SEEC FORM 20

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

BRIDGEPORT, CONN.

LAND RECORDS

REC'D FOR RECORD FILES Page 1 of 54

2823 PH 10 PM 3: 31

ATTEST:

Charles Die Principal Page 1 of 54

CHARLES DIE PRINCIPAL PAGE

TOWN CLERK

COVER PAGE

1. NAME OF COMMITTEE			-0 -0/1 mg -0 -0	10.00.00			CARGO CARDO
							-
Ganim for Bridgeport 23							
2. TREASURER NAME	White Million	<i>a</i> . =					
First		MI	Last			Suffix	
Anthony	puresial		Paoletto			\perp	
3. TREASURER ADDRESS						all the second	
Street Address		133-1	City			State	Zip Code
321 Lynne Place			Bridgeport			СТ	06610
4. ELECTION/REFERENDUM DATE	5. OFFICE SO	UCHT	(Complete only if Cand	date Committee)	6. DISTRICT NUM	BER	
(mm/dd/yyyy)					(if applicable)		
	Mayor				0		
7. CANDIDATE NAME (Complete only	y if Candidate or Exp	dorate	ry Committee)			Manager .	
First		MI	Last			Suffix	
Joseph			Ganim				
8. TYPE OF REPORT (Check One II	lex)	1100	MICH ALLES	OF STREET		100	
April 10 filing	30 days following 7th day preceding of 12th day preceding (State Central Com 45 days following of held in November	election election mittees	Deficit Termina Ton	following referenduration Ending Date	Type of Report)	
·	01/2023		thru	06/30/2023			
10. CERTIFICATION							
I hereby certify and state, under pe Campaign Finance Disclosure St	atement for the p		covered is true, accu		10740	7-10 DATE (mm/s	
A person who is foun			willfully violated any poenalty or imprisonmen		campaign finance		

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	graden state sales				
Ganim for Bridgeport 23	July 10 filing	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					
3. Contributions received from Individuals (Section A and B) \$62,975.00 \$37		\$377,405.00				
14. Receipts from Other Committees (Sections C1 and C2) \$300.00 \$						
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				
160. Per Public Act 11-48, effective James y 1, 2012 Section L2, removed						
6c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$6,475.00	\$10,550.00				
7. Total Monetary Receipts (add totals for lines 13-16c)	\$69,750.00	\$395,655.00				
8. Subtotals (add totals in Line 12 + 17 in Column A, and in Line 11 + 17 in Column B)	\$355,486.34	\$395,655.00				
9. Expenditures Paid by Committee (Section P)	\$11,120.26	\$52,038.92				
0. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$344,366.08	\$344,366.08				
1 In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00				
2. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00				
3. In-kind Contributions Received (Section M)	\$0.00	\$4,649.06				
4. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00				
5. Loan Balance	\$0.00	40.00				
5a. + Loans Received (Section D)	\$0.00	\$0.00				
5b. + Interest and Penalties on Loan	\$0.00	\$0.00				
5c Payments on Loan	\$0.00	- 1				
5d. Total Outstanding Loan Amount	197	\$0.00				
6. Campaign Expenses Paid by Candidate (Section Q)	\$0.00					
Campaign expenses rate by Camindate (Section Q)	\$0.00	\$0.00				
7. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00				
B. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00					
a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00					

Page	3	of	54
	-		

NAME OF COMMITTEE (Provide C	Complete Name as Registered with F	iling Repos	dory)	TYPE OF REPORT		And Serve	
Ganim for Bridgeport 23 July 10 filing						10 and 10	
A. Total Contributions from Sma	al Contributors - Received this	Period O	NLY				
(See instructions for definition of Small	l Contributor)		Subtetal Section	A			\$0.00
MILES TO A STATE OF THE SECOND	R. Itemized	Contributi	ions from Individuals				0.225
Last Name			First	Charles Company of The Park Com	8678-4-36390		MI
Brower			Elizabeth				2.52
Residential Street Address		City	l	····	State	Zip Code	<u> </u>
2 Silver Brook Rd		Westpo	rt		СТ	06880-1	1519
Principal Occupation			Name of Employer				
Attomey			Berkowitz, Trager &	Trager, LLC			
dependent child of a lobbuggt?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h			Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If nee indicate which branch o	ır		☐ Yes	\$1,000.00		
If yes, list Event # 002323d	contract is with:	L Exc	ecutive Legis	lative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	t/Debit Card Payroll Deduction	Money Orde	Date Received 06/30/2023	Aggregate contributions \$1,000.00	:		
Last Name			First	•			M.I.
Rogers		i	Adrienne				1
Residential Street Address		City			State	Zip Code	
695 Lakeside Blvd W		Waterbu	iry		СТ	06708-2	:832
Principal Occupation Administrator			Name of Employer UCAA				
dependent child of a lobbraist?	No If contribution is in excess of municipality does contributor municipality valued at more than the second secon	or business h			Amoun	et of Contr	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		or prospective state contracto	∐ t es		\$1	,000.00
If yes, list Event # 042023a	branches of government the contract is with:	Exe	cutive Legisl	ative No			
Method of contribution: Cash Personal Check Credit	/Debit Card Payroll Deduction	Money Orde	Date Received 04/20/2023	Aggregate contributions \$1,000.00			
Last Name			First				MI
Olson			Josh			.	
Residential Street Address		City			State	Zip Code	
100 Lancelot Rd		Fairfield			CT	06824-7	137
Principal Occupation Insurance & Bond Broker			Name of Employer Lockton				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a	If yes, indicate which branch or	_	r prospective state contracto	∐ Yes ✓No		\$1	,000.00
Method of contribution:			Date Received	Aggregate contributions			

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

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Ganim for Bridgeport 23 A. Tetal Contributions from Small Contributions								
THE RESERVE AND ADDRESS OF THE PARTY OF THE					July 10 filing			
	ributors - Received this	Period O	NLY		1			
(See instructions for definition of Small Contril	butor)			Subtotal Section	A.			\$0.00
	R. Itemized C	ontributi	ious fi	rom Individuals		BARES.	X STATE OF THE STA	Sur Lake
Last Name			First					M.I.
Pinette			Bre	ia				1
Residential Street Address		City				State	Zip Code	
758 Hill Rd		Harwint	ton			СТ	06791-2	2712
Principal Occupation			1	of Employer				
HVAC			Alliar	nce All Trades In	С			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	s contributor a principal of a state		or pros	pective state contractor	r? ☐ Yes ☑ No	\$1,000.00		
Mare list Event # U4ZUZOd	branches of government the contract is with:	Ex	ecutive	e Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debit Cash	ard Payroll Deduction	Money Orde	er	Date Received 04/20/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Mintz			Mic	hael				
Residential Street Address		City				State	Zip Code	1
801 2nd Ave		New Yo	rk			NY	10017-4	1706
Principal Occupation Owner				of Employer Squared Property	/ Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more th	or business h				Amoun	t of Cont	ribution
event reported in Section L1?	s contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	t es	\$1,000.00		
	branches of government the contract is with	Exe	ecutive	e Legisla	✓ No			
Method of contribution. Cash Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Orde	ध्य	Date Received 06/30/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Trefz			Patr	ricia				
Residential Street Address 140 Driftwood Ln		City Trumbul	11			State CT	Zip Code 06611-1	805
Principal Occupation Homemaker				of Employer emaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of S municipality does contributor of municipality valued at more th	or business h				Amoun	t of Conti	ribution
event reported in Section L1?	contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	[_] 1 <i>e</i> s		\$1	00.000,1
If yes, list Event # 0020204	branches of government the contract is with	Exe	cutive					
Method of contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Orde	:	Date Received 06/30/2023	Aggregate contributions \$1,000.00			

\$3,000.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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Principal Occupation Attorney Name of Employer Attorney George W. Ganim Jr. 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? Yes Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No	M.I.
R. Iteratived Contributions from Individuals Last Name Ganirn, Jr. Residential Street Address 57 Melba St Principal Occupation Attorney 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 valued at more than \$5,000? Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Residential Street Address City Milford CT O6460 CT O6460 Amount of Contribution of Small Contribution of Small Contribution of Small Section A Residential Street Address City Milford Name of Employer Attorney George W. Ganim Jr. P.C	M.I. -7438
R. Iteratived Contributions from Individuals Last Name Ganirn, Jr. Residential Street Address 57 Melba St Principal Occupation Attorney 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 valued at more than \$5,000? Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Residential Street Address City Milford CT O6460 CT O6460 Amount of Contribution of Small Contribution of Small Contribution of Small Section A Residential Street Address City Milford Name of Employer Attorney George W. Ganim Jr. P.C	-7438 htribution
Last Name Ganim, Jr. George Residential Street Address 57 Melba St Principal Occupation Attorney Name of Employer Attorney George W. Ganim Jr. 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? Yes No Amount of Contribution of Contribution or pushes he/she is associated with have a contract with said municipality valued at more than \$5,000?	le 1-7438 atribution
Ganim, Jr. Residential Street Address 57 Melba St Principal Occupation Attorney Name of Employer Attorney George W. Ganim Jr. 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? Yes No Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	le 1-7438 atribution
Residential Street Address 57 Melba St Principal Occupation Attorney Name of Employer Attorney George W. Ganim Jr. 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? Yes No Name of Employer Attorney George W. Ganim Jr. P.C	-7438 atribution
Residential Street Address 57 Melba St Principal Occupation Attorney Name of Employer Attorney George W. Ganim Jr. 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? Yes No State Zip Cor CT 06460 Amount of Cor Amount of Cor Tyes No	-7438 atribution
57 Melba St Milford CT 06460 Principal Occupation Attorney 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? Yes No No Name of Employer	-7438 atribution
Attorney George W. Ganim Jr. 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 Coal	
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? Yes No	
dependent child of a lobbyist? with said municipality valued at more than \$5,000? Yes No Amount of Column to 1	
	\$1,000.00
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the	
contract is with:	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/30/2023 \$1,000.00	
Last Name First	I M.I.
Monarca Salvatore	IVLI
Residential Street Address City State Zip Cod	
249 Haddam Quarter Rd Durham CT 06422	
Principal Occupation Name of Employer	
Mason Monarca Masonry	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If committation 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? Yes Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	tribution
	\$1,000.00
If yes, list Event # 042023a No branches of government the contract is with. Executive Legislative	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O4/20/2023 \$1,000.00	
Last Name First	M.I.
O'Keefe Sean	1 1
Residential Street Address City State Zip Code	
91 Shield St West Hartford CT 06110	1969
Principal Occupation Sales Name of Employer O'Keefe Industries	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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?	tribution
	\$1,000.00
17 yes, as Event v	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 04/20/2023 \$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
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

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NAME OF COMMITTEE (Provide Complete Name as Regist	tered with F	iling Repos	etory)		TYPE OF REPORT			
Ganim for Bridgeport 23					July 10 filing	HEAD BLOOK	No. of Control of Control	ALCOHOLD STORY
A. Total Contributions from Small Contributors - Rec	ccived this	Period 0	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
R.I	Itemized C	outribut	1003	from Individuals			Terresidado	CHICAGO PA
Last Name			Firs	t			STO ALCOHOL	M.I.
Cartelli			Do	uglas				
Residential Street Address		City	1			State	Zip Code	_L.
30 Riverside Ave		Old Say	/broc	k		СТ	06475-	1415
Principal Occupation				of Employer				
President of Construction			CSS	S Inc				
	es contributor	or business !		committee for a chief is associated with have Yes		Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a No Is contributor a printerest	hich branch or		170	spective state contracto	∐ Yes]	\$	1,000.00
COMURACI IS WITH:		Ех	ecutiv	<u> </u>		1		
	Deduction	Money Ord	er .	Date Received 04/20/2023	Aggregate contributions \$1,000.00			
Last Name	•		First	t .				M.I.
Driscoll			Bria	an				
Residential Street Address		City				State	Zip Code	_
116 Charles St		Boston				MA	02114-	3217
Principal Occupation Broker				of Employer ton Companies				
	s contributor	or business b		committee for a chief s associated with have		Amoun	t of Cont	ribution
event reported in Section L1? If yes, indicate wh	hich branch or		or pros	pective state contractor	[] [S	1	\$	1,000.00
If yes, list Event # 042023a No branches of govern contract is with:	nment the	Exe	cutiv					
	Deduction	Money Orde	τ	Date Received 04/20/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Minchello			Dav	rid				
Residential Street Address 2 Captains Ct		City Manasq	uan			State NJ	Zip Code 08736-3	303
Principal Occupation Partner	'			of Employer one, Coughlin, M	inchello LLC			
	s contributor o	r business h		committee for a chief of a sassociated with have		Amoun	t of Conti	ibution
event reported in Section L1?	ich branch or			pective state contractor	∐ Yes ☑No		\$1	00.000,1
If yes, list Event # contract is with:		Exe	cutive	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll D	Deduction	Money Order		05/10/2023	\$1,000.00			

\$3,000.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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	lame as Registered with Fi	iling Repos	itory)			TYPE OF REPORT		100 374	Market N
Ganim for Bridgeport 23						July 10 filing			
A. Total Contributions from Small Contrib	butors - Received this	Period O	NLY						
(See instructions for definition of Small Contribut	tor)			Subtotal	Section A				\$0.00
	B. Itemized C	ontribut	ions fi	rom Indi	viduals				3/8058
Last Name			First				-		M.I.
Guilmartin			Sco	ott					
Residential Street Address		City					State	Zip Code	
759 Hale St		Suffield					СТ	06078-	2507
Principal Occupation			Name	of Employe	r	•			
Owner			Guiln	nartin En	ergy				
dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l		s associated			Amoun	t of Cont	ribution
event reported in Section L1? If the line line France # 042023a	ontributor a principal of a stat yes, indicate which branch or anches of government the intract is with:		or prosp		Contractor	∐ Tes √No			\$200.00
Method of contribution Cash Personal Check Credit/Debit Card		Money Ord	er	Date Rece 04/20/2		Aggregate contributions \$700.00			
Last Name			First						MI
DeCrescenzo			Rob	ert					1
Residential Street Address		City					State	Zip Code	
84 Drumlin Rd		South G	Slasto	nbury			СТ	06073-2	2300
Principal Occupation Manager			l	of Employer e, Relly &		vay PC			
dependent child of a lobbyist?	f contribution is in excess of sumicipality does contributor nunicipality valued at more the	or business b		s associated			Amoun	t of Cont	ribution
event reported in Section L1?	putributor a principal of a state		or prosp	ective state	contractor?	1 es			\$250.00
If yes, list Event # 0 120200	anches of government the ntract is with	Ex	ecutive		Legisla				
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Recei		Aggregate contributions \$250.00			
Last Name			First						M.I.
Ravenstine			Geo	of					
Residential Street Address		City					State	Zip Code	
5 Anchorage Ln		Old Say		_		- · · · · · · - · · -	СТ	06475-1	401
Principal Occupation CFO				of Employer as Capita		's LLC			
dependent child of a lobbyist?	f contribution is in excess of s minicipality does contributor o nunicipality valued at more th	or business h		associated			Amoun	t of Cont	ribution
event reported in Section L1?	ontributor a principal of a state was, indicate which branch or		or prosp	ective state	contractor?	res			\$250.00
if yes, list Event # 5725256 con	inches of government the itract is with	Exe	cutive		Legislat				
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	:r	Date Recei 04/20/20		Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$700.00
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

Doga	0	of	54
Page	ō	OL	

Residential Street Address 294 Bronxville Rd Principal Occupation Stylist State Zip Code NY 10708-28 Principal Occupation Stylist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event of contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order State Amount of Contributors Pescutive Legislative Date Received Aggregate contributions 94250.00 Principal Occupation NY 10708-28 Amount of Contributors Yes Volve Special Contributor of a chief executive officer of a chief executive	
See instructions for definition of Small Contributors	M.I.
R. Iteratized Contributions from Individuals Last Name DeVuono Residential Street Address 294 Bronxville Rd Principal Occupation Stylist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor 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? Is this contribution associated with an event of Section L1? If yes, list Event # 042023a No State Zip Code NY 10708-28 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No Is this contribution associated with an event of Section L1? If yes, list Event # 042023a No Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions Amount of Contributions Prest Sisco Brenda	M.I.
Last Name DeVuono Residential Street Address 294 Bronxville Rd Principal Occupation Stylist State Zip Code NY 10708-28 Principal Occupation Stylist Is contributor a lobbyist, spouse, or Yes 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? Yes No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative Legislative State Aggregate contributions State	50
Residential Street Address 294 Bronxville Rd Principal Occupation Stylist State Zip Code NY 10708-28 Principal Occupation Stylist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? No Is this contribution associated with an event of 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? Is this contribution associated with an event of a municipality of a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Sisco Brenda	50
Residential Street Address 294 Bronxville Principal Occupation Stylist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # 042023a Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order State City Bronxville Name of Employer John Barrett John Barrett Amount of Contribution of a candidate committee for a chief executive officer of a minicipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Pirst Sisco Brenda	
Principal Occupation Stylist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # 042023a Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Stylist Bronxville Ny 10708-28 Name of Employer John Barrett Amount of Contribution of 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? Yes Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order First Sisco Brenda	
Principal Occupation Stylist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # 042023a Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Stylist Name of Employer John Barrett Amount of Contribution of 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? Yes Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 04/20/2023 \$250.00 Last Name First Sisco	
Stylist Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes minimicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative	oution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	oution
dependent child of a lobbyist? No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Yes Yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order First Sisco Brenda	ution
event reported in Section L1? If yes, list Event # 042023a No branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 04/20/2023 \$250.00 Last Name Sisco Brenda	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 04/20/2023 \$250.00 Last Name First Sisco Brenda	250.00
Sisco Brenda	
	M.I.
Residential Street Address City State Zip Code	
10 Brockway Rd Ellington CT 06029-21)0
Principal Occupation Name of Employer Consultant RSG	
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 mamicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Amount of Contrib	ution
4) per, monean which orange or	250.00
If yes, list Event # 042023a	
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 04/20/2023 \$1,000.00	
	VLI.
Reyes Luis	
Residential Street Address City State Zip Code	
128 Judson P! Bridgeport CT 06610-29	
Principal Occupation Name of Employer LR Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes Amount of Contrib	ution
If yes, moleate which branch of	- 1
If yes, list Event # VNo branches of government the contract is with: Executive Legislative	50.00
Method of contribution:	:50.00

\$750,00	SUBTOTAL Section B - This Page
\$62,825.00	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

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Last Name Bain Tiheba First Tiheba Tiheba State Zip Code CT O6605-2742	NAME OF COMMITTEE (Provide Comp	lete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Substantial Section Section Substantial Countributions Substantial Section Sub	Ganim for Bridgeport 23					July 10 filing			
Last Name First Theba First Theba State Address City CT G6605-2742	A. Total Contributions from Small Co	patributors - Received this	Period 0	NLY					
Last Name First Tirleba	(See instructions for definition of Small Con	ntributor)			Subtotal Section	A			\$0.00
Bain Tiheba State Agreement State St		B. Itemized C	Contribut	ions	irem Individuals				100
Residential Sireet Address 145 Hope St 146	Last Name			Firs	t				M.I.
145 Hope St	Bain			Tit	eba				
Name of Employee Name of Emp	Residential Street Address		City			<u>-</u> -	State	Zip Code	1
Executive Director	145 Hope St		Bridger	ort			СТ	06605-	2742
Is contribution a lobbysit, spouse, or dependent child of a lobbysit? Yes No	1								
dependent child of a lobbysis? No manuscipality does contributor or business bodies is associated with have a contract with sall manuscipality which at more than \$5,000? Yes No	Executive Director			VVOI	nen Against Mas	s Incarceration, Inc.			
### Executive propried in Section L1? Test Tyses, its Event # Tyses, its Event # Tyses, bits Event # Tyses, bits Event # Executive Legislative Date Received Against Event # Against Event # Thomas Executive Date Received Against Event #	dependent skild of a labburier?	municipality does contributor	or business	he/she	is associated with have	a contract with said	Amour	it of Cont	ribution
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/30/2023 \$50.00 Last Name First	event reported in Section L1?	If yes, indicate which branch o branches of government the	or	•		□ res			\$50,00
DiMaio Thomas E Residential Street Address 2258 Steinway St Astoria Name of Employer Alma Bank Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No municipality does contributor a principal of a state contractor? If yes, indicate which branch or branches of government the contract swith: Method of committees Bridge Rd Principal Occupation Mere of Employer Alma Bank Amount of Contribution Amount of Contribution State NY State NY Amount of Contribution State NY Amount of Contribution State NY State NY Amount of Contribution State NY State NY Amount of Contribution State NY State NY ML State NY If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a contractor? If yes, indicate which branch or branches of government the contract is with: Mark Stowell Agaregate contributions State NY Amount of Contribution NA NI ML Amount of Contribution NA Amount of Contribution NA NI NI NI State NI NI NI State NI NI NI State NI NI State NI NI State NI NI	Method of contribution:		-		Date Received	Aggregate contributions			
Residential Street Address 2258 Steinway St City Astoria Name of Employer Alma Bank Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a sessociated with an event reported in Section I.1? If contributor a principal ty valued at more than \$3,000? If yes, initiate which branch or branches of government the contract is with: Method of countribution: State NY	Last Name			Firs		·			M.I.
2258 Steinway St Principal Occupation Banker Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes went reported in Section L1? Yes, indicate which branch or branches of government the contract with part of State	DiMaio			The	omas				E
Principal Occupation Banker Name of Employer Alma Bank	Residential Street Address		City				State	Zip Code	
Banker Alma Bank	2258 Steinway St		Astoria				NY	11105-	1836
State City Sandy Hook S	100			1					
## Stoom Section L1? Tes Sponsor Tes Sponsor	الاستعمالية والتام والت	municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Date Received Date Received Aggregate contributions State Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O6/30/2023 \$1,000.00	event reported in Section L1?	If yes, indicate which branch or		or pro	spective state contracto	1 cs			\$50.00
Cash	If yes, list Event # 002923a		Ех	ecutiv	e Legisl	ative [V]NO			
Stowell Residential Street Address 45 Bennetts Bridge Rd Sandy Hook State City Sandy Hook State CT 06482-1440 Principal Occupation Owner Name of Employer Hilltop Painting Services LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions		it Card Payroll Deduction	Money Ord	ėr		l 1 1 .			
Residential Street Address 45 Bennetts Bridge Rd Principal Occupation Owner Name of Employer Hilltop Painting Services 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 manicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions									M.f.
As Bennetts Bridge Rd Principal Occupation Owner Name of Employer Hilltop Painting Services LLC				Ma	<u>rk</u>				
Principal Occupation Owner Name of Employer Hilltop Painting Services LLC			1 -	łook					1440
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a mannicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes					of Employer				
dependent child of a lobbyist? In In In In In In In I									
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Fyes, indicate which branch or branches of government the contract is with: Executive Legislative	dependent shild of a labbring?	municipality does contributor	or business l		s associated with have	a contract with said	Amout	t of Cont	ribution
Method of contribution: Date Received Aggregate contributions A	event reported in Section L1?	If yes, indicate which branch or		or pros	pective state contracto	r es			\$500.00
	If yes, list Event # 00232364		Ex	ecutiv	-	ative			
		t Card Payroll Deduction	Money Orde	er					

\$600.00	SUBTOTAL Section B - This Page
\$62,825.00	TOTAL of Section B Pages
\$62.825.00	TOTAL OF ALL CONTRIBUTIONS FROM MONIDUALS (Sections A + B)
\$02,025,UC	(Enter total on Line 13, Column A of Summary Page

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Last Name Picard Residential Street Address 30 NE RD Principal Occupation Owner Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to	ribution very ranford N A to a candi siness be/	Subtetal Section A us from Endividuals First Michael Vame of Employer Atlas Residential and C idate committee for a chief ex		State CT	Zip Code 06405	\$0.00
Contributor Small Contributor	ribution very ranford N A to a candi siness be/	Subtetal Section A us from Endividuals First Michael Vame of Employer Atlas Residential and C idate committee for a chief ex				
Last Name Picard Residential Street Address 30 NE RD Principal Occupation Owner Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to	to a candissiness he/	was from Individuals First Michael Vame of Employer Atlas Residential and Conditions idate committee for a chief conditions				\$0.00
Last Name Picard Residential Street Address 30 NE RD Principal Occupation Owner Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to	to a candissiness he/	First Michael Name of Employer Atlas Residential and C idate committee for a chief co				ML
Last Name Picard Residential Street Address 30 NE RD Principal Occupation Owner Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to	to a candissiness he/	First Michael Name of Employer Atlas Residential and C idate committee for a chief co				ML
Residential Street Address 30 NE RD Principal Occupation Owner Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to	to a candi	Vame of Employer Atlas Residential and (idate committee for a chief co				
30 NE RD Branch	to a candi	Atlas Residential and (
Principal Occupation Owner Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to	to a candi	Atlas Residential and (СТ	06405	
Owner Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to	to a candi	Atlas Residential and (90400	
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to	to a candi	idate committee for a chief e				
.	siness he/			es		
dependent child of a lobbyist? No municipality does contributor or bus municipality valued at more than \$5		/she is associated with have a Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L17 If yes, list Event # 042023a Is contributor a principal of a state contributor aprincipal of a state con	Exec		∐ Yes			\$500.00
Method of contribution:	ey Order	Date Received	Aggregate contributions \$500.00	!		
Last Name		First				M.I.
Daddario] [Nicholas				ļ
Residential Street Address City	y			State	Zip Code	<u>. </u>
356 Van Brunt St, #2 Bro	ooklyn			NY	11231-1	1248
Principal Occupation Business Owner	- 1	lame of Employer Daddario				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or bus municipality valued at more than \$5.	siness he/s			Amoun	t of Cout	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contributor aprincipal of a state	tractor or p	prospective state contractor?	res			\$500.00
If yes, list Event # branches of government the contract is with:	Execu	utive Legislat	ive No			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money	ey Order	Date Received 06/20/2023	Aggregate contributions \$500.00			
Last Name	1	Fust				M.I.
Peterson	- 1	Laura				
Residential Street Address City 10 Wedgewood Ln Sou	uth Win	ndsor		State CT	Zip Code 06074-1	570
Principal Occupation CFO	Na	ame of Employer Paniels Caulking LLC		<u> </u>	-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busi municipality valued at more than \$5,	siness he/s			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contributor aprincipal of a s	ractor or p	prospective state contractor?	Yes			\$500.00
If yes, list Event # 042023a No branches of government the contract is with:	Execu	utive Legislati	ive No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	ey Order	Date Received 04/20/2023	Aggregate contributions \$500.00			

\$1,500.00	SUBTOTAL Section B - This Page
\$62,825.00	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

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Ganim for Bridgeport 23				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period 0	NLY	501/2010				
(See instructions for definition of Small Contributor)		Sul	htetal Section	4			\$0.00
B. Itemized C	ontribut	ions from	Individuals			No.	
Last Name		First					M.I.
Brandao		Christo	pher				
Residential Street Address	City	<u> </u>			State	Zip Code	
158 Wade St	Bridgep				СТ	06604-	1817
Principal Occupation Owner		Name of E	mployer ndao, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state event reported in Section L1? If yes, indicate which branch or		or prospecti	ve state contractor	1 es			\$500.00
If yes, list Event # branches of government the contract is with:		ecutive	Legisl]		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	1	te Received 1/20/2023	Aggregate contributions \$500.00			
Last Name		First					MI
Lacobelle		Robert					Α
Residential Street Address	City				State	Zip Code	_
11 Kohler's Farm Road	Shelton				СТ	06484	
Principal Occupation Attorney		Name of E	Lacobelle P.	C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch or branches of government the contract is with.	_	or prospective	ve state contractor	✓No			\$75.00
Method of contribution:		Da	te Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	e⊤ 06	/30/2023	\$75.00			
Last Name		First					M.I
Morss		Chris					
Residential Street Address	City				State	Zip Code	
PO Box 4114	Truckee				CA	96160-4	114
Principal Occupation Business Development		Name of Er US Wate	mployer er Services C	огр			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a Is contributor a principal of a state of the section L1? If yes, list Event # 042023a Is contributor a principal of a state of the section L1? If yes, list Event # 042023a	_	or prospective	ve state contractor				\$750.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord		te Received /20/2023	Aggregate contributions \$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

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NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Reposi	itory)		TYPE OF REPORT		A Date of	A STORES
Ganim for Bridgeport 23				July 10 filing			
A. Total Contributions from Small Contributors - I	Received this Period O	NLY					
(See instructions for definition of Small Contributor)		Subtot	d Section A				\$0.00
	B. Itemized Contributi	ons from In	dividuals				
Last Name		First		Calculation of the Calculation o			MI
Visceglia		Vincent					
Residential Street Address	City			<u></u>	State	Zip Code	1
300 Raritan Center Pkwy	Edison				NJ	08837-3	3609
Principal Occupation Retired		Name of Emplo Retired	yer				
dependent child of a lobbyist?	on is in excess of \$400 to a can does contributor or business h valued at more than \$5,000?				Amoun	t of Cont	ribution
recent amounted in Continue (12		or prospective sta	Legisla	∐ Yes ✓No		\$	1,000.00
Method of contribution:	oll Deduction Money Orde	Date Re 05/01/		Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Stein		Michae!					
Residential Street Address 11 Briar St	City Norwalk				State CT	Zip Code 06854-3	804
Principal Occupation Architect		Name of Emplo Stein Troost		ure			
dependent child of a lobbyist? municipality	n is in excess of \$400 to a can does contributor or business by valued at more than \$5,000?	e/she is associate			Amoun	t of Conti	ribution
event reported in Section L1? If yes, indicate	orincipal of a state contractor of which branch or	-	_	∐ 1es			\$250.00
If yes, list Event # 042023a contract is with		cutive	Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payre	oll Deduction Money Order	Date Re 04/11/		Aggregate contributions \$250.00			
Last Name		First					M.I.
Kelso		Thomas					
Residential Street Address 132 Hamilton St	City New Bru	nswick			State NJ	Zip Code 08901-1	807
Principal Occupation Attorney		Name of Employ Kelso & Burg		;			
dependent child of a lobbyist?	n is in excess of \$400 to a cano does contributor or business he valued at more than \$5,000?	e/she is associate			Amoun	t of Contr	ibution
avent reported in Section 1.12			te contractor	□ 1es ✓No		!	\$400.00
Method of contribution:	ill Deduction Money Order	Date Rec 05/01/		Aggregate contributions \$700.00			

SUBTOTAL Section B - This Page	\$1,650.00
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

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Last Name Doyle Ent Eva M.I.	NAME OF COMMITTEE (Provide Complete Name as Registered with File	ing Repos	itory)		TYPE OF REPORT	Service of		
Solution Section Sec	Ganim for Bridgeport 23				July 10 filing			
Last Name Doyle Ent Eva M.I.	A. Total Contributions from Small Contributors - Received this I	Period O	NLY		5			
Last Name Eva State First Eva	(See instructions for definition of Small Contributor)			Subtotal Section				\$0.00
Eva	B. Itemized Co	etributi	ions f	rem Individuals				
Residential Street Address 72 H Hartwinton Ave 72 H Hartwinton Ave 73 H Hartwinton Ave 74 H Hartwinton Ave 75 H Hartwinton Ave 75 H Hartwinton Ave 76 Hericald Occupation Retified 76 Retified 77 E Hartwinton Ave 86 Hericald 86 Hericald 86 Hericald 86 Hericald 87 Hericald Occupation 18 this contribution associated with an property of a manicipality does contribution or business behalts is associated with have a comment with said manicipality valued at more than \$3,000? 85 Hericald Occupation 86 Hericald Occupation 86 Hericald Occupation 86 Hericald Occupation 87 Hericald Occupation 88 Hericald Occupation 89 Hericald Occupation 89 Hericald Occupation 80 Hericald Occupation 81 Hericald Occupation 82 Hericald Occupation 83 Hericald Occupation 84 Hericald Occupation 85 Hericald Occupation 86 Hericald Occupation 86 Hericald Occupation 86 Hericald Occupation 86 Hericald Occupation 87 Hericald Occupation 87 Hericald Occupation 88 Hericald Occupation 88 Hericald Occupation 88 Hericald Occupation 89 Hericald Occupation 80 Herical	Last Name		First					M.I.
72 N Harwinton Ave Principal Occupation Referred Name of Employee Referred Name of Employee Referred Name of Employee Referred Name of Employee Name	Doyle		Eva	1				
Name of Employer Refired	Residential Street Address		<u></u>				Zip Code	'
Retired Retired Retir	72 N Harwinton Ave	Terryvill	le			СТ	06786-	4502
If countribution is till excess of \$400 to a candidate committee for a chief executive officer of a municipality value at more than \$5,000?"								
In this contribution associated with an event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate commute for a chief executive officer of a municipality valued at more than \$5,000? Yes No In this contribution associated with an event reported in Section L1? Yes If contribution Yes Yes If contributio	Retired		Retir	ea				
## State Event # 042023a	dependent child of a lobbyist? municipality does contributor or	r business b		s associated with have	a contract with said	Amoun	t of Con	tribution
Method of contribution: Cast Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O4/11/2023 \$500.00	event reported in Section L1? If yes, indicate which branch or branches of government the		100	<u> </u>	res ✓ No			\$500.00
Residential Street Address 34 Burgundy Dr Principal Occupation CPA If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? State State CT O6037-1838	Method of contribution:			Date Received	Aggregate contributions			
Residential Street Address 34 Burgundy Dr Residential Street Address 34 Burgundy Dr Residential Street Address 34 Burgundy Dr Residential Street Address 35 Burgundy Dr Residential Street Address 36 Burgundy Dr Residential Street Address 375 Farragut Ave Residential Street Address 375	Last Name		First					M.I.
34 Burgundy Dr Principal Occupation CPA Li contributor a lobby/st, spouse, or dependent child of a lobby/st? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract or prospective state contractor? Yes First Legislative Date Received Aggregate contributions State St	Kindelan		Edn	nund				
Name of Employer Cohnreznick LLP							1 '	
Cohnreznick LLP Cohnreznick LLP Cohnreznick LLP	54 Dargaray Di					СТ	06037-	1838
State City Hastings On Hudson No State Amount of Contribution No No No No No No No								
Secont reported in Section L1?	dependent child of a lobbyist? municipality does contributor or	r business h		s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash	event reported in Section L1? If yes, indicate which branch or	contractor (or prosp	pective state contractor	1 62			\$500.00
Cash	If use list Event # U+ZUZJa	Exe	ecutive	. Legisla	ative 🔽 No			
Robert T Residential Street Address 375 Farragut Ave Principal Occupation Builder/Construction Name of Employer Apex Building Co Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? No Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? Yes fyes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions Date Received Aggregate contributions Amount of Contribution Date Received Aggregate contributions Date Received Aggregate contributions Date Received Aggregate contributions Residential Street Address Zip Code NY 10706-4040 NY 10706-4040 NY 10706-4040 Amount of Contribution Principal Occupation NY 10706-4040 NY 10706-4040 Amount of Contribution State Zip Code NY 10706-4040 Amount of Contribution Principal Occupation NY 10706-4040 Amount of Contribution State Zip Code NY 10706-4040 Amount of Contribution Principal Occupation NY 10706-4040		Money Orde	:		***		64	
Residential Street Address 375 Farragut Ave Principal Occupation Builder/Construction If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a minicipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: State Zip Code NY 10706-4040 Name of Employer Apex Building Co Amount of Contribution	Last Name		First					M.I.
375 Farragut Ave Principal Occupation Builder/Construction Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? Is contribution associated with an event reported in Section L1? Is 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? Yes Yes If contribution associated with an event reported in Section L1? Yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Horsford		Rob	ert				Т
Principal Occupation Builder/Construction Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a minicipality does contributor or business he/she is associated with have a contract with said municipality valued at most \$5,000? Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions		-	s On I	Hudson			' '	4040
Builder/Construction Apex Building Co	1						10700	
dependent child of a tobbyist? No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a No list Event # 060723a Method of contribution: Date Received Aggregate contributions Amount of Contribution Amount of Contribution Amount of Contribution					**			
event reported in Section L1? If yes, list Event # 060723a No No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	dependent child of a lobbyist? municipality does contributor or	business h		associated with have	a contract with said	Amoun	t of Cont	ribution
If yes, list Event # 060723a No branches of government the contract is with: Executive Legislative No	I I I I I I I I I I I I I I I I I I I	contractor o	or prost	ective state contractor	1 ts			\$500.00
Car Carrage Ca	Muss lest Event # 060723a No branches of government the	☐ Exe	cutive	Legisla	ative No			
		Aoney Orde	r	Date Received 06/01/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,500.00
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

Ganim for Bridgeport 23 A. Total Contributions from Small Contributors - Received this Periode instructions for definition of Small Contributor) B. Itemized Contributor	ind ONLY Subtated Section A	July 10 filing			
(See instructions for definition of Small Contributor)	Subtotal Section /				
	Constitution and the second second				
B. Itemized Contr	ellustions from Individuals				\$0.00
	thenthe new resultances		W. 1000		
Last Name	First				MI
Brando	Christopher				
Residential Street Address Cit	· *		State	Zip Code	
	idgeport		СТ	06606-5	5466
Principal Occupation Owner	Name of Employer CSB Contracting LLC	;			
	to a candidate committee for a chief suness he/she is associated with have 5,000? Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state confusion of the section L1? Yes Is contributor a principal of a state confusion of the section L1? Yes Is contributor a principal of a state confusion of the section L1? Yes Is contributor a principal of a state confusion of the section L1?	tractor or prospective state contractor Executive Legisle	✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received 06/01/2023	Aggregate contributions \$500.00			
: Last Name	First				MI
Taffet	Gary				
Residential Street Address City	y ast Brunswick		State NJ	Zip Code 08816-3	2249
5 Stage Coach Run Ea	Name of Employer		140	00010-0	240
Retired	Retired			_	
	to a candidate committee for a chief committee for a chief committee with have 5,000? Yes		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section 1.1? Is contributor a principal of a state contributor a principal of a state contributor aprincipal of a sta	tractor or prospective state contractor	டு 18			\$700.00
If yes, list Event # branches of government the contract is with:	Executive Legisla				
Method of contribution: ☐ Cash	Date Received 05/01/2023	Aggregate contributions \$1,000.00			
Last Name	First				M.I.
Gonzalez	Barbara		<u>-</u>		
Residential Street Address City			State CT	Zip Code 06610-1	044
114 Intervale Rd Principal Occupation	idgeport Name of Employer		CI .	00010-1	014
Owner	Beyond Homecare				
	to a candidate committee for a chief esiness he/she is associated with have 5,000? Yes		Amoun	t of Contr	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contributor a principal of a state contributor aprincipal of a	tractor or prospective state contractor	? ☐ Yes ☑ No			\$500.00
If yes, list Event # contract is with:	Executive Legista	itive			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Mons	Date Received o6/22/2023	Aggregate contributions \$1,000.00			

\$1,700.00	SUBTOTAL Section B - This Page
\$62,825.00	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

Page	15	of	54

	as Registered with Filing Repos	() () () () () () () () () ()	TYPE OF REPORT			
Ganim for Bridgeport 23			July 10 filing			
A. Total Contributions from Small Contribut	ors - Received this Period C	NLY	<u> </u>			
(See instructions for definition of Small Contributor)	T .	Subtotal Section	A			\$0.00
	B. Itemized Contribut	ions from Individuals		20 4 50 25	12.00 17.81	ANTER S
Last Name	TAWAS CONTRACTOR OF	Furst				M.I.
Willinger		Anne Marie				
Residential Street Address	City	1		State	Zip Code	
100 Parrott Dr, Unit 1401	Sheltor	1		СТ	06484-4	1793
Principal Occupation		Name of Employer				
Attorney		Willinger Willinger ar	nd Bucci PC			
dependent child of a lobbyist?	ntribution is in excess of \$400 to a ca cipality does contributor or business cipality valued at more than \$5,000?			Amoun	it of Cout	ribution
	butor a principal of a state contractor	or prospective state contracts	or? Yes]	•	1 000 00
If yes, branch	indicate which branch or es of government the x is with:	ecutive Legis	☑ No lative		4	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Money Ord	Date Received 06/13/2023	Aggregate contributions \$1,000.00			
Last Name		First	•			M.I.
Mulligan		Thomas				
Residential Street Address	City			State	Zip Code	
20 Armitage Dr	Bridgep	ort	,	СТ	06605-3	601
Principal Occupation Lawyer		Name of Employer McNamara and Kear	пеу			
dependent child of a lobbyist? ITMo muni	ntribution is in excess of \$400 to a car cipality does contributor or business of cipality valued at more than \$5,000?			Amoun	t of Conti	ibution
event reported in Section L1?	outor a principal of a state contractor indicate which branch or	or prospective state contracto	i es			\$500.00
If yes, list Event # contrac	es of government the Ex	ecutive Legis				
Method of contribution: Cash Personal Check Credit/Debit Card [Payroll Deduction Money Ord	Date Received 06/23/2023	Aggregate contributions \$675.00		_	
Last Name		First				M.I.
Capozziello		Katia				
Residential Street Address	City			State	Zip Code	
469 Brooklawn Ave	Fairfield			CT	06825-1	805
Principal Occupation Manager		Name of Employer Trevi Lounge				
dependent child of a lobbyist?	tribution is in excess of \$400 to a car ipality does contributor or business a ipality valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1? If yes, branch	outor a principal of a state contractor indicate which branch or is of government the		∐ 1es		\$1	,000.00
Method of contribution:	t is with:	Date Received				
Cash Personal Check Credit/Debit Card	Payroll Deduction Money Orde		Aggregate contributions \$1,000.00			

\$2,500.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ing Repos	itury)		TYPE OF REPORT			
Ganim for Bridgeport 23				July 10 filing			
A. Total Contributions from Small Contributors - Received this I	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	4			\$0.00
B. Itemized Co	outributi	ions f	rom Individuals				
Last Name		Firs					M.I.
Gennarini		Fra	ınk				
Residential Street Address	City	1			State	Zip Code	1
3 Honek St	Milford				СТ	06460-	5109
Principal Occupation			of Employer				
Retired		Reti	red				
Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\sqrt{\text{winnicipality does contributor of municipality valued at more the}}}\ \text{No}	or business b				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section of the sectio		or pros	pective state contractor	? ☐ Yes ✓ No		\$	1,000.00
If yes, list Event # branches of government the contract is with.	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 06/15/2023	Aggregate contributions \$1,000.00			
Last Name		First			-		M.I.
Harvey	200, 4, 17	De:	siree				221
Residential Street Address	City				State	Zip Code	
230 Alpine St	Bridgep				СТ	06610-1	1728
Principal Occupation Accountant			of Employer Tax Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of smunicipality does contributor of municipality valued at more than the specific properties.	or business b				Атоип	t of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state	contractor (or pros	pective state contractor	? Yes			\$500.00
If yes, indicate which branch or branches of government the	Exe	ecutiv	e Legisla	✓ No			\$500.00
Method of contribution:			Date Received	Aggregate contributions			
	Money Orde	=	06/05/2023	\$500.00			
Last Name		First			<u></u>		MLI.
Dippolito		Jos	eph				
Residential Street Address	City	•			State	Zip Code	
881 Long Ridge Rd	Stamfon	d			СТ	06902-1	103
Principal Occupation Admin			of Employer re Health Care Sy	ystem			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of Functional transfer of the municipality does contributor of municipality valued at more than	r business b				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Indicate which branch or	contractor o	or pros	pective state contractor	? ☐ Yes		\$ 1	,000.00
If yes, hist Event # 062923a No branches of government the contract is with:	☐ Exe	cutiv	e Legisla	√ No utive		Ť	
Method of contribution:	Money Orde	tr	Date Received 06/26/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,500.00
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

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NAME OF COMMITTEE (Provide Complete Name as Register	ed with Filing Repo	sitory)	TYPE OF REPORT	3573		
Ganim for Bridgeport 23			July 10 filing			
A. Total Contributions from Small Contributors - Recei	ved this Period	DNLY				
(See instructions for definition of Small Contributor)		Subtotal Sec	tion A			\$0.0
R.ltr	emized Contribu	tions from Individ			STATE OF STATE	Chestern la
Last Name		First				M.I.
Diema		John				144.14
Residential Street Address	City	1 301111	 	State	Zip Code	
30 Park Blvd	Stratfo	rd		CT	06615-	
Principal Occupation		Name of Employer	<u>.</u>	1	1 000.0	
Realtor		Spadaccino Rea	lty			
dependent child of a lobbyist? INO municipality does of		he/she is associated with	chief executive officer of a have a contract with said	Amou	nt of Cont	ribution
event reported in Section L17 fyes, indicate who branches of government fyes, indicate who branches fyes, indicate	h branch or	or prospective state con	tractor? Yes Who egislative		\$	1,000.0
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dec		Date Received	Aggregate contributions			
Last Name		First		'		M.I.
Beliegarde		Clement				
Residential Street Address	City			State	Zip Code	
20 Wildwood Ave, FI 1	Milford			CT	06460-5	5845
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? municipality does of	excess of \$400 to a ca ontributor or business at more than \$5,000?	ndidate committee for a he/she is associated with Yes	chief executive officer of a have a contract with said	Amour	t of Cont	ribution
event reported in Section L1?		or prospective state cont	□ 12	1		\$250.00
If yes, list Event # 060723a No branches of government contract is with:	ent the	ecutiveL	egislative	1		
Method of contribution Cash Personal Check ✓ Credit/Debit Card Payroll Ded	luction Money Ord	Date Received 06/06/2023	Aggregate contributions \$250.00	1		
Last Name		First				M.I.
Kumaran		Meenakshi				s
Residential Street Address	City			State	Zip Code	L
243 N Ridge St	Rye Bro	ook		NY	10573-1	140
Principal Occupation Real Estate	İ	Name of Employer Realty Pavilion LL	.c			
dependent child of a lobbyist? municipality does co	excess of \$400 to a car outributor or business l at more than \$5,000?	adidate committee for a called with Yes	hief executive officer of a have a contract with said No	Amoun	t of Contr	ibution
event reported in Section L1? If yes, indicate which branches of government If yes, indicate which If yes, indic	branch or	or prospective state control	Yes Gaslative		:	\$250.00
contract is with:				-		
Cash Personal Check Credit/Debit Card Payroll Dedu	_	Date Received	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section 8 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

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 O	NLY					
(See instructions for definition of Small Contributor)		S	ubtotal Section A				\$0.00
B. Itemized (Contributi	ions fro	m Individuals				Kork (A)
Last Name		First					M.I.
Garskof		Debo	rah				
Residential Street Address	City	,			State	Zip Code	
87 Sachem Rd	Fairfield				СТ	06825-1	1830
Principal Occupation			Employer Bridgeport				
Attorney							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l	he/she is a			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes If yes, indicate which branches of government the	or	or prosper	tive state contractor?	∐ 183			\$500.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		04/16/2023	\$500.00			
Last Name		First	<u> </u>				MLI
Echevamia		Lizze	tte				
Residential Street Address	City	!			State	Zip Code	
1077 Old Town Rd	Bridgep				СТ	06606-1	419
Principal Occupation			Employer Dridgenost				
Administrative Assistant		City or	Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h	he/she is a	ssociated with have a	contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state event reported in Section L1? If we indicate which branch of		or prospec	tive state contractor?	Yes			\$100.00
No branches of government the	-	ecutive	Legislat	√ No			•
Method of contribution:				Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		06/07/2023	\$200.00			
Last Name		First					M.I.
Kleps		Patric	k				
Residential Street Address	City	1			State	Zip Code	
55 Haddon St, Apt 4	Bridgep	ort			CT	06605-3	067
Principal Occupation		7.7	Employer			<u> </u>	
Zoning Inspector		City of	Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business b				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a star event reported in Section L1?		or prospec	tive state contractor?	Yes			\$100.00
No branches of government the	_	ecutive	Legislat	Ive ✓No			
Method of contribution	المالي			Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		6/07/2023	\$200.00			

\$700.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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A. Total Countributions from Small Contributory Solutions from Small Contributory Solutions from Individuals	NAME OF COMMITTEE (Provide Comple	ete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT	0.572.67		AND NAT
See asservactions for displantions of Small Constributory Sublestad Section N.	Ganim for Bridgeport 23					July 10 filing			
Last Name First Bonita State Address State Car	A. Total Contributions from Small Co.	ntributors - Received this	Period 0	NLY			_		
East Name First Bonita	(See instructions for definition of Small Com	tributor)			Subtotal Section	in A			\$0.00
Readental Street Address Civ State Zip Code		B. Itemized (Contribut	ions f	irom Individu:	b	CARRE		
Rendential Street Address State St	Last Name			Firs	t				M.I.
19 Quintan Ave	Roach			Во	nita				В
Principal Occupations Senior Center Coordinator Name of Employer City of Bridgeport	Residential Street Address		1 '				1	1 .	
Senior Center Coordinator City of Bridgeport Southbutor a lobbysist, spouse, or dependent child of a lobbysist of this contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	10 400000000000000000000000000000000000		Bridgep	_			СТ	06605-	3527
Is contributor a lobbyist, spouse, or dependent child of a jobbyist? Spouse, or dependent child of a jobbyist? No									
dependent child of a lobbyist?		Vale							
event reported in Section L17 // yes, list Event # 060723a	danam dana ahili di a Ca Jahlaning	municipality does contributor	or business		is associated with h	ave a contract with said	Amour	t of Con	tribution
If yes, last Event # 060723a	I Yes I			or pros	pective state contra	ctor? Yes]		\$100.00
Cash Pernonal Check Credit/Debit Card Payroll Deduction Money Order O6/07/2023 \$450.00	CON.	branches of government the		ecutiv	e Le	zislative No			
Santiago Residential Street Address 34B Stone Ridge Rd City Bridgeport Name of Employer City of Bridgeport State City of Bridgeport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State City of Bridgeport If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If yes, list Event # 060723a No State City of Bridgeport Amount of Contribution associated with an excess of \$400 to a candidate contractor? If yes, list Event # 060723a No State City of Bridgeport Amount of Contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business bethe is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? City Bridgeport Date Received Name of Employer City of Bridgeport State City of Bridgepor		Card Payroll Deduction	Money Ord	er		141 17	1		
Residential Street Address 34B Stone Ridge Rd Principal Occupation Maintainer State City Bridgeport State City O6606-2577	Last Name			Firs					M.I.
Stone Ridge Rd Bridgeport CT 06606-2577	Santiago			Jos	e				
Name of Employer City of Bridgeport			1 *				1	1 '	
Maintainer City of Bridgeport			Bnager				CI	06606-	25//
dependent child of a lobbyist?									
### sevent reported in Section L1? ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract or prospective state contractor? ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex, indicate which branch or branches of government the contract is with: ### sex cut if the fective of Legislative is associated with an executive officer of a chief executive officer	dependent shild of a labbraist?	municipality does contributor	or business l		is associated with h	ave a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash	event reported in Section £1?	If yes, indicate which branch or		or pros	pective state contra	ies			\$100.00
Cash	If yes, list Event # 000723a		Ex	ecutiv		islative			
McBride-Lee Residential Street Address 125 Hillcrest Rd Principal Occupation Teacher Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an wind principal of a state contractor or prospective state contractor? Is contribution associated with an wind press of government the contract is with: Method of contribution: Many A State Zip Code CT 06606-3124 Principal Occupation Name of Employer City of Bridgeport Amount of Contribution State CT 06606-3124 Principal Occupation Name of Employer City of Bridgeport Amount of Contribution Amount of Contribution State City of Bridgeport If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Voo State CT 06606-3124 Amount of Contribution State Contribution Amount of Contribution State Contribution Date Received Aggregate contributions		Card Payroll Deduction	Money Ord	èr					
Residential Street Address 125 Hillcrest Rd 126 Bridgeport Name of Employer City of Bridgeport Name of Employer City of Bridgeport State Zip Code CT 06606-3124 Name of Employer City of Bridgeport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lift 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? Yes Is contribution associated with an event reported in Section L1? Yes If contributor a principal of a state contractor or prospective state contractor? Yes Yes 100.00 If yes, list Event # 060723a Method of contribution: Date Received Aggregate contributions	Last Name			First					M.I.
Principal Occupation Teacher Same of Employer City of Bridgeport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? If contribution associated with an event reported in Section L1? If yes, list Event # 060723a Method of contribution: Bridgeport CT 06606-3124 Amount of Contribution Name of Employer City of Bridgeport City of Bridgeport Amount of Contribution 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? Yes Yes Yes Yes Yes Yes You Date Received Aggregate contributions	McBride-Lee			Mai	ry				Α
Teacher City of Bridgeport			1 '	ort			1		3124
dependent child of a lobbyrist? V No									
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Styles	المستعمل ما المام معلم المام المام المام المعلم الم	municipality does contributor	or business l		s associated with h	eve a contract with said	Amoun	t of Cont	ribution
Method of contribution: Date Received Aggregate contributions	event reported in Section E1:	If yes, indicate which branch or		or pros	pective state contra	res			\$100.00
Car Ca ta ta Carata ta Ca ca ta Cata t	If yes, list Event # 0007 23a		Exe	ecutiv		uslative			
	Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	: r		1			

\$300.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	ISHAS			
Ganim for Bridgeport 23	20 10 70			July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period C	INL		1			_
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized (Contribut	ious	from Individuals			Siesili	he return
Last Name		Fire	st			CONTRACTOR N	MLL
Valle		Ma	aria				1
Residential Street Address	City				State	Zip Code	1
561 Brooks St	Bridgep	oort			СТ	06608-	1302
Principal Occupation			e of Employer		•		
Senior Aide		City	of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she			Amoui	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a No Section L1?	or	·	0	∐ Yes ✓ No			\$100.00
COMPACT IS WITH:	Ex	ecutiv		ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/07/2023	Aggregate contributions \$125.00			
Last Name		Firs					M.I.
Foglio		Ch	ris				
Residential Street Address	City	_			State	Zip Code	
111 Mercer St	Princeto	on			NJ	08540-	809
Principal Occupation Owner			of Employer nmunity Investme	nts Strategies, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality with the contribution is in excess of municipality with the contribution is in excess of municipality with the contri	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Section L1? Section L1? Section L1? Section L1?		or pros	spective state contractor	r es		\$	1,000.00
If yes, list Event # branches of government the contract is with.	Exc	ecutiv	e Legisla	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 05/17/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Cordero		Saı	ntos				
Residential Street Address 187 Sherman St	City Stratford	d			State CT	Zip Code 06615-6	249
Principal Occupation Owner			of Employer er Level Construc	ction LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a Is contributor a principal of a state of the section of				☐ Yes		\$	1,000.00
Method of contribution:		cutive	Date Received	Aggregate contributions			
Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	vioney Orde	a'	06/07/2023	\$1,000.00			

SUBTOTAL Section B - This Page	\$2,100.00
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

0	21	- 6	
Page	41	of	54

NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repos	itory)		TYPE OF REPORT	No.		
Ganim for Bridgeport 23				July 10 filing			
A. Total Contributions from Small Contributors - Received	this Period ()	NLY					
(See instructions for definition of Small Contributor)		Subtetai	Section /	4			\$0.00
R. Itemiz	ed Contributi	ions from Ind	ividuals	A CONTRACTOR		Chief Transport	450cm
Last Name		First			220234 545		M.I.
Nunuez		Soledad					χ:
Residential Street Address	City	'			State	Zip Code	
780 Seaview Ave, Unit 6	Bridgep	ort			СТ	06607-1	1633
Principal Occupation		Name of Employ					
Manager		Power Huma	inity LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business l	he/she is associate			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a Is contributor a principal of If yes, indicate which brain branches of government the section of the principal of the principal of If yes, indicate which brain branches of government the principal of the principal of If yes, indicate which brain branches of government the principal of If yes, indicate which brain branches of government the principal of If yes, indicate which brain branches of government the principal of If yes, indicate which brain branches of government the principal of If yes, indicate which brain branches of government the principal of If yes, indicate which brain branches of government the principal of If yes, indicate which brain brain branches of government the principal of If yes, indicate which brain brai	nch or			✓ No		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Rec		Aggregate contributions \$1,000.00			
Last Name		First	2020	\$1,000,00			M.I.
Dippolito		Jeanette					IVI
Residential Street Address	City	1 44		····	State	Zip Code	
1615 Mayflower Ave	Bronx				NY	10461-4	817
Principal Occupation		Name of Employ	er				
Teacher		New York Cit	ty Public	Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality valued at municipality valued at municipality.	butor or business b	ne/she is associated			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which branches in the section L1?		or prospective stat	e contractor	□ 100		\$1	,000.00
If yes, list Event # 062923a No branches of government the	e —	ecutive	Legisla	wive ✓ No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Orde	Date Rec 06/27/2		Aggregate contributions \$1,000.00		_	
Last Name		First					MI
Curnings		Margaret					
Residential Street Address	City	•			State	Zip Code	
18 April Ln	Sheiton				СТ	06484-5	728
Principal Occupation Business Owner		Name of Employe MacKenzie P		Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution.	outor or business h	e/she is associated			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 042023a Is contributor a principal of a sevent reported in Section L1? If yes, indicate which branches of government the contract is with:	nch or	or prospective state	Legisla	∐ tes ✓ No		\$1	,000.00
Method of contribution		Date Reco		Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Orde			\$1,000.00			

\$3,000.00	SUBTOTAL Section B - This Page
\$62,825.00	TOTAL of Section B Pages
\$62,825.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
φυ2,023.00	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repor	sitory)		TYPE OF REPORT		The House	Assault .
Ganim for Bridgeport 23				July 10 filing			a por racina de la pr
A. Total Contributions from Small Contributors - Received th	is Period C	NLY					
(See instructions for definition of Small Contributor)			Subtutal Section	A			\$0.00
R. Itemized	Contribut	ions i	irom Individuals				Market Barrey
Last Name		Firs	t				M.I.
Badillo		Ed	gar				2000
Residential Street Address	City	1	-		State	Zip Code	
184 Funston Ave	Bridger	oort			СТ	06606-	3036
Principal Occupation			of Employer				
Tech		Pen	sioned Soc. Sec				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business	he/she			Аточп	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a section L1? If yes, indicate which branch		or pros	pective state contracto	:≈		\$	1,000.00
If yes, list Event # 060723a No branches of government the contract is with:	Ex	ecutiv	e Legis	lative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/07/2023	Aggregate contributions \$1,000.00			
Last Name		First					I,M
Hemandez		Doi	rca				
Residential Street Address	City	<u> </u>			State	Zip Code	
1928 Seaview Ave	Bridge	ort			СТ	06610-2	2732
Principal Occupation Unemployed		I	of Employer mployed				·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st If pes, indicate which branch No branches of government the		or pros	pective state contracto	L 163			\$20.00
If yes, list Event # 0007 25a contract is with	☐ Ex	ecutiv	e Legis	lative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/07/2023	Aggregate contributions \$20.00			
Last Name		First					MI
Mobilio Residential Street Address	1.0	Vin	cent				J
1920 Madison Ave	City Bridgep	ort			State CT	Zip Code 06606-4	058
Principal Occupation Economic Development			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or pros	pective state contracto	r? ☐ Yes ☑ No			\$200,00
If yes, list Event # 000725a contract is with:	Exc	ecutive	Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Payroll Deduction	Manny Ords		Date Received 06/07/2023	Aggregate contributions \$575.00			

\$1,220.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repositor	(יני	TYPE OF REPORT		意大利な	100000
Ganim for Bridgeport 23	<u></u>		July 10 filing			
A. Total Contributions from Small Contributors - Received this Per	ried ONI	LY				
(See instructions for definition of Small Contributor)		Subtetal Section A				\$0.00
B. Itemized Coat	tribution	s from Individuals	ENG SERVICE CO	LICE BELL	ASSESSMENT	
Last Name	F	First		-34 (1986-1199)	CONTRACTOR SECURITION	M.L
Mercado	l e	Elsie				
Residential Street Address Cit	ty			State	Zip Code	<u> </u>
269 Barnum Ave, Apt 2B Bri	ridgeport	t		СТ	06608-	2261
Principal Occupation	Na	ame of Employer			'	
Homemaker	H	omemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 in municipality does contributor or but municipality valued at more than \$50 in the contributor or but municipality valued at more than \$50 in the contributor or but municipality valued at more than \$50 in the contribution is in excess of \$400 in the contribution in the contribution is in excess of \$400 in the contribution in the contribution is in excess of \$400 in the contribution in the contribution is in excess of \$400 in the contribution in the contrib	isiness he/sl			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a Is contributor a principal of a state cont if yes, indicate which branch or branches of government the	tractor or p		∐ Tes √ No			\$25.00
Method of contribution:	ney Order	Date Received 06/07/2023	Aggregate contributions \$25.00			
Last Name	F	irst				M.I.
Williams	s	Sharon				
Residential Street Address City	•			State	Zip Code	
	idgeport			СТ	06610-	3236
Principal Occupation Homemaker		me of Employer Omernaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or bus municipality valued at more than \$5	siness he/sh			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? No N	tractor or p	rospective state contractor	∐≀ສ			\$250.00
If yes, list Event # 060723a branches of government the contract is with:	Execut	tive Legisla	tive No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Order	Date Received 06/07/2023	Aggregate contributions \$250.00			
Last Name	Fi	irst				M.L
Debrah	F	rancis				
Residential Street Address City	•			State	Zip Code	
	rwaik			СТ	06851-4	1834
Principal Occupation Owner	I	me of Employer Afari 77 Cuisine				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or bus municipality valued at more than \$5.	siness he/sh			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # 060723a Is contributor a principal of a state contributor aprincipal of a state	Execut		∐ Yes √No			\$250.00
Method of contribution:	ey Order	Date Received 06/07/2023	Aggregate contributions \$250.00			
		1				

\$525.00	SUBTOTAL Section B - This Page
\$62,825.00	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

I. MONETARY RECEIPTS (Sections A-K) Page 24 of 54

NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Rep	ository)	加热的原则	TYPE OF REPORT			21657
Ganim for Bridgeport 23				July 10 filing			
A. Total Contributions from Small Contributors - Receiv	red this Period	ONLI					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
R. Ites	nized Contribu	tions	from Individuals		Televall.	E 500	145,763
Last Name		Fire	st .				M.I.
Chapatwala		Hii	ren				
Residential Street Address	City				State	Zip Code	
370 Highland St	West	Haven	<u> </u>		СТ	06516	-3522
Principal Occupation		1	e of Employer				
Retired		Reti	red				
	ontributor or busines	s he/she	committee for a chief is associated with have Yes		Amour	t of Con	tribution
Is this contribution associated with an Yes Is contributor a principal	d of a state contracto	r or pro	spective state contracto	r? ☐ Yes	1		****
If pes, indicate which				✓ No			\$250.00
If yes, list Event # contract is with:	E	xecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	uction Money Or	der	Date Received 06/17/2023	Aggregate contributions \$250.00			
Last Name		Firs	t				MLI
Hernandez		Sa	ndra			_	
Residential Street Address	City				State	Zip Code	
44 Elmwood Pl	Bridge	`	<u>-</u>		СТ	06605-	1406
Principal Occupation Retired		Name Reti	of Employer red				
	ntributor or business	he/she	committee for a chief is associated with have		Amoun	t of Con	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of Yes, indicate which		r or pros	pective state contractor	? Yes			\$250.00
If yes, list Event # 060723a No branches of government contract is with:	nt the	xecutiv	e Legisla	✓ No			•
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Dedu	sction Money Or	der	Date Received 06/07/2023	Aggregate contributions \$250.00			
Last Name		First		•	-		M.I.
Domond		Edi	ice				i l
Residential Street Address 229 Pleasantview Ave	City Bridge	port			State CT	Zip Code 06606-	3747
Principal Occupation Retired	<u> </u>	Name Retii	of Employer red				
	atributor or business	he/she i	committee for a chief es associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal event reported in Section L1? If yes, indicate which I		or pros	pective state contractor	L res			\$250.00
If yes, list Event # 060723a No branches of government contract is with:	it the	cecutive	eLegisla	utive No			
Method of contribution Cash Personal Check Credit/Debit Card Payroll Deduc	ction Money Ore	ler	Date Received 06/07/2023	Aggregate contributions \$250.00			

\$750.00	SUBTOTAL Section B - This Page			
\$62,825.00	TOTAL of Section B Pages			
E62 925 00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
\$62,825.00	(Enter total on Line 13, Column A of Summary Page			

Page	25	of	5
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Ganim for Bridgeport 23	-					
			July 10 filing			
A. Tetal Contributions from Small Contributors - Received this Peri	ed ON	LY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contr	ribution	s from Individuals				1,000
Last Name	1	First				M.I.
Varela	- 1	Cintia				
Residential Street Address City	,			State	Zip Code	
68 Locust St Brid	dgepor	t		СТ	06610-	1718
Principal Occupation		ame of Employer				
Real Estate Agent	[K	eller Williams				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	siness he/s			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a Is contributor a principal of a state contributor a pri	Execu	_	. ∐Yo			\$250.00
Method of contribution	ey Order	Date Received 06/07/2023	Aggregate contributions \$250.00			
Last Name	F	First			_	M.L
Meehan	1	Michael				S
Residential Street Address City				State	Zip Code	
	dgeport			СТ	06605-	3529
Principal Occupation Attorney		ame of Employer lichael Meehan				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busing municipality valued at more than \$5.	iness he/s			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contributor aprincipal of a	ractor or p	prospective state contractor?	res			\$250.00
If yes, list Event # 060723a No branches of government the contract is with:	Execu	ntive Legisla	tive No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 06/07/2023	Aggregate contributions \$350.00			
Last Name	F	rst				M.I.
Ortiz	J	lose				<u> </u>
Residential Street Address City				State	Zip Code	
	dgeport			СТ	06606-1	1037
Principal Occupation Retired		me of Employer etired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busing municipality valued at more than \$5.	iness he/st			Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state contributor aprincipal o	actor or p	rospective state contractor?	☐ Y es			\$250.00
If yes, list Event # 060723a No branches of government the contract is with.	Execu	tive Legislat	ive No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 06/07/2023	Aggregate contributions \$700.00			

\$750.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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Last Name	NAME OF COMMITTEE (Provide Complete Name as R	egistered with F	iling Repo	sitory)		TYPE OF REPORT	设施 设备	Alexandray	550,000
See instructions for definition of Small Centributions State Sta	Ganim for Bridgeport 23					July 10 filing			
Residential Street Address 24A Stone Ridge Rd Stage Retired Stage Defense Retired Amount of Contribution associated with an excess of \$400 to a candidate contractor or prospective state contractor?	A. Total Contributions from Small Contributors -	Received this	Period C	NLY					
Lest Name Residential Street Address Stephen MI	(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
Neilson Residential Street Address 24A Stone Ridge Rd City Bridgeport Retired Is contributor a lobbyst, spouse, or dependent child of a lobbyst? No Is this contributor a spociated with an event reported in Section L1? If yes, list Event # 0607238 Method of Contribution: Last Name Ballester Is contributor a lobbyst, spouse, or dependent child of a lobbyst? No Is contributor a principal of a state contractor or prospective state contractor? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business briche is associated with have a contract with said municipality valued at more than \$5,000? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business briche is associated with have a contract with said municipality does contributor or prospective state contractor? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business helds in associated with have a contract with said municipality does contributor or business helds in associated with have a contract with said municipality does contributor or business helds in associated with have a contract with said municipality does contributor or business helds in associated with have a contract with said municipality does contributor or business helds in associated with have a contract with said municipality does contributor or business helds in associated with have a contract with said municipality does contributor or principal of a state of the principal o		B. Itemized (ontribut	ions fr	om Individuals		the sta		
Residential Street Address 24A Stone Ridge Rd City Stridge Port CT O6606-2576	Last Name			First			100000000000000000000000000000000000000		M.I.
24A Stone Ridge Rd Bridgeport Retired Name of Employer Retired Personal Cocupation Personal Check Credit/Debit Card Payroll Deduction Money Order Ode (Address) Personal Cocupation Personal Check Credit/Debit Card Payroll Deduction Money Order Ode (Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received of Aggregate countrative with said municipality valued at more than \$5.000? Yes No	Nelson			Step	hen				м
Principal Occupation Refired Scontributor a lobbysist, spouse, or dependent child of a lobbysist? Yes If contributor a principality valued at more than \$5,000? Yes	Residential Street Address		City				State	Zip Code	:
Retired Retired Retired Retired Retired	24A Stone Ridge Rd		Bridger	oort			СТ	06606	-2576
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? State	•	-							
municipality does contributor or business he/sbe is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Method of contribution Credit/Debit Card Payroll Deduction Money Order Date Received O6/07/2023 S575.00 MIL Juan State	Retired			Retire	ed				
event reported in Section L1? ### West, list Event # 060723a	dependent child of a lobbyist?	ty does contributor	or business.	he/she is	associated with have	a contract with said	Amoui	at of Con	tribution
Method of contribution: Date Received Aggregate contributions State CT O6614-4658		a principal of a stat	te contractor	or prosp	ective state contracto	or? Yes	1		* 400.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/07/2023 \$575.00 Last Name First Juan Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/07/2023 \$575.00 MAIL State Personal Check Credit/Debit Card Payroll Deduction Money Order 06/07/2023 \$575.00 MIL State City State City Code CT 06614-4658 Principal Occupation Retired Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? Yes Personal Check Credit/Debit Card Payroll Deduction Money Order Data Received O4/17/2023 \$50.00 Martinez First Mil Cash Martinez State Contributions State Contribution State Contributions Stat	If yes, muca		_				1		\$400.00
Cash	COULTRACT IS WI		Ex	ecutive	Legis	lative			
Ballester State Stratford		yroll Deduction	Money Ord	ler			1		
Residential Street Address 445 Light St Stratford Stratford Stratford CT 06614-4658 Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order City Stratford CT 06614-4658 Amount of Contribution of a chief executive officer of a municipality does committee for a chief executive officer of a municipality valued at more than \$5,000? Yes VNO Is contribution a spincipal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order First Eneida M.I. Martinez	Last Name			First					M.I.
At Stratford Stratford Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If contribution a sin 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? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order First Eneida CT 06614-4658 CT 06614-4658 CT 06614-4658 CT 06614-4658 CT 06614-4658 Amount of Contribution associated with have a contract with said municipality valued at more than \$5,000? Yes Voo S50. Amount of Contribution Scotion L1? Yes If yes, indicate which branch or branches of government the contract is with: First M.I. Martinez	Ballester			Juan	1				
Principal Occupation Retired Name of Employer Retired Retired	Residential Street Address		City				State	Zip Code	
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If committee for a chief executive officer of a municipality does communicately does communicately valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order First Martinez Retired Amount of Contribution associated with have a contract with said municipality valued at more than \$5,000? Yes Vo Yes If committee for a chief executive officer of a municipality does communities for a chief executive officer of a municipality valued at more than \$5,000? Yes Vo Spound of Contribution Yes If yes, indicate which branch or branches of government the contract is with: Date Received O4/17/2023 Spound Aggregate contributions O4/17/2023 Spound MI. Martinez	445 Light St		Stratfor	d			СТ	06614-	4658
dependent child of a lobbyist? No	CALCON AMERICAN								
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name Martinez Yes If yes, indicate which branch or branches of government the contract is with: Date Received O4/17/2023 \$50.00 Aggregate contributions \$50.00	dependent child of a lobbyist?	y does contributor	or ousiness l		associated with have	a contract with said	Amous	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name Martinez Legislative Date Received 04/17/2023 \$50.00 First Eneida	event reported in Section L1? Yes If wes, indicate			ог ргозре	ctive state contracto	□ 163]		\$50.00
Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order 04/17/2023 \$50.00 Last Name Martinez First Eneida M.I.	If yes, list Event # contract is wit		Exe			ative No			
Martinez Eneida		roll Deduction	Money Orde						
	Last Name			First					M.I.
Pariderial Court Address	Martinez			Eneid	da				
PO Box 55052 Bridgeport CT 06610-5052	Residential Street Address PO Box 55052		City Bridgep	ort			State	Zip Code 06610-	5052
Principal Occupation Name of Employer Unemployed Unemployed	· · · · · · · · · · · · · · · · · · ·						<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes Amount of Contribution	dependent child of a lobbyist?	does contributor of	400 to a can or business h	didate co	mmittee for a chief associated with have	a contract with said	Amoun	t of Cont	ribution
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If yes, list Event # 060723a No branches of government the contract is with: Executive Legislative	If yes, list Event # 060723a No branches of go contract is with	vernment the		cutive	Legisla	∡ No ative			381
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions 06/07/2023 \$100.00		roll Deduction	Money Orde						

\$500.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT	STEVEN	Real Property	the sale
Ganim for Bridgeport 23				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section /			- 1	\$0,00
B. Itemized (Contribut	ioas f	irom Individuals			STATE OF	
Last Name		Firs	t				M.I.
Martinez		Lyc	dia				N
Residential Street Address	City				State	Zip Code	<u> </u>
92 Grant St	Bridger	ort			СТ	06610-	2708
Principal Occupation City Clerk		1	of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more than the contributor municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the cont	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a Is contributor a principal of a state of the section L1? If yes, list Event # 060723a Is contributor a principal of a state of the section L1? If yes, list Event # 060723a	r	or pros	_	√ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/07/2023	Aggregate contributions \$190.00			
Last Name		Firs					M.I.
Morales		Tar	mar				İ
Residential Street Address	City				State	Zip Code	
304 Huntington Rd	Bridgep				СТ	06608-	1104
Principal Occupation Administrative Specialist			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a Is contributor a principal of a state of the section L1? If yes, list Event # 060723a Is contributor a principal of a state of the section L1? If yes, list Event # 060723a	r	or pros	_	∐ Tes V No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 06/07/2023	Aggregate contributions \$100.00			
Last Name		First					MI
Zamora		Eliz	abeth				Р
Residential Street Address 812 Pacific St	City Stamfor	ď			State CT	Zip Code 06902-7	7330
Principal Occupation Executive Assistant		177	of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of summiring ality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a Is contributor a principal of a state of the section L1? If yes, list Event # 060723a Is contributor a principal of a state of the section L1? If yes, list Event # 060723a	r _	or pros		∐ Yes ✓ No			\$50.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	tr i	Date Received 06/07/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$150.00
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

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repos	sitory)		TYPE OF REPORT			AND SOL
Ganim for Bridgeport 23	im for Bridgeport 23 July 10 filing						
A. Total Contributions from Small Contributors - Received t	his Period C	DNLY					
(See instructions for definition of Small Contributor)		5	Subtetal Section A				\$0.00
B. Itemize	d Contribut	tions fro	un Individuals			T2.00 20	93508KT
Last Name		First				A CONTRACTOR	MI
Palmer		Doug	glas				
Residential Street Address	City		<u> </u>		State	Zip Code	1
1970 Brunswick Ave	Lawren	nce			NJ	08648-	4678
Principal Occupation		1	f Employer				
Consulting		Dougla	as H Palmer & /	Associates, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution.	utor or business	he/she is a			Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a	state contractor	L ot brosbe	ctive state contractor	? Yes			\$500.00
event reported in Section L1? If yes, list Event # If yes, indicate which branches of government the contract is with:		xecutive	Legisla	■ No ative			\$300.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	,	Date Received 05/17/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.L
Perez		Rosa	l				н
Residential Street Address	City				State	Zip Code	
76 Evers PI	Bridgep	port			СТ	06610-1	1430
Principal Occupation Retired		Name of Retired	f Employer d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality.	utor or business	he/she is a			Amoun	t of Cont	ribution
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If yes, list Event # 060723a No branches of government the contract is with:		ecutive	Legisla	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Received 06/07/2023	Aggregate contributions \$500.00			
Last Name		First	,				M.I.
Silva		Carlo	s				1
Residential Street Address	City	1			State	Zip Code	
66 Cleveland Ave	Bridgep	port			СТ	06606-5	209
Principal Occupation		1	Employer				
Owner		Silva E	Enterprises LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality valued at mo	ntor or business l	he/she is a		40 79	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060723a No Is contributor a principal of a lf yes, indicate which branch branches of government the contract is with	ah or	100	_	☐ IES			\$500.00
- Contract is with		ecutive	Legisla	200 111			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 06/07/2023	Aggregate contributions \$1,000.00			

\$1,500.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Fi	ing Repos	itory)		TYPE OF REPORT	PORT		
Ganim for Bridgeport 23 July 10 filing								
A. Total Contributions from Small Contributors - Re	ceived this	Period O	NLY					
(See instructions for definition of Small Contributor)	See instructions for definition of Small Contributor) Subtatal Section A					\$0.00		
	Itemized C	ontributi	ons f	rom Individuals				
Last Name			First		 			M.I.
Cifelli			Arti	hur				
Residential Street Address		City	_			State	Zip Code	
5 Debra Ln		Basking	Ridg	j e		NJ 07920-1907		
Principal Occupation				of Employer	"			
Principal Consultant			Cap	tol Associates				
dependent child of a lobbyist? No municipality do municipality va	es contributor dued at more th	or business l nan \$5,000?	ne/she i	committee for a chief is associated with have Yes	a contract with said No	Amoun	t of Cont	ribution
TES	33		or pros	pective state contracto	r? ☐Yes			\$500.00
No branches of gove		_	150		✓No			***************************************
If yes, list Event # contract is with		Ex	ecutiv					
Method of contribution Cash Personal Check Credit/Debit Card Payroll	Deduction _	Money Ord	er	Date Received 05/07/2023	Aggregate contributions \$1,000.00			
Last Name			First			•		M.I.
Alvarado			Jes	sica	112			
Residential Street Address		City			· · · · · · ·	State	Zip Code	
942 Grand St		Bridgep	ort			СТ	06604	2679
Principal Occupation Accountant				of Employer uer Corp				
	es contributor	or business l		committee for a chief is associated with have Yes		Amoun	t of Cont	ribution
VITES			or pros	pective state contracto	r? ☐Yes			\$600.00
free list Freet # 060723a No branches of government of the branches of government of government of the branches of government of g		_	ecutiv	e 🗍 Legisl	✓ No ative			4000.00
Method of contribution:	Deduction			Date Received 06/07/2023	Aggregate contributions \$600.00			
Last Name			First					M.I.
Andrews			Cov	vlis				
Residential Street Address		City		· . <u>-</u>		State	Zip Code	
46 Jennifer Dr		Bridgep	ort			СТ	06610-	1000
Principal Occupation Project Manager				of Employer e of Connecticut				
dependent child of a lobbyist?Nomunicipality do municipality va	es contributor dued at more th	or business I an \$5,000?	ne/she i	committee for a chief s associated with have Yes	a contract with said No	Amoun	t of Cont	ribution
event reported in Section L1? If yes, indicate w	vhich branch or		or pros	pective state contracto		\$80.00		
If yes, list Event # 060723a No branches of government is with:	rnment the	Ex	ecutiv	eLegisl	ative No			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll	Deduction	Money Ord	er	Date Received 06/07/2023	Aggregate contributions \$555.00			

SUBTOTAL Section	B - This Page \$1,180.00
TOTAL of Se	tion B Pages \$62,825.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Se (Enter total on Line 13, Column A of S	30Z.0Z3.UL

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Last Name First Starmford Starmfor	NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT	CHE	10717	(10 m)
Substantial Servet Address Substantial Se	Ganim for Bridgeport 23				July 10 filing	ıg		
Substantial Servet Address Substantial Se	A. Total Contributions from Small Contributors - Received this	Period C	NLY					
Last Name First Jeremry State Correction State Ciry Stamplorer Live Nation Entertainment Last Name Contributor of building whole at more than \$5,000? Yes If contribution is in excess of \$400 to a candidate committee for a chaff executive officer of a municipality valued at more than \$5,000? Yes No Stamplorer Live Nation Legislative No State Contributor of building whole at more than \$5,000? Yes No State Contributor of building whole at more than \$5,000? Yes No State Contributor of building whole at more than \$5,000? Yes No State Contributor of building whole at more than \$5,000? Yes No State Contributor of building whole branch or branches of government the Contributor of building whole at more than \$5,000? Yes No State Contributor of building whole at more than \$5,000? Yes No State Contributor of building whole at more than \$5,000? Yes No State Contributor of building which branch or branches of government the Contributor of building which branch or branches of government the Contributor of building which branch or branches of government the Contributor of building which branch or branches of government the State Ciry State Ciry State Ciry Contributor of building which branch or branches of some state Ciry Contributor of building which branch or branches of some state Ciry Contributor of building which branch or branches of some state Ciry Contributor of building which branch or branches of some state Ciry Contributor of building which we contributor of branches of some shade which branch or branches of some shade which branch or branches of some shade which branch or branches of sovernment the Contributor of branches branches Ciry Contributor Contributor Ciry Contributor Cir	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER							\$0.00
Season S		Contribut	ions 1	rom Individuals		(Jessa	Section	发起 报
Residential Street Address 46 Brookdale Rd First pand Cooparition Talent Buyer Lis contributor a lobbyint, spouse, or dependent child of a lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse,	Last Name		Firs					M.I.
Residential Street Address 46 Brookdale Rd First pand Cooparition Talent Buyer Lis contributor a lobbyint, spouse, or dependent child of a lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse, or lobbyist, spouse,	Konlik		Jer	emv				
46 Brookdale Rd Principal Occupation Talent Buyer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of Contribution: State Name Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received of Section L1? Manual of Employer Live Nation Entertainment	•	City	1 00.			State	Zin Code	<u> I</u>
Name of Employer State Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business befole is associated with have a contract with said municipality does contributor or business befole is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event ported in Section L1? Yes No So contribute or business befole is associated with have a contract with said municipality valued at more than \$5,000? Yes Yes No Is this contribution associated with an event ported in Section L1? Yes If contribution Noney Order Data Received O6/28/2023 \$1,000.00 Last Name First Linda State Zip Code CT O6612-1616 Fracipal Docupation Noney Order Name of Employer No Support No		1	rd					4117
Live Nation Entertainment Live Nation Entertainment Live Nation Entertainment		I	Name	of Employer				
Second contribution associated with an event reported in Section L1? Yes Fust Linda	Talent Buyer		Live	Nation Entertain	ment			
State Personal Check Credit/Debit Card Payroll Deduction Mosey Order Date Received Aggregate contributions State Aggregate Contribution State Aggregate Contributions State Aggregate Co	dependent child of a lobbyist? municipality does contributor	or business		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of combution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions \$1,000.00 Last Name Cronin Linda First Linda Cronin Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions \$1,000.00 Residential Street Address City Easton CT O6612-1616 Principal Occupation Attorney State CT O6612-1616 Name of Employer Cronin & Byczek LLP State Cronin & Byczek LLP Is contribution associated with an Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Ves	event reported in Section L1? If yes, indicate which branch of		or pros	pective state contractor			\$	1,000.00
Cash	If were high Expent # UOZSZSA	☐ Ex	ecutiv	e Legisla	ative			
Cronin Linda		Money Ord	er					
Residential Street Address 62 Burr St City Easton State City O6612-1616	Last Name	T	First					MI
Easton CT 06612-1616 Principal Occupation Attorney Cronin & Byczek LLP Is contributor a lobbyist, spouse, or dependent child of a lobbyst?	Cronin		Line	da				
Name of Employer Cronin & Byczek LLP	Residential Street Address		**			l .		
Attorney Cronin & Byczek LLP	62 Burr St	Easton				СТ	06612-	1616
mmicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes VNo Is this contribution associated with an event reported in Section L1? Yes, microate which branch or branches of government the contract is with: Method of contribution:								
State City State Address A	dependent child of a lobbyist? municipality does contributor	or business		s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O6/28/2023 \$500.00 Last Name Gurevich Residential Street Address 47 Charcoal Hill Rd Principal Occupation Attorney State CT O6880-1635 Name of Employer Contribution a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution and the local contribution of the contribution of the local contribution of the local contribution of the local committee for a chief executive officer of a Amount of Contribution of Contribution of the local committee for a chief executive officer of a Amount of Contribution	event reported in Section L1?		or pros	pective state contractor	□ 1.00			\$500.00
Cash Personal Check Coredit/Debit Card Payroll Deduction Money Order 06/28/2023 \$500.00 Last Name First MI. Gurevich Alex Residential Street Address 47 Charcoal Hill Rd Westport State CT 06880-1635 Principal Occupation Attorney Name of Employer Continental Reality LLC Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution	If yes, list Event # 002923et contract is with:	Ex	ecutiv		ative			
Gurevich Residential Street Address 47 Charcoal Hill Rd City Westport City Westport Name of Employer Continental Reality LLC State CT 06880-1635 Name of Employer Continental Reality LLC Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution		Money Ord	er					
Residential Street Address 47 Charcoal Hill Rd Westport City Westport Vestport Name of Employer Continental Reality LLC Is contributor a lobbyist, spouse, or Yes								MI
47 Charcoal Hill Rd Westport CT 06880-1635 Principal Occupation Attorney Name of Employer Continental Realty LLC Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution.			Ale	x				
Attorney Continental Realty LLC Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution with the contribution of the c			rt					635
Amount of Contributes	•				С		<u> </u>	·
✓ No municipality valued at more than \$5,000? Yes ✓ No	dependent child of a lobbyist? municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Cont	ribution
if yes, indicate which orange of	event reported in Section L1? If yes, indicate which branch or		or pros	pective state contractor	L 1 es	\$1,000.00		
If yes, list Event # 062923a No branches of government the contract is with:	If yes, list Event # 062923a No branches of government the contract is with.		ecutiv		ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/29/2023 \$1,000.00		Money Orde	er					

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$62,825.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$62,825.00
(Enter total on Line 13, Column A of Summary Page	φυ2,023.0C

NAME OF COMMITTEE (Provide Complete No	une as Registered with Fi	ling Repos	itory)		TYPE OF REPORT	OF REPORT		
Ganim for Bridgeport 23					July 10 filing			
A. Total Contributions from Small Contrib	outors - Received this	Period O	NLY					
(See instructions for disfinition of Small Contribut				Subtotal Section A				\$0.00
	B. Itemized C	outribut	ioss fr	om Individuals		ALC: N		
Last Name			First					
Gottesman			Abra	ham				
Residential Street Address		City				State Zip Code		
7 Rita Ave, Apt H		Monsey	y			NY	10952-6	602
Principal Occupation			ł .	f Employer				
Owner				Garden Manage				
dependent child of a lobbyist?	f contribution is in excess of numicipality does contributor nunicipality valued at more th	of \$400 to a candidate committee for a chief executive officer of a or or business he/she is associated with have a contract with said than \$5,000? Yes Amount of C			t of Cont	ribution		
	ontributor a principal of a stat	e contractor	or prosp	ective state contractor	? Yes		•	1,000.00
event teborted in Section 111	yes, indicate which branch of	r		200	✓ No		•	1,000.00
1 *C	anches of government the ntract is with:	Ex	ecutive	Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Goodman			Alys	е				
Residential Street Address	- : <u>-</u>	City				State	Zip Code	
13 Gull Point Rd		Hilton F	Head Is	land		SC	29928-4	1154
Principal Occupation Retired			Name o	of Employer ed				
dependent child of a lobbyist?	f contribution is in excess of nunicipality does contributor nunicipality valued at more the	or business	he/she is	ommittee for a chief associated with have Yes	executive officer of a a contract with said	Amour	t of Cont	ribution
V I I I I I I I I I	ontributor a principal of a stat		or brosb	ective state contractor	r? ∐Yes		s	1,000.00
event reported in Section L17	yes, indicate which branch o anches of government the	_	cecutive	Legisl	✓ No	of .	*	,,,,,,,,,,
	ntract is with:		T	Date Received	Aggregate contributions	-		
Method of contribution: Cash	Payroll Deduction	Money Ord	ter	06/29/2023	\$1,000.00			
Last Name			First			1		M,I.
Watson			Don	na				'
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	City	1	 		State	Zip Code	-
16 Valley View Rd		Trumbu	ull			СТ	06611-3	3812
Principal Occupation Homemaker				of Employer emaker				
Is contributor a lobbyist spouse, or Yes	f contribution is in excess of	£400 to a aa	andidata d	ommittee for a chief	everytive officer of a	Τ.		
dependent child of a lobbyist?	municipality does contributor nunicipality valued at more the	or business han \$5,000?	he/she is	associated with have	a contract with said No	Amou	at of Cont	ribution
	ontributor a principal of a stat		or prosp	ective state contracto	r? Yes		\$	1,000.00
form list Event # 062923a	yes, indicate which branch o anches of government the	_	xecutive	Legisl	✓ No ative		•	-,,-
	ntract is with:			Date Received	Aggregate contributions	1		
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	der	06/29/2023	\$1,000.00	. 1	<u>-</u>	

\$3,000.00	SUBTOTAL Section B - This Page
\$62,825.00	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

I. MONETARY RECEIPTS (Sections A-K) Page 32 of 54

Ganim for Bridgeport 23 A. Tetal Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor) B. Itemized C. Last Name Watson Residential Street Address 15 Wildfire Ln Principal Occupation Retired		First Step	Subtotal Section A	July 10 filing			\$0.00
(See instructions for definition of Small Contributor) B. Itemized Contributor Residential Street Address 15 Wildfire Ln Principal Occupation	City	First Step	om Individuals				\$0.00
R. Itemized Co Last Name Watson Residential Street Address 15 Wildfire Ln Principal Occupation	City	First Step	om Individuals			400	\$0.00
Last Name Watson Residential Street Address 15 Wildfire Ln Principal Occupation	City	First Step				ASSESSED FOR	OF STREET
Watson Residential Street Address 15 Wildfire Ln Principal Occupation	-	Step	phanie		NO THE PERSON		
Residential Street Address 15 Wildfire Ln Principal Occupation	-	1	hanie				M.I.
15 Wildfire Ln Principal Occupation	-	1					0
Principal Occupation	-				State	Zip Code	
		rII			СТ	06611-	2659
Detired		Name o	of Employer				
1/6/1160		Retire	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ municipality does contributor of municipality valued at more the	r business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the st	contractor	or prosp	ective state contractor	? Yes		\$	1,000.00
If yes, list Event # 062923a No branches of government the contract is with:	☐ Exc	ecutive	Legisla	☑ No ative		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name		First			-		M.I.
Fidelman		Jeffr	еу				
Residential Street Address	City				State	Zip Code	
215 Acorn Ln	Southpo	ort			CT	06890-1	293
Principal Occupation Consultant			f Employer nan & Co				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more than the second of \$\frac{1}{2}\$ If contribution is in excess of \$\frac{1}{2}\$ If c	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch or	contractor	or prospe	ctive state contractor	□ 1 €2		\$1	1,000.00
If yes, list Event # 062923a No branches of government the contract is with:	Exe	cutive	Legisla	tive No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I
Massimino		Juliet	th				. !
Residential Street Address	City				State	Zip Code	
	Orange				СТ	06477-1	836
Principal Occupation Homemaker			fEmployer maker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business he				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a Is contributor a principal of a state of figures, indicate which branch or branches of government the		_		∐ res		\$1	,000.00
If yes, list Event # 002323ci contract is with:	Exe	cutive	Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction M	Ioney Order		Date Received 06/29/2023	Aggregate contributions \$1,000.00			

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

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with I	iling Repo	sitory)		TYPE OF REPORT	S12451.00	# TAGE 7 5	1.045.000
Ganim for Bridgeport 23 July 10 filing			July 10 filing			relia the av		
A. Total Contributions from Small Con	stributors - Received this	Period (DNL		,			
(See instructions for definition of Small Conti				Subtotal Section	٨			\$0.0
	B. Itemized	Contribut	ions !	from Individuals		1000	. Carry and the same	\$0.0
Last Name			Firs	AND THE RESERVE OF THE PARTY OF				MI
D'Addario			Siena					M.I.
Residential Street Address		City	316	ila .		1.6	I all a t	
8 Glovers Ln		Easton	n			State	Zip Code 06612-	
Principal Occupation			Name	of Employer			00012	-22 (7
Actress				a D'Addario				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said	Amoui	t of Con	tribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pros	pective state contracto	r? Yes	1	9	31,000.00
If yes, list Event # 062923a No	branches of government the contract is with.	_	ecutiv	e Legisl	ative No		·	.,
Method of contribution: Cash Personal Check Credit/Debit (Card Payroll Deduction	Money Ord	ет	Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name			First	<u> </u>	***	1		M.I.
Cartelli			Jac	queline				
Residential Street Address	-	City		•		State	Zip Code	1
30 Riverside Ave		Old Say	brool	•		CT	06475-	1415
Principal Occupation Interior Design				of Employer elli Designs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business b	ididate ie/she i	committee for a chief of associated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or		or prost	pective state contractor	? Yes		\$	1,000.00
If yes, list Event # 042023a No	branches of government the contract is with:	Exe	cutive	Legisla	ntive No	2		
Method of contribution: Cash Personal Check CC Credit/Debit C	ard Payroll Deduction	Money Orde	ır	Date Received 04/19/2023	Aggregate contributions \$1,000.00			
Last Name			First			<u> </u>		M.I.
Picarazzi		- 1	Guid	do				
Residential Street Address		City				State	Zip Code	
24 Hawks Ridge Dr Principal Occupation	<u></u>	Shelton				СТ	06484-5	659
President				of Employer & Sons Constru	ction			
s contributor a lobbyist, spouse, or lependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more than	r business he	didate o	committee for a chief exassociated with have a	xecutive officer of a contract with said	Amoun	of Contr	ibution
fyer, list Event # 062923a	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		r prosp	ective state contractor?	∐ tes		\$1	,000.000,
Aethod of contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Order		Date Received 06/29/2023	Aggregate contributions \$1,000.00			

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

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NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Reposi	itory)	TYPE OF REPORT	312 FE 618	Tri 267/4	OLITONATI
Ganim for Bridgeport 23	of following - to lend	CONTROL CONTROL CONTROL CONTROL	July 10 filing	REPRESENT GO	Medical Harris	
A. Total Contributions from Small Contributors - Receive	d this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
R Item	ized Contributi	ous from Individual		STATE OF	A Commission	Ψ0.0
Last Name		First			S. S. BERTSON,	M.L
Sachs		Matthew				
Residential Street Address	City			State	Zip Code	
57 Island View Ave	Branford	I		CT	06405-5	
Principal Occupation		Name of Employer				
Manager		Cherry Hill Construc	tion			
dependent caud or a lobbyist? No municipality does continuational municipality valued at	more than \$5,000?	didate committee for a chie e/she is associated with hav Yes	e a contract with said No	Amour	t of Cont	ribution
event reported in Section L1? Is this contribution associated with an event reported in Section L1? If pes, indicate which by		r prospective state contract	or? ∐Yes		•	1,000.0
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Last Name		First				M.I.
Gurevich	i	Ella				
Residential Street Address	City			State	Zip Code	
47 Charcoal Hill Rd	Westport			СТ	06880-1	635
Principal Occupation Hornemaker		Name of Employer Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excommunicipality does contribution with the contribution is in excommunicipality valued at a contribution is in excommunicipality valued at a contribution is in excommunicipality valued at a contribution is in excommunicipality valued at a contribution is in excommunicipality valued at a contribution is in excommunicipality valued at a contribution is in excommunicipality valued at a contribution is in excommunicipality.	ibutor or business he	idate committee for a chief /she is associated with have Yes	executive officer of a contract with said	Amoun	t of Contr	ibution
event reported in Section L1?	anch or	prospective state contracto	r? Yes		\$1	,000.00
If yes, list Event # 062923a No branches of government to	the Exec	utive Legisl	ative No			
Method of contribution: Cash Personal Check CCredit/Debit Card Payroll Deducti	on Money Order	Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name		First				M.I.
Gurevich	[]	Alexander				·
Residential Street Address	City	.		State	Zip Code	
47 Charcoal Hill Rd	Westport			СТ	06880-16	335
Principal Occupation Property Management		ame of Employer Continental Finance				
s contributor a lobbyist, spouse, or Yes If contribution is in exceed the pendent child of a lobbyist? If contribution is in exceed the pendent child of a lobbyist? If contribution is in exceeding the pendent child of a lobbyist? If contribution is in exceeding the pendent child of a lobbyist?	butor or business he/s	date committee for a chief of the is associated with have Yes	executive officer of a a contract with said No	Amount	t of Contri	bution
s this contribution associated with an vent reported in Section L1? Section L1? Yes Is contributor a principal of If yes, indicate which brain the brain the section L1? Yes, list Event # 062923a No	nch or	<u> </u>	Yes V No		\$1,	,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate contributions			

\$3,000.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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Can't not Bridgeport 23 A. Total Contributions Small Contributors Received this Period ONLY	NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ing Repos	itory)	TYPE OF REPORT	er see au	all and the same	
A Total Coastributions from Small Constributions - Received this Period ONLY				STATE OF THE PERSON NAMED IN	85 - SP 30 50 12	Market Co.	
Care instructions for definition of Small Contributory Subbotal Section A	A. Total Contributions from Small Contributors - Received this I	Period O	NLY	any to ming	-		
B. Hessidered Center/buttienss from Individuals Picarazzi				A			\$0.0
Piccariazzi	B. Itemized Co	ontributi	ions from Individual	en En Stantoner televisie	egue Vision	and the land	Ψ0.0
Piccarazzi	Last Name		First	Commence of the second state of the second			LMI
State State Address Single-port State State CT Coefficients State CT Coefficients State CT Coefficients State CT Coefficients CT Coefficients CT Coefficients CT CT CT CT CT CT CT C	Picarazzi		Michael				
Second contribution Section L17 Second Contribution Section L17 Se	Residential Street Address	City			State	Zin Code	
Is contributor a lobbyrist, spouse, or dependent child of a lobbyrist	160 Gilman St	Bridgep	ort				
Is contribution a lobbyrist, spouse, or dependent child of a lobbyrist? State Credit/Debit Card Payroll Deduction State Contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a manicipality value at more than \$5,000? Yes Yes Ves Ve			· ·			- 	
Amount of Contribution associated with an event reported in Section L1? Yes Instruction of Contribution associated with an event reported in Section L1? Yes Instruction of Contribution associated with an event reported in Section L1? Yes Instruction of Contribution associated with an event reported in Section L1? Yes Instruction of Contribution of Contribution Yes Yes Instruction Yes Yes Yes Instruction Yes Yes Yes Instruction Yes Yes Yes Yes Instruction Yes	Vice President		G Pic Construction				
sevent reported in Section L17 f/yes, lat Event # 062923a	dependent child of a lobbyist? No municipality does contributor or municipality valued at more than	r business h m \$5,000?	ne/she is associated with have	e a contract with said No	Amour	t of Con	tribution
Amount of Contribution State Contributi	event reported in Section I 12	contractor o	or prospective state contracto	or? Yes			#4 CO O
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order OB/29/2023 \$1,000.00 Last Name Scrivari Residential Street Address 72 Penonette St Bridgeport State Committee or a chief executive officer of a manicipality valued at more than \$5,000? Yes No Institution associated with an event reported in Section L1? Method of countribution: Last Name Principal Occupation Is outstributor a lobbytist, spouse, or dependent child of a lobbytist? No institution associated with an event reported in Section L1? Press, indicate which branch or branches of government the contract with with principal of a state contractor or prospective state contractor? Press indicate which branch or branches of government the contract with with principal of a state contractor or prospective state contractor? Principal Occupation Noticers City Bridgeport Name of Employer City of Bridgeport State City of Bridgeport Name of Employer City of Bridgeport Name of Employer City of Bridgeport Name of Employer City of Bridgeport State Zip Code Occupation Amount of Contribution Mosey Order No State City Bridgeport Name of Employer City of Bridgeport Name of Employer City of Bridgeport Name of Employer City of Bridgeport Amount of Contribution amount of Contribution State Name of Employer City of Bridgeport State Name of Employer City of Bridgeport No State No State No Occupation No State No Occupation No State No Occupation No No State No Occupation No No No State No No No No No No No No No N	If yes, list Event # 062923a No branches of government the contract is with.	Exe	cutive Legis	lative No			\$150.00
Residential Street Address 72 Penonette St Principal Occupation Pental Hygienist Is contributor a lobbyts, spouse, or dependent child of a lobbyts? State Spouse Spous	Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde			1		
Residential Street Address 72 Penonette St Principal Occupation Pental Hygienist State	Last Name		First		·		M.I.
T2 Penonette St Principal Occupation Pri	Scrivani		Marylou				1
Principal Occupation Dental Hygienist Is contributor a lobbysis, spouse, or dependent child of a lobbysis? No		•	·		State	Zip Code	<u> </u>
Dental Hygienist Failfield Dental Arts Failfield Dental Arts		Bridgepo	ort		CT	06606	
Is this contribution associated with an	Dental Hygienist	ļi	Fairfield Dental Arts				
Security Security	dependent child of a lobbyist? Max municipality does contributor or	business he	e/she is associated with have	a contract with said	Amoun	t of Cont	ribution
Date Received Date Received Date Received Date Received Date Received Date Received Date Received Od/19/2023 \$250.00	event reported in Section I 17	contractor of	r prospective state contracto	r? ☐Yes			\$250.00
Cash	If yet, list Event # 042023a No branches of government the	Exec	cutive Legisl	ative No			Ψ250.00
Vickers Residential Street Address Residential Street Address 881 Lafayette Blvd, Unit 1B Principal Occupation Director of Legislative Affairs State City Bridgeport Name of Employer City of Bridgeport State CT 06604-4723 Name of Employer City of Bridgeport State CT 06604-4723 Name of Employer City of Bridgeport State CT 06604-4723 Name of Employer City of Bridgeport State CT 06604-4723 Amount of Contribution associated with an average 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? State CT 06604-4723 Amount of Contribution associated with an average of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? State CT 06604-4723 Amount of Contribution associated with an average of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? State City of Bridgeport Amount of Contribution associated with an average of \$400 to a candidate committee for a chief executive officer of a municipality does contribution associated with have a contract with said municipality valued at more than \$5,000? State City of Bridgeport Amount of Contribution associated with an average of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? State City of Bridgeport Amount of Contribution associated with an average of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? State City of Bridgeport Amount of Contribution and the state contractor? State City of Bridgeport State City Officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive of a candidate committee for a chief executiv		Ioney Order					
Residential Street Address 881 Lafayette Blvd, Unit 1B Principal Occupation Director of Legislative Affairs State City Bridgeport Name of Employer City of Bridgeport Name of Employer City of Bridgeport State CT 06604-4723 Name of Employer City of Bridgeport Amount of Contribution Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? State CT 06604-4723 Name of Employer City of Bridgeport Amount of Contribution at the contribution associated with an expectative officer of a municipality valued at more than \$5,000? State CT 06604-4723 Amount of Contribution State Contribution: State CT 06604-4723 Amount of Contribution State Contribution Legislative Date Received Aggregate contributions	Last Name		First			-:	M.I
Residential Street Address 881 Lafayette Blvd, Unit 1B Principal Occupation Director of Legislative Affairs State City Bridgeport Name of Employer City of Bridgeport City of Bridgeport State CT 06604-4723 Name of Employer City of Bridgeport State CT O6604-4723 Amount of Contribution associated with an event reported in Section L1? State City State CT O6604-4723 Amount of Contribution State CT O6604-4723 State CT O6604-4723 State CT O6604-4723 Amount of Contribution State CT O6604-4723 State CT O6604-4723 State CT O6604-4723 Amount of Contribution State City Of State CT Of S	Vickers		Constance				F
Bridgeport CT 06604-4723 Principal Occupation Director of Legislative Affairs Sometibutor 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? If yes is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Section L1?			 		State	Zip Code	
Director of Legislative Affairs City of Bridgeport Amount of Contribution Fyes, indicate which branch or branchor of branches of government the contract or prospective state contractor? Yes S250.0 Contribution Cash Personal Check W. Credit/Debts Card Personal Check W. Credit/Debts Card Debts		Bridgepo	<u>rt</u>		СТ	06604-4	723
municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is contribution associated with an event reported in Section L1? If yes, list Event # 062923a No Wethod of contribution: Date Received Aggregate contributions Date Received Aggregate contributions							
Yes Yes Yes	dependent child of a lobbyist? municipality does contributor or b	business he	she is associated with have	a contract with said	Amount	t of Contr	ibution
Method of contribution: Cash Personal Check Credit/Debt Card Descript Deduction Date Received Aggregate contributions	went reported in Section L1? Yes, list Event # 062923a No No No No No No No No No N			∐ Yes ✓No		;	\$250.00
3750.00	Method of contribution:	oney Order					

SUBTOTAL Section B - This Page	\$650.00
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

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NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with l	iling Repo	sitory)		TYPE OF REPORT	(ARESTRA	100	FIFCONES
Ganim for Bridgeport 23					July 10 filing	dv E2-7 January	MANUAL STREET	
A. Total Contributions from Small Co	natributors - Received this	Period (NI.					
(See instructions for definition of Small Con				Subtotal Section	A			\$0.0
	B. Itemized	Contribut	ions i	from Individuals			Truckers and	40,0
Last Name			Firs			and the second		M.I.
Mauzerail			Mic	chael				141.1
Residential Street Address		City	IAIM	ander		1 5	1 -0 - 1	
95 Copper Kettle Rd		Stratfor	rd			State	Zip Code 06614-	
Principal Occupation			_	of Employer		101	00014-	14()
Contractor			F .	I Fence & Works	s Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributed municipality valued at more i	or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? **Market Contribution** Yes Vestign Ve	Is contributor a principal of a sta If yes, indicate which branch o branches of government the	or			☐ Yes	\$250.0		\$250.0
Method of contribution Cash Personal Check Credit/Debit	contract is with:	Money Ord	ecutiv	Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name			First		\$1,000.00	<u>'</u>		147
Mauzerall			Dav					M.I.
Residential Street Address		City		· · ·		State	Zip Code	
95 Copper Kettle Rd		Stratfor	d			СТ	06614-1	1411
Principal Occupation Corporate Secretary Is contributor a lobbyist, spouse, or Yes	16	6100	M&N	of Employer I Fence & Wire V				
dependent child of a lobbyist?	If contribution is in excess of immicipality does contributor municipality valued at more th	or business h nan \$5,000?	ne/she is	s associated with have	a contract with said	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or		or prost	pective state contractor	ເສ			\$250.00
If yes, list Event # 0029234	branches of government the contract is with:	Exe	ecutive		ative No			
Method of contribution. Cash ✓ Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	ar	Date Received 06/29/2023	Aggregate contributions \$250.00			
Last Name			First			· · ·		M.I.
Costello			Don	nenic				
Residential Street Address	<u> </u>	City				State	Zip Code	
6 Richard Pl		Trumbul	1			CT	06611-3	815
Principal Occupation Deputy Director of Labor Relations				of Employer of Bridgeport				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor o municipality valued at more th	or business h	didate d e/she is	ommittee for a chief of associated with have	executive officer of a a contract with said	Amoun	t of Contr	ibution
s this contribution associated with an Ves event reported in Section L1? No Yes, list Event # 062923a	Is contributor a principal of a state If yes, indicate which branch or branches of government the		r prosp	ective state contractor	∐ Yes VNo		;	\$375.00
/ethod of contribution. Cash Personal Check ✓ Credit/Debit (Card Payroll Deduction	Money Order	\neg	Date Received	Aggregate contributions			
				06/29/2023	\$1,000.00		_	

\$875.00	SUBTOTAL Section B - This Page
\$62,825.00	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

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NAME OF COMMITTEE (Provide Com	plete Name as Registered with	Filing Repos	ristory)	TYPE OF REPORT	Li Track	exturios	
Ganim for Bridgeport 23				July 10 filing	ble tot alth		REPRESENTATION OF THE PARTY OF
A. Total Contributions from Small C	ontributors - Received thi	s Period O	NLY				
(See instructions for definition of Small Con			Subtotal Secti	ion A			\$0.0
	B. Itemized	Contributi	ions from Individu	als and the second	to establish	Carlotte Avenue	Ψ0,0
Last Name			First		HAT HORSE	C FORM CONTRACTOR	M.I.
Sampieri			Michael				
Residential Street Address		City			State	Zip Code	
6 Saley Rd		Milford			СТ	06460-	
Principal Occupation Sealer of Weights and Measures		Ì	Name of Employer				
			City of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more	r or business he than \$5,000?	e/she is associated with l	nave a contract with said No	Amou	nt of Cont	ributio:
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a No	Is contributor a principal of a sta If yes, indicate which branch o branches of government the contract is with:	ог		actor? Yes No Rislative			\$400,0
Method of contribution: Cash Personal Check Credit/Debi		Money Order	Date Received	Aggregate contribution \$850.0	1		
Last Name			First				M.I.
Eaton			Stephen				
Residential Street Address 331 Griffin Ave		City			State	Zip Code	
Principal Occupation		Bridgepo			СТ	06606-2	.428
Developer		- 1	Name of Employer Eaton Enterprises	rrc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business he	didate committee for a che/she is associated with his	uef executive officer of a ave a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923a	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:				-	\$	\$500.00
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Order	Date Received 06/29/2023	Aggregate contributions \$925.00			
Last Name			Fürst				ML
Vazzano			Alex				200
Residential Street Address		City			State	Zip Code	
1395 Huntington Toke Principal Occupation		Trumbull			СТ	06611-53	318
Manager		1	iame of Employer Catamount Food Sy	/C			
s contributor a lobbyist, spouse, or lependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more tha	or business he/s	date committee for a chickhe is associated with ha	ef executive officer of a ve a contract with said	Amoun	t of Contri	bution
s this contribution associated with an	Is contributor a principal of a state If yes, indicate which branch or	contractor or p	prospective state contrac	∐ Yes		\$	500.00
yes, list Event # 062923a	branches of government the contract is with:	Execu	utive Legi	slative No			ŀ

\$1,400,00	SUBTOTAL Section B - This Page		
\$62,825.00	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	TOTAL OF	

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NAME OF COMMITTEE (Provide Com	plete Name as Registered with	Filing Rep	ository)		TYPE OF REPORT	ANT VOLUM	Characters	Supplier seven
Ganim for Bridgeport 23				AREA CONTRACTOR OF THE PARTY OF	July 10 filing	MALLI S		
A. Total Contributions from Small C	ontributors - Received th	is Period	ONLY	distribution and the	all controlling			
(See instructions for definition of Small Co.	ntributor)			Subtotal Section	A			80.0
	B. Itemized	Contribu	tions f	rom Individuals	in the second se	ATTA NO. A.	Production of	\$0,0
Last Name			First		And the second second second	8-K-128-0-24		1 247
Nadrizny			Сга	ia				M.L
Residential Street Address		City	Joia	<u> </u>		Lew	Tation 4	
65 Seabreeze Dr		Stratfo	ord			State	Zip Code 06614-	
Principal Occupation			Name	of Employer		10,	100014	-1121
Director of Public Facilities			City	of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Is this contribution associated with an event reported in Section 1.12	If contribution is in excess of municipality does contribute municipality valued at more Is contributor a principal of a st	or or business than \$5,000?	he/she is ?	associated with have	e a contract with said	Amour	at of Con	tributio
event reported in Section L1? If yes, list Event # 062923a No	If yes, indicate which branch branches of government the contract is with	or	xecutive	_	[No			\$500.0
Method of contribution: Cash Personal Check Credit/Debi		Money Oro	der	Date Received 06/29/2023	Aggregate contributions \$750.00	1		
Last Name			First					ML
Berchem			Lee					3382
Residential Street Address		City				State	Zip Code	<u> </u>
125 W River St		Milford				CT	06460-3	3420
Principal Occupation Retired			Retire	-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	ndidate co he/she is	associated with have	executive officer of a a contract with said	Атоил	t of Cont	ribution
Is this contribution associated with an Ves	Is contributor a principal of a star If yes, indicate which branch o		or prospe	ctive state contractor	? Yes			\$500.00
If yes, list Event # 062923a No	branches of government the contract is with		ecutive	Legisla	ative No			4000.00
Method of contribution: Cash ✓ Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	- 1	Date Received 06/29/2023	Aggregate contributions \$500.00			
ast Name			First					M.I.
Silva			Carlo	s				~
tesidential Street Address 66 Cleveland Ave		City Bridgepo	ort –	<u> </u>		State CT	Zip Code 06606-5	209
rincipal Occupation Owner			Name of	Employer interprises LLC				200
s contributor a lobbyist, spouse, or ependent child of a lobbyist?	If contribution is in excess of I municipality does contributor o municipality valued at more th	or business h	didate co e/she is a	ministee for a chief or a sociated with have a	executive officer of a a contract with said	Amount	of Contr	ibution
yes, list Event # 062923a No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	<u></u>	cutive		☐ Yes		4	\$500.00
fethod of contribution: Cash Personal Check Credit/Debit (Card Payroll Deduction	Money Order		Pate Received 6/29/2023	Aggregate contributions \$1,000.00			

\$1,500.00	SUBTOTAL Section B - This Page	
\$62,825.00	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	

Page 39 of 54

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing R	Lepository	A Standard Market	TYPE OF REPORT	- Standard and	e and the se	Zana Tarak atra
Ganim for Bridgeport 23		1000000		July 10 filing		MER AND AV	
A. Total Contributions from Small Contributor	rs - Received this Perio	d ONL	Year and the second	outy to hang			
(See instructions for definition of Small Contributor)			Subtotal Section	Ā			\$0.
	B. Itemized Contri	butions	from Individuals		Table 10 to 10	SC PROS SO	ΦU,
Last Name		Fir					M.I.
Orpita		Sa	mantha				1
Residential Street Address	City				State	Zip Cod	<u> </u>
5 Liberty HI Principal Occupation	Wet	thersfiek	<u> </u>		СТ		-3976
Homemaker			e of Employer nemaker				
No munici	ribution is in excess of \$400 to pality does contributor or busin pality valued at more than \$5,0	a candidate ness he/she 000?	e committee for a chief is associated with have	a contract with said No	Amou	nt of Con	tributio
If yes, list Event # 062923a No branches contract is	ator a principal of a state contra adicate which branch or of government the is with:	Executiv		∐ res ✓ No			\$500.0
Method of contribution. Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order	Date Received 06/29/2023	Aggregate contributions \$500.00	1		
Last Name		First	1				M.I.
Harrison Residential Street Address		Cai	rolina				1
65 Norton Rd	City		-		State	Zip Code	
Principal Occupation	Last		of Employer		CT	06612-	1539
Sales Rep		3G	or employer				
municipa	bution is in excess of \$400 to a ality does contributor or busine ality valued at more than \$5,00	ess he/she i	committee for a chief es associated with have a	executive officer of a contract with said	Amoun	t of Cont	ribution
If yes, ind	or a principal of a state contracticate which branch or of government the with:	tor or prosp	pective state contractor	Yes √No			\$500.00
	Payroll Deduction Money C	Order	Date Received 06/29/2023	Aggregate contributions	Ī		
Last Name		First	00/23/2023	\$500.00			1
Stevens		Patr	icia				M.I.
Residential Street Address	City			 .	State	7-01	<u> </u>
\$72 Old Post Rd		a lad			CT	Zip Code 06824-6	645
	Fairfie	310					
Principal Occupation	Fairfie	Name o	of Employer & Sons Construc	ction			
Principal Occupation Office Management s contributor a lobbyist, spouse, or Yes If contributor a lobbyist? No municipal mun	Fairfie ution is in excess of \$400 to a clity does contributor or busines hity valued at more than \$5,000	Name of Pic	& Sons Construc	acutive officer of a	Amount	of Conti	ibution
Principal Occupation Office Management s contributor a lobbyist, spouse, or lependent child of a lobbyist? No life contribution associated with an life contributor went reported in Section L1? If yes, indicates the contributor of the con	ution is in excess of \$400 to a lity does contributor or busines hity valued at more than \$5,000 r a principal of a state contractor cate which branch or f government the	Name of G Pic candidate of ss he/she is	& Sons Construction on the committee for a chief example associated with have a Yes	ecutive officer of a contract with said No Yes	Amount		ibution \$500.00

\$1,500.00	SUBTOTAL Section B - This Page
\$62,825.00	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

I. MONETARY RECEIPTS (Sections A-K) Page 40 of 54

	omplete Name as Registered with	h Filing Repo	ository)		TYPE OF REPOR	E OF REPORT			
Ganim for Bridgeport 23		Fa. Company			July 10 filing		TOTAL PART		
A. Total Contributions from Small	Contributors - Received ti	kis Period	ONLY	AND AND A	203				
(See instructions for definition of Small (Contributor)		S	sbtotal Section	· A			\$0.0	
	R. Itemizer	Contribu	tions fro	n Individua		WANGS O	The second section	φυ,	
Last Name			First					1 141	
Austin			Verno	n				M.I.	
Residential Street Address		City	1 00000	-		Centa	Zip Cod		
286 Beach Rd		Wolcot	tt			State		ie 5-1626	
Principal Occupation			Name of	Employer		1 .	1 007 70	7-1020	
Owner/President			CMSA						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess municipality does contribution municipality valued at more	tor or business	he/she is as	amittee for a chic sociated with har	of executive officer of a ve a contract with said	Amou	nt of Cor	ıtributio	
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a s	tate contractor	or prospect	ive state contrac	tor?	\dashv			
If yes, list Event # 062923a	If wer, indicate which branch	OF	cecutive	9	Yes ✓ No			\$500.0	
Method of contribution: Cash Personal Check Credit/D	Debit Card Payrol! Deduction		Di	ate Received 5/29/2023	Aggregate contribution	- 1			
Last Name			First		7.100	-		MI	
Fortin			Beth					IVIL	
Residential Street Address		City	2001			Chan	1 7: 0 1		
19 Sylvesters Way		Shelton	1			State	Zip Code 06484		
Principal Occupation Retired			Name of E Retired	mployer			1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or or business l	ndidate com he/she is ass	mittee for a chies ociated with have	f executive officer of a e a contract with said	Amoun	t of Con	tribution	
Is this contribution associated with an event reported in Section L1? Yes Yes, list Event # 062923a	Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or prospecti	ve state contracto	or? ☐ Yes			\$500.00	
Method of contribution: ☐ Cash ☑ Personal Check ☐ Credit/De	ebit Card Payroll Deduction	Money Orde	1	e Received /29/2023	Aggregate contributions \$1,000.00				
ast Name			First					MI	
Santiago			America						
Residential Street Address		City		-		State	Zip Code	<u> </u>	
35 Lee Ave		Bridgepo	ort			CT	06605-	1561	
vincipal Occupation Retired			Name of En Retired	nployer					
s contributor a lobbyist, spouse, or ependent child of a lobbyist?	- tion does not be	or business he	didate comn e/she is asso	nittee for a chief ciated with have Yes	executive officer of a a contract with said	Amount	of Cont	ribution	
this contribution associated with an vent reported in Section L1? Yes, list Event # 062923a No	Is contributor a principal of a sta If yes, indicate which branch o branches of government the	or		e state contractor				\$500.00	
	contract is with:	Exe	cutive	Legisla	ative				
lethod of contribution:									

\$1,500.00	SUBTOTAL Section B - This Page
\$62,825.00	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

SEEC	FORM	20
Revised	і Јапшагу	2015

Sanim for Bridgeport 23 General State of Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
					July 10 filing			
		C1. Contrib	tions from Other (ommittees				
Name of Committee Blue Victory Fund			Name of Tr Brian Boy	easurer	AND AND AND AND AND AND AND AND AND AND			
Address 277 Hana Rd			s contribution associated w	ith an event If yes, list Event	∐Yes ✓No	Amount of Contribution		
City Edison	State NJ	Zip Code 08817-2055	Date Received 05/11/2023	Aggregate Co	ontributions \$300.00	\$300.00		

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

I. MONETARY RECEIPTS (Sections	A-K)	Page	42	of	54
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF R	EPORT	100000000		estrator.
Ganim for Bridgeport 23	July 10 filir	g	Check to Alle Co	2000-19EA	Wel-State
Summary of Other Monetary Receipts (Sections D-I	0		No.		Note to
Total Loans Received this Period (Section D)				Sec. O Moreill	\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	·			\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+				\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

SEEC	FORM	20
Revised	January	2015

Y (Sections L1-L5)	Page	43	of	54

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPORT	
Ganim for Bridgeport 23		July 10 filing	
L1. Event Inf	ormation		
Event # Description Date of Event Letter 04/20/2023 a Dinner Event			Was this a fundraising event? Yes No
Location: Street Address 120 Colt Street	City East Hartford	Stat CT	e Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Contributions A	Associated with a Ho ation for any purchase:	use Party and complete s made by host(s) for food,
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?	Yes (If yes, go to Se	· · · · · · · · · · · · · · · · · · ·	ations not Considered information.)
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	☐ Yes (If yes, enter To	tal Receipts here.)	
Subpart 2: (Party Committees, Municipal Candidates and	l Political Committees other	than Exploratory C	ommittees)
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		ction L3 Purchases of	Advertising Space in a
Subpart 3: (Town Committees ONLY)	Yes (If yes, enter To	tal Receipts here	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	✓ No		

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

SEEC	FORM	20
Revised	January	2015

Page	44	of	54

NAME OF COMMITTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23			July 10 filing
	L1. Event Inf	ormation	
Event # Date of Event Letter 06/07/2023 a	Description Cocktail Event		Was this a fundraism event? ✓ Yes No
Location. Street Address 4 Crescent Avenue		City Bridgeport	\$tate
Subpart 1: (All Comp Was this event hosted at		✓ No re	(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.)
Did this fundraiser inclubusiness entity of up to \$100?	de goods or services donated by a \$200 or items donated by an individual	☐Yes (<i>I</i> ,	If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
Was this fundraiser a tag items with purchases by	sale, auction, or other sale of donated an individual of up to \$100?	□Yes (<i>I)</i> ✓No	If yes, enter Total Receipts here.)
Subpart 2: (Party Co. Were there purchases of on a sign associated with	advertising space in a program book or	□Yes (I) ☑No Pr	In interest other than Exploratory Committees) If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
Subpart 3: (Town Con Did your committee sell mass gathering held with	food or beverage at a fair or similar	□Yes (// ☑No	Syes, enter Total Receipts here.)

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

NAME OF COMMITTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPORT	AS LESS HERE BEAUTIFUL IT
Ganim for Bridgeport 23			July 10 filing	A STATE OF THE PROPERTY OF THE PARTY OF THE
	L1. Event In	formation		
Event # Date of Event Letter 06/29/2023 a	Description Dinner Event			Was this a fundraising event?
Location: Street Address 360 Fairfield Avenue		City Bridgeport	State CT	Zip Code 06604
Subpart 1: (All Comm Was this event hosted at	a personal residence?	Contributi	to Section L5 In-Kind Dona ons Associated with a Hous formation for any purchases and invitations.)	se Party and complete
Did this fundraiser inclubusiness entity of up to \$ of up to \$100?	de goods or services donated by a \$200 or items donated by an individual	Yes (If yes, go t	o Section L4 In-Kind Donat	
Was this fundraiser a tag items with purchases by	sale, auction, or other sale of donated an individual of up to \$100?	☐ Yes (If yes, ente	r Total Receipts here.)	
Subpart 2: (Party Co.	mmittees, Municipal Candidates and	l Political Committees o	ther than Exploratory Co	mmittees)
Were there purchases of on a sign associated with	advertising space in a program book or	☐Yes (If yes, go to	o Section L3 Purchases of A	dvertising Space in a
Subpart 3: (Town Com Did your committee sell i mass gathering held with	food or beverage at a fair or similar	Yes (If yes, enter	r Total Receipts here.)	

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

NAME OF COMMITTE		Name as Registered with	Filmg Repo	stiory)	TYPE OF I	word or one Seal Color City	
Ganim for Bridgeport					July 10 fili	ng	
Name of Purchaser	L	3. Purchases of Adver	tising in a l	Program Book or on a	Sign		
Hi Ho Energy Service	es				Pur	chase Made By Business Entity Individual/Sole	Other
Street Address			City Bridgepo	ort		State	Zip Code 06605-2126
39 Salt St			Julia			0'	00003-2120
Date Received 04/20/2023	Event #	Aggregate Purchases	for all Events \$250.00	Amount of Progam A	\$250.00	Amount	of Sign Purchase
Name of Purchaser					Dur	hase Made By	
MVP Services LLC						Business Entity Individual/Sole I	Other
Street Address			City			State	Zip Code
280 Boston Ave			Bridgepo	ort		СТ	06610-1605
Date Received	Event #	Aggregate Purchases f	or all Events	Amount of Progam A	d Purchase	Amount	of Sign Purchase
05/30/2023			\$250.00		\$250.00		\$0.00
Name of Purchaser					Purc	hase Made By:	
LR Capitol Partners		<u>.</u>				Business Entity Individual/Sole P	✓ Other roprietorship
Street Address 128 Judson PI			City Bridgepo	rt		State CT	Zip Code 06610-2917
Date Received	Event #	Aggregate Purchases fo	- Il France				
04/20/2023	. Svalt i	Aggregate Furchases It	\$250.00	Amount of Progam A	d Purchase \$250.00	Amount	of Sign Purchase \$0.00
Name of Purchaser				<u></u>	Purel	hase Made By	
First Class Barbers & I	Hai					Business Entity Individual/Sole P	Other
Street Address			City Bridgepor	rt		State CT	Zip Code 06604-4205
202 Fairfield Ave						0,	00001 4200
Date Received 05/01/2023	Event #	Aggregate Purchases fo	r all Events \$250.00	Amount of Progam A	d Purchase \$250.00	Amount	of Sign Purchase \$0.00
Name of Purchaser Larry Wiggins Account	ina				1	nase Made By	
carry verggina Account	ary .					Business Entity Individual/Sole Pr	Other
Street Address			City Bridgepor	t		State CT	Zip Code 06604-4725
1000 Lafayette Blvd	<u> </u>					"	00001-4725
Date Received 05/02/2023	Event #	Aggregate Purchases for	all Events \$250.00	Amount of Progam Ac	Purchase \$250.00	Amount	of Sign Purchase \$0.00
Name of Purchaser	<u> </u>				Durch	ase Made By:	
Nontstream Law Group	LLP				<u>□</u> ;	Business Entity Individual/Sole Pr	Other
treet Address			City Rocky Hill			State CT	Zip Code 06067-3914
75 Capital Blvd, Ste 2				<u> </u>			
Pate Received 15/22/2023	Event #	Aggregate Purchases for	all Events \$250.00	Amount of Progam Ad	\$250.00	Amount	f Sign Purchase \$0,00
		Total Pr	rchases o	f Advertising in a Prop	SUBTOTAL Jram Book	Section L3 - This Page	\$1,500,00
			SUBTO Total Pur	TAL Section L3 (Ton chases of Advertising	n Commit on a Sign	tees ONLY) - This Page	\$0,00
				TOTA	L of Sectio	n L3 Pages	\$6,475.00
	тот	AL OF PURCHASES ((Enter	of ADVERT	TSING IN A PROGRAM ine 16c, Column A of S	BOOK or Summary P	ON A SIGN age Totals)	\$6,475.00

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NAME OF COMMIT	TTEE (Provide Comp	lete Name as Registered with F	iling Repo	sitory) TYPE (F REI	ORT	
Ganim for Bridgeport 23			and the state of t	July 10 filing			
	San to the second state of	L3. Purchases of Advertis	ine in a F	rogram Book or on a Sign	2 1111119	\$50000 tole	
Name of Purchaser			-6		Purcha	se Made By:	
Pullman & Comle	y LLC					usiness Entity	✓ Other
Charles Address					🗌 և	dividual/Sole l	Proprietorship
Street Address			City			State	Zip Code
850 Main St			Bridgepo	π		СТ	06604-4917
Date Received	Event #	Aggregate Purchases for	all Events	Amount of Program Ad Dunel	T	4 (0)	1
05/12/2023		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$250.00	Amount of Progam Ad Purel \$250.		Amount	of Sign Purchase \$0.0
Name of Purchaser						17 1 5	
Cherry Hill Constru	uction					e Made By	Other
					_	lividual/Sole P	
Street Address			City			State	Zip Code
E4 Cim Dd		1	North Bra	inford		CT	06471-1521
51 Ciro Rd Date Received	Event #						
05/24/2023	Event #	Aggregate Purchases for a	11 Events \$250.00	Amount of Progam Ad Purch	23e	Amount	of Sign Purchase
			\$250,00	\$250.	00		\$0.0
Name of Purchaser					<u> </u>	Made By	
Smart Home Conn	ection LLC			i		siness Entity	✓ Other
						ividual/Sole Pr	
Street Address			City			State	Zip Code
1088 Madison Ave		1	Bridgepor	t		СТ	06606-4625
Date Received	Event #						
04/17/2023	Cvent #	Aggregate Purchases for a	11 Events \$125.00	Amount of Progam Ad Purch	ase	Amount	of Sign Purchase
			3 125.00	\$125.0	00		\$0.0
Name of Purchaser				lr.		Made By:	
H&H Realty LLC				ľ	_	iness Entity	Other
					Indi	vidual/Sole Pr	
Street Address			City			State	Zip Code
125 Lexington Ave		[Bridgeport	i e		CT	06604-3117
Pate Received	Event #	Aggregate Purchases for al	18	- 			
6/17/2023	Distant w	1	\$125.00	Amount of Progam Ad Purcha	- 1	Amount o	of Sign Purchase
			4120.00	\$125.0	10		\$0.00
vame of Purchaser				IP.	urchase	Made By:	
ai Mata Di LLC						iness Entity	✓ Other
					Indi	vidual/Sole Pro	prietorship
treet Address			ity			State	Zip Code
70 Highland St		ľ	Vest Have	en		СТ	06516-3522
ate Received	Event #	Aggregate Purchases for all	Fuente	Amount of Durant 1 1 P		لــــا	
4/17/2023			250.00	Amount of Progam Ad Purcha		Amount o	f Sign Purchase
		· ·		\$250.0	0		\$0.00
ame of Purchaser				Pi	urchase	Made By:	
lountainview Clean	ning LLC			[[ness Entity	Other .
reet Address				[Indiv	ridual/Sole Pro	prietorship
Teet AuditSS		Ci	100			State	Zip Code
7 Plains Rd		į M	lilford			СТ	06461-2521
ate Received	Event #	Aggregate Purchases for all	Events	Amount of Pusses A 2 D		1	861
5/07/2023	100 miles		250.00	Amount of Progam Ad Purcha	- 1	Amount of	Sign Purchase
				\$250.00	7		\$0.00
			The Section 1	ORIGINA STRUCTURE AND ARREST			
		Total Pure	haqqa ef	SUBTOT Advertising in a Program Bo	AL Se	ction L3	\$1,250.00
		TORRE PARC				MORROR PRINCIPLO CALCADO	J.,200,00
		•	otal Per	AL Section L3 (Town Comm hases of Advertising on a Si	niiiee	s ONLY)	\$0.00
	Cauto apropriate provide a servicio					WHITE THE PARTY	
		TAL OF BURCHASES OF	4000	TOTAL of Sec			\$6,475.00
		(Fater in	avvekli dal on l is	SING IN A PROGRAM BOOK	or ON	A SIGN	\$6,475,00

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NAME OF COMMIT	TEE (Provide Comple	te Name as Registered with Fili	ng Repos	ittory) TYPE C	F REPOR	T	
Ganim for Bridgep			0 1	July 10	A STATE OF THE PARTY OF THE PAR		
		L3. Purchases of Advertisin	g in a P	regram Book or en a Sign			
Name of Purchaser Rosely Restauran	t				_	ess Entity	Other
Street Address 944 E Main St			ity Bridgepo	rt		State	Zip Code 06608-1913
Date Received 04/17/2023	Event #	Aggregate Purchases for ai	l Events \$75,00	Amount of Progam Ad Purch \$75.	- 1	Amount	of Sign Purchase
Name of Purchaser Mario's Body Shop	olno				=	ss Entity	✓ Other
Street Address	· · · · · · · · · · · · · · · · · · ·	r	ity ridgepoi	t		State CT	Zip Code 06604-3325
47 Columbus PI Date Received	Event #	Accessed Developed Co. 18	Б				<u> </u>
04/17/2023	Event #	Aggregate Purchases for all	\$75.00	Amount of Progam Ad Purch	- 1	Amount	of Sign Purchase \$0.00
Name of Purchaser Ace Restoration LL	_C			F	=	ss Entity	✓ Other roprietorship
Street Address 129 Oxbow Ln		Ci N	ty orthford			State CT	Zip Code 06472-1163
Date Received 06/07/2023	Event #	Aggregate Purchases for all	Events \$75.00	Amount of Progam Ad Purcha \$75.0		Amount	of Sign Purchase \$0.00
Name of Purchaser ABC Carbon Fiber	пс	<u> </u>		P	=	ss Entity	✓ Other oprietorship
Street Address 111 Monroe St		Cit Br	idgepor			State CT	Zip Code 06605-2747
Date Received 06/28/2023	Event #	Aggregate Purchases for all	Events 250.00	Amount of Progam Ad Purcha \$250.0	- 1	Amount (of Sign Purchase \$0.00
Name of Purchaser Beyond Homecare	Staffing			P	- 200	s Entity	Other
Street Address 362-364 Main Stree	at	Cit An	y Isonia		;	State CT	Zip Code 06401
Date Received 04/18/2023	Event #	Aggregate Purchases for all I	Ev ents 250.00	Amount of Progam Ad Purcha \$250.0		mount o	f Sign Purchase \$0.00
Name of Purchaser Beyond An Education	on			P	Busines	s Entity	Other Oprietorship
treet Address		Cin Bri	/ dgeport			State CT	Zip Code 06610-1805
Pate Received 04/18/2023	Event #	Aggregate Purchases for all E	vents 250.00	Amount of Progam Ad Purcha \$250.00	i	mount o	f Sign Purchase \$0.00
		Total Purch	ases of	SUBTOT Advertising in a Program Bo	AL Section	on L3 Page	\$975.00
			SUBTO	AL Section L3 (Town Committees of Advertising on a Si	nittees (yn - This	ONLY) Page	\$0.00
		TAL OF DUDOUAGES OF	DOCTO	TOTAL of Sec		Marin Control of Control	\$6,475.00
				ISING IN A PROGRAM BOOK			\$6,475.00

Page 49

NAME OF COMMIT	TTEE (Provide Complete	e Name as Registered wit	h Filing Repo	sitory)	YPE OF	REPORT	
Ganim for Bridgep					July 10 filing		
	L	3. Purchases of Adve	rtising in a l	Program Book or on a S	ien		
Name of Purchaser						chase Made By	CAN DESCRIPTION OF THE PERSON
Beyond A Scrub						Business Entity	✓ Other
9	·					Individual/Sole	Pro-prietorshi p
Street Address			City			State	Zip Code
2285 Whitney Ave	_		Hamden			СТ	06518-3514
Date Received	Event #	Aggregate Purchases	for all Events		In		
04/18/2023	2	, agriculture , architecture	\$250.00	Amount of Progam Ad		1	of Sign Purchase
			W		\$250.00	1	\$0.00
Name of Purchaser				<u> </u>	Pur	chase Made By	
George Papageor	ge Homes					Business Entity	✓ Other
S	<u> </u>					Individual/Sole I	roprietorship
Street Address			City			State	Zip Code
11 Pleasant St			Trumbull			CT	06611-3019
Date Received	Event #	Aggregate Purchases	for all Events	1 A A A	D 1	, 	1
04/18/2023		- 444-9440-1-44-00303	\$50.00	Amount of Progam Ad		Amount	of Sign Purchase
			400.00		\$50.00		\$0.00
Name of Purchaser					Puro	hase Made By:	
El Coquito						Business Entity	✓ Other
						Individual/Sole P	roprietorship
Street Address			City	_		State	Zip Code
510 E Main St			Bridgepo	rt		СТ	06608-2327
Date Received	Event #	Aggregate Purchases	for all Farence				
04/18/2023	LVCIII W	Aggregate Purchases	375.00	Amount of Progam Ad		Amount	of Sign Purchase
			ψ1 0.00		\$75.00		\$0.00
Name of Purchaser			· -	<u> </u>	Purc	hase Made By:	
EDCO Industries						Business Entity	✓ Other
			an .			Individual/Sole P	roprietorship
Street Address			City			State	Zip Code
203 Dekalb Ave, #	240		Bridgepoi	rt		CT	06607-2418
Date Received	Event #	Aggregate Purchases f	11 F 1-				
05/09/2023	Diene	Approprie Fulcilises I	\$125.00	Amount of Progam Ad I		Amount	of Sign Purchase
			¥120.00	\$	125.00		\$0.00
Name of Purchaser					Purc	hase Made By:	
Genaro Restaurant						Business Entity	Other
						Individual/Sole Pr	oprietorship
Street Address			City			State	Zip Code
496 E Main St			Bridgepor	τ		СТ	06608-2327
Date Received	Event #	Aggregate Purchases for	or all Events	A			
04/19/2023		TARAGAME I MEMBES I	\$250.00	Amount of Progam Ad I		Amount	of Sign Purchase
			7_00.00	\$	250.00		\$0.00
Name of Purchaser					Purch	ase Made By	
East Side Rental Pr	roperti					Business Entity	Other
						Individual/Sole Pr	oprietorship
Street Address			City			State	Zip Code
1313 E Main St			Bridgeport	į.		СТ	06608-1418
Date Received	Event #	Aggregate Purchases fo	r all Evente	America of December 4 1 D			
04/19/2023		Additional menases in	\$250.00	Amount of Progam Ad P		Amount	of Sign Purchase
				\$	250.00		\$0.00
	The second second						
		Total C	hardenen -	St.	BTOTAL	Section L3	\$1,000.00
		· Utali F		Advertising in a Progra			7.,300.00
			Total Pro	TAL Section L3 (Town chases of Advertising o	Commit	tees ONLY)	\$0.00
							3
		TAL OF PURCOUNT	OF A CO			in L3 Pages	\$6,475.00
	10	IAL OF PURCHASES	or ADVERT	ISING IN A PROGRAM I ine 16c, Column A of Su	SUUK OF	UN A SIGN	\$6,475.00
		THE RESERVE THE PARTY OF THE PA		y		-ye / Unitity/	SC 72

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NAME OF COMM	TTEE (Provide Compl	lete Name as Registered with	Filing Repos	sitory) TYPE (F REPOR	tT T	rugga a pareiza.
Contract Printers (100				THE PROPERTY OF STREET, STREET	July 10 filing		
	a de la company	L3. Purchases of Advert	ising in a P	rogram Book or on a Sign	100000	SCH	
Name of Purchaser	I Constant				Purchase N		
Catamount Food	Selvice					ess Entity	Other
Street Address			City		Indivi	_	roprietorship
			Trumbull		ĺ	State CT	Zip Code 06611-5318
1395 Huntington	Tpke					0,	00011-0010
Date Received	Event #	Aggregate Purchases for	6.77	Amount of Progam Ad Purch	nase	Amount	of Sign Purchase
06/29/2023	ĺ		\$250,00	\$250.	00		\$(
Name of Purchaser					Purchase M	(.d. D.	
Nutmeg Adjusters	S					ess Entity	Other
			348		Individ	tual/Sole Pi	roprietorship
Street Address			City			State	Zip Code
101 River St, # 2			Milford			CT	06460-3315
Date Received	Event #	Aggregate Purchases fo	r all Events	AAID I			
06/29/2023			\$250.00	Amount of Progam Ad Purch		Amount (of Sign Purchase
			1	\$250.	00		\$(
Name of Purchaser					Purchase Ma		
Vazzano Bros Pro	operties L				=	ss Entity	✓ Other
Street Address			City				oprietorship
			Trumbuli			State CT	Zip Code 06611-5318
1395 Huntington 1	Грке	i	71 411 110 411		- 1	٥,	00011-3316
Date Received	Event #	Aggregate Purchases for	r all Events	Amount of Progam Ad Purch	ase /	Amount (of Sign Purchase
06/29/2023			\$250.00	\$250.0	i i		\$0
Name of Purchaser							
Safety First Trans	portati			[]	Purchase Ma	ade By: ss Entity	√ Other
	F				=	-	oprietorship
Street Address			City	·		State	Zip Code
190 Fairfield Ave			Bridgeport	t		ст	06604-4282
Date Received	Event #	Aggregate Purchases for	-U.E	100 00 00 . 4-			
05/09/2023	Droit *	Approprie ruichases for	\$250.00	Amount of Progam Ad Purcha		rmonnt o	f Sign Purchase
			V-00,00	\$250.0	10		\$0
ame of Purchaser				F	urchase Ma	de By:	
Park City Consultin	ng LLC				Busines		✓ Other
treet Address			City				prietorship
			Bridgeport			State CT	Zip Code 06604-1525
705 Capitol Ave					1	"	00004-1020
Pate Received	Event #	Aggregate Purchases for		Amount of Progam Ad Purcha	se A	mount o	f Sign Purchase
6/29/2023			\$250.00	\$250.0	1		\$0.
ame of Purchaser				- In			
azzano's Four Se	easons Ba				urchase Mac Business		✓ Other
						_	prietorship
reet Address			City		- 1	State	Zip Code
37 Kenyon St			Stratford			CT	06614-2512
ate Received	Event #	Aggregate Purchases for	all Evente	Amount of December 4.7 P			
5/29/2023		Additional Languages (of	\$250.00	Amount of Progam Ad Purcha	1	mount of	Sign Purchase
			8	\$250.0	۱ ۲		\$0.
		TOTAL TOTAL STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, ST	a Chapter of	A BASHANIA DE PROGRAMBIET		in the same	
		Total Pr	rchases of	SUBTOT Advertising in a Program Bo	AL Secti ok - This	on L3	\$1,500
		n de la française de la company		AL Section L3 (Town Com			76 28
			Total Purc	chases of Advertising on a Si	gn - This	Page	\$0.
				TOTAL of Sec			\$6,475.0
The same of the sa	a Some and the last T	OTAL OF PURCHASES O	FADVERT	SING IN A PROGRAM BOOK		100	
				ne 16c. Column A of Summer			\$6,475.0

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Ganim for Bridgepo	ort 23	July 10 filing					
		L3. Purchases of Advertising in	a Program Bos	k or on a Sign		Sasage Sage	
Name of Purchaser Vazzy's Brick Ove	n			Bus	Made By iness Entity vidual/Sole P	✓ Other roprietorship	
Street Address 513 Broadbridge F			eport		State CT	Zip Code 06610-1240	
Date Received 06/29/2023	Event #	Aggregate Purchases for all Eve \$25	Amount of	Progam Ad Purchase \$250.00	Amount	of Sign Purchase \$0.00	

\$250,00	SUBTOTAL Section L3 Total Purchases of Advertising in a Program Book - This Page
\$0,00	SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign - This Page
\$6,475.00	TOTAL of Section L3 Pages
\$6,475.00	TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P-T)

Page 52 of 54

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Film	ng Repository)	- ARTHE	TYPE OF REPORT			
Ganim for Bridgepo	ort 23			July 10 filing	ALTERNATION AND ADDRESS.	division participation	
	P. Expen	ses Paid by Comm	ittee				
Name of Payee Bridgeport Region	al Business Council	I		Date of Payment 06/10/2023	Method of Payment Check # 1029 Debit Card EFT		
Street Address 10 Middle St, FI 14		City Bridgeport			State	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) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$1,200.00	
Name of Payee Ascot Catering				Date of Payment 04/21/2023	Method of Chec	of Payment k # 1023	
Street Address 136 Main St		City Wethersfield			State CT	Zip Code 06109-3126	
Purpose of Expenditure (by code) FNDR	Description Food		04202	3a		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	d)	-	\$1,339.00	
Name of Payee Alyse Black			!	Date of Payment 04/21/2023	Method o	* <u>1022</u>	
Street Address 54 Middletown Ave		City Wethersfield			State CT	Zip Code 06109-3406	
Purpose of Expenditure (by code) RMB	Description		Event # 04202	3a		Amount	
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind control	committee)	dent)]A		\$264.60	
Name of Payee Katzing LLc			1	Date of Payment 04/13/2023	Method of	# <u>1021</u>	
treet Address		City	L		State	Zip Code	
20 Pinewood Trl	Description	Trumbull	Event #		СТ	06611-3313	
oy code) CNSLT			STUDE #			Amount	
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required unity) None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	ommittee) Independ	lent	A		\$250.00	

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

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Expenditure #

(if applicable)

Revised January 2015	IV. EXPE	NDITURES (Section	ons P-T)	Page 5	53 of 54
NAME OF COMMITT	EE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPO	RT	DESCRIPTION OF THE PARTY OF THE
Ganim for Bridgepo			July 10 filing	1000	
	P. Ex	penses Paid by Com		CONTRACTOR OF	
Name of Payee Dinormous			Date of Payment 06/14/2023	☑ Che	of Payment
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 #	1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candid Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	date or committee) enditure) Indep	w" is checked) pendent nization: A B C	D a	\$3,200.00
Name of Payee La Bodega Del Mofe	ongo		Date of Payment 06/07/2023	Method o	
Street Address 4 Crescent Ave		City Bridgeport		State	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 Requiii None of the below (does not involve another candida Coordinated with reimbursement sought (joint exper	ate or committee)	endent	D	\$708.52
Name of Payee Joseph's Steakhouse			Date of Payment 06/29/2023	Method of Check	#
60 Fairfield Ave. St	2	City Bridgeport		State CT	Zip Code 06604-6020
turpose of Expenditure by code) FNDR	Description Food		Event #		Amount

062923a

Organization A B C D

Independent

Amount

\$4,158.14

The state of the s	
SUBTOTAL Section P - This Page	\$8,066,66
TOTAL of Section P Pages	\$11,120.26
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$11,120.26

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

V None of the below (does not involve another candidate or committee)

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

IV. EXPENDITURES (Sections P-T)

Page 54 of 54

NAME OF COMMITT	EE (Provide Complete Name as Registe	ered with Filir	ig Repository)	attitude out	TYPE	OF REPORT	ro K. Bara		1011
Ganim for Bridgeport 23				July 10 filing					
	T. Itemization of Rein	abursement	s to Committee W	orkers and	Consu	Hents	renative to the	AND THE PERSON	Service.
Last Name of Worker/Cor Black	Consultant First Alyse			MI	Date of Payment to Vendor, Person or Entity 04/20/2023				
Putnam Plaza Supe	and topolition in Section F								
Street Address 4 Main St			City East Hartford		∏ v] Cı	leck * 1022	State CT	Zip Code 06118-320	
Purpose of Expenditure (by code) RMB	Description			Event # 042023a	3		-	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	other candidate of t (joint expenditu	or committee)	ndent	В	 □c □p	\$210.00		
Last Name of Worker/Cons Black	ultant First MI Date of Payment to Vendor, Person or Ent. Alyse 04/20/2023				ity				
Shop Rite	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse ted in Section I ck # 1022	P:	Worker/Consultan	
Street Address 31 Main St			City East Hartford		16-1	1022	State CT	Zip Code 06118-3209	
Purpose of Expenditure (by code) RMB	Description			Event # 042023a				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendus None of the below (does not involve anoth Coordinated with reimbursement sought (i	her candidate or Joint expenditure	committee)	dent				\$54 ₋ 6	i0
	Coordinated without reimbursement sough	at (in-kind contr	ibution) Organiza	ation: A	B				

\$264.60	SUBTOTAL Section T - This Page
\$264.60	TOTAL of Section T Pages
\$264.60	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS