/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Vazzano's Four Seasons Ba					Purchase Made By: <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 337 Kenyon St			City Stratford		State CT	Zip Code 06614-2512
Date Received 06/29/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
<b>SUBTOTAL Section L3</b>					\$1,500.00	
<b>Total Purchases of Advertising in a Program Book - This Page</b>						
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>					\$0.00	
<b>Total Purchases of Advertising on a Sign - This Page</b>						
<b>TOTAL of Section L3 Pages</b>					\$6,475.00	
<b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>					\$6,475.00	
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>						

II. EVENT ACTIVITY (Sections L1—L5)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Ganim for Bridgeport 23				July 10 filing	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>					
Name of Purchaser Vazzy's Brick Oven				Purchase Made By <input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 513 Broadbridge Rd			City Bridgeport	State CT	Zip Code 06610-1240
Date Received 06/29/2023	Event #	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	

<b>SUBTOTAL Section L3</b> Total Purchases of Advertising in a Program Book - This Page	\$250.00
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b> Total Purchases of Advertising on a Sign - This Page	\$0.00
<b>TOTAL of Section L3 Pages</b>	\$6,475.00
<b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	\$6,475.00

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			July 10 filing	
P. Expenses Paid by Committee				
Name of Payee Bridgeport Regional Business Council		Date of Payment 06/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1029 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Middle St, Fl 14		City Bridgeport	State CT	Zip Code 06604-4257
Purpose of Expenditure (by code) MISC	Description Table for Mayors State of the City Address	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,200.00	
Name of Payee Ascot Catering		Date of Payment 04/21/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1023 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 136 Main St		City Wethersfield	State CT	Zip Code 06109-3126
Purpose of Expenditure (by code) FNDR	Description Food	Event # 042023a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,339.00	
Name of Payee Alyse Black		Date of Payment 04/21/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1022 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Middletown Ave		City Wethersfield	State CT	Zip Code 06109-3406
Purpose of Expenditure (by code) RMB	Description	Event # 042023a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$264.60	
Name of Payee Katzing LLC		Date of Payment 04/13/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1021 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 120 Pinewood Trl		City Trumbull	State CT	Zip Code 06611-3313
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$250.00	

<b>SUBTOTAL Section P - This Page</b>	\$3,053.60
<b>TOTAL of Section P Pages</b>	\$11,120.26
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	\$11,120.26

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			July 10 filing	
P. Expenses Paid by Committee				
Name of Payee Dinormous		Date of Payment 06/14/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1025 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 180 Post Rd E, Ste 201		City Westport	State CT	Zip Code 06880-3414
Purpose of Expenditure (by code) CNSLT	Description Marketing/Social Media Consultant	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$3,200.00	
Name of Payee La Bodega Del Mofongo		Date of Payment 06/07/2023	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Crescent Ave		City Bridgeport	State CT	Zip Code 06608-2228
Purpose of Expenditure (by code) FNDR	Description Food	Event # 060723a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$708.52	
Name of Payee Joseph's Steakhouse		Date of Payment 06/29/2023	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 360 Fairfield Ave, Ste 2		City Bridgeport	State CT	Zip Code 06604-6020
Purpose of Expenditure (by code) FNDR	Description Food	Event # 062923a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$4,158.14	

<b>SUBTOTAL Section P - This Page</b>	\$8,066.66
<b>TOTAL of Section P Pages</b>	\$11,120.26
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	\$11,120.26

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				July 10 filing	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Black		Alyse			04/20/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Putnam Plaza Super Liquors				<input checked="" type="checkbox"/> Check # 1022 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City		State
4 Main St			East Hartford		CT
					Zip Code
					06118-3208
Purpose of Expenditure (by code) RMB	Description		Event #		Amount
			042023a		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				\$210.00
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Black		Alyse			04/20/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Shop Rite				<input checked="" type="checkbox"/> Check # 1022 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City		State
31 Main St			East Hartford		CT
					Zip Code
					06118-3209
Purpose of Expenditure (by code) RMB	Description		Event #		Amount
			042023a		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				\$54.60
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

**SUBTOTAL Section T - This Page** \$264.60

**TOTAL of Section T Pages** \$264.60

**TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS** \$264.60