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NAME OF COMMITTE	POSITION TO THE PROPERTY OF TH	Repository)		7th day preceding	orimary	Sept.
Ganim for Bridgeport	23	The said of	True - Marie	I till day preceding I		
	P. Expense	s Paid by Con	nmittee	Data - C December	Method of	Payment
Name of Pavee Park City Consulting	LLC			Date of Payment 08/24/2023	Check	# 1262
Street Address		City Bridgeport			State CT	Zip Code 06604-1525
1705 Capitol Ave	Description Event #				Amount	
Purpose of Expenditure (by code) A-DM	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			\$17,097.08		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	re)	dependent			
Name of Payee Park City Consulting	ITC			Date of Payment 08/25/2023	Method of Check	# 1291 Card
Street Address		City Bridgeport			State CT	Zip Code 06604-1525
1705 Capitol Ave Purpose of Expenditure	Description		Eve	ent#		Amount
(by code) CNSLT		t (D) of shall	alau" is sh	anked)		\$1,500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	re)	dependent		1,000	
Name of Payee Park City Consulting			2	Date of Payment 09/01/2023	Method of Check	
Street Address		City Bridgeport			State CT	Zip Code 06604-1525
1705 Capitol Ave	I B. Ada		Eve	ent#	14	Amount
Purpose of Expenditure (by code) CNSLT	Description					\$1,500.00
Expenditure # (if applicable)	Type of Expenditure [Itemization in Addendum P Required us None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind continue)	re)	below" is ch idependent rganization			
Name of Payee Park City Consulting				Date of Payment 09/01/2023	Method of Check	
Street Address		City Bridgeport		1 1	State CT	Zip Code 06604-1525
1705 Capitol Ave Purpose of Expenditure (by code) A-DM	Description		Ev	ent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con	r committee)	below" is condependent			\$39,040.88

\$59,137.96	SUBTOTAL Section P - This Page
\$281,026.79	TOTAL of Section P Pages
\$281,026.79	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTEE	Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	STATE OF THE PARTY	Mary In the second		7th day preceding	primary	<u></u>
Gariin for Bridgeport	P. Expense	es Paid by Co	mmittee			
Name of Payee Kemuel Pierre-Louis				Date of Payment 07/28/2023	Method of Check	# 1099
Street Address		City Bridgeport			State CT	Zip Code 06606-3423
439 Birmingham St	Event#				Amount	
Purpose of Expenditure (by code) CNSLT	Description Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				\$40.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required it. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind cont	re)	ndependent Organization			
Name of Payee Kemuel Pierre-Louis				Date of Payment 08/04/2023	Method of Check	# 1126 Card
Street Address		City Bridgeport		49 - 49-20-2	State CT	Zíp Code 06606-3423
439 Birmingham St Purpose of Expenditure	Description		Eve	ent#	(3)	Amount
(by code) CNSLT						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use) None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	re)	below" is ch ndependent Organization			\$200.00
Name of Payee Kemuel Pierre-Louis	- Control		-8	Date of Payment 08/11/2023	Method of Check	# 1171
Street Address		City Bridgeport			State CT	Zip Code 06606-3423
439 Birmingham St	Businin		Eve	ent #	-	Amount
Purpose of Expenditure (by code) CNSLT	Description	. (2) 54	l de disa	and a distribution of the state		\$140.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	r committee)	independent Organization			
Name of Payee Kemuel Pierre-Louis				Date of Payment 08/18/2023	Method of Check	# 1220
Street Address		City Bridgeport			State CT	Zip Code 06606-3423
439 Birmingham St Purpose of Expenditure	Description		Ev	ent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee)	below" is ci			\$100.00
	Cool diffused without formoundation and the first					

\$480,00	SUBTOTAL Section P - This Page
\$281,026.79	TOTAL of Section P Pages
\$281,026.79	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository			TYPH OF REPORT		
Ganim for Bridgeport	23				7th day preceding	primary	
	P. Expense	es Paid by	Commit	tee			
Name of Payee Kemuel Pierre-Louis					Date of Payment 08/25/2023	Method of Check	# 1275
Street Address		City Bridgep	ort			State CT	Zip Code 06606-3423
439 Birmingham St Purpose of Expenditure (by code) CNSLT	Description Event #			Amount			
Expenditure # (if applicable)	diture # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					\$100.00	
Name of Payee Kemuel Pierre-Louis					Date of Payment 09/01/2023	Method of Check	# 1360
Street Address		City Bridgep	ort	Į.		State CT	06606-3423
439 Birmingham St Purpose of Expenditure (by code) CNSLT	Description			Event	i		Amount \$120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	r committee) re)	of the below ' Independent Organia	dent	(red)		\$120.00
Name of Payes Francisco Pinerio					Date of Payment 07/28/2023	Method of Check	# 1093
Street Address		City Bridgep	ort			State CT	Zip Code 06608-2708
291 Nichols St Purpose of Expenditure (by code) CNSLT	Description			Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	r committee) re)	of the below Indepen	ndent	ked)		\$240.00
Name of Payee Francisco Pinerio					Date of Payment 08/04/2023		f Payment # 1119 Card EFT
Street Address		City Bridgep	ort			State CT	Zip Code 06608-2708
291 Nichols St Purpose of Expenditure (by code) CNSLT	Description	4	41.11	Event			Amount \$300.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind continue).	or committee) ure)	Indepe	ndent	A B C D		4

\$760.00	SUBTOTAL Section P - This Page
\$281,026.79	TOTAL of Section P Pages
\$281,026.79	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT	
Ganim for Bridgeport	23		7th day preceding	primary
	P. Expense	es Paid by Commi	ftée	
Name of Payee Francisco Pinerio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date of Payment 08/11/2023	Method of Payment ✓ Check # 1165 Debit Card EFT
Street Address 291 Nichols St		City Bridgeport		State Zip Code CT 06608-2708
Purpose of Expenditure (by code) CNSLT	Description Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control	committee) Indepe	ndent zation: A B C D	\$140.00
Name of Payee Francisco Pinerio			Date of Payment 08/18/2023	Method of Payment ✓ Check # 1214 Debit Card EFT
Street Address 291 Nichols St		City Bridgeport		State Zip Code CT 06608-2708
Purpose of Expenditure (by code) CNSLT	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	\$200.00
Name of Payee Francisco Pinerio			Date of Payment 08/25/2023	Method of Payment ✓ Check # 1271 Debit Card EFT
Street Address 291 Nichols St		City Bridgeport		State Zip Code CT 06608-2708
Purpose of Expenditure (by code) CNSLT	Description		Event#	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 expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	\$290.00
Name of Payee Mildred Ramos			Date of Payment 09/01/2023	Method of Payment Check # 1369 Debit Card EFT
Street Address		City Bridgeport		State Zip Code CT 06607-1155
Purpose of Expenditure (by code) CNSLT	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control of the control	committee) Independent	ndent	\$80.00

\$710.00	SUBTOTAL Section P - This Page
\$281,026.79	TOTAL of Section P Pages
\$281,026.79	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTEE Ganim for Bridgeport 23	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport 23				west to a second to an		
WATER THE PARTY AND PARTY			1	7th day preceding	primary	
	P. Expense	s Paid by Commi	ttee			
Name of Payee Silvia Ramos				Date of Payment 08/25/2023	Method of Check	
Street Address 1845 Central Ave		City Bridgeport		- 2 X:	State CT	Zip Code 06610-2720
	Description		Event	#		Amount
(if applicable)	ype 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 contra	committee) Indeper	adent	hed)		\$300.00
Name of Payee Silvia Ramos				Date of Payment 09/01/2023	Method of Check	# 1353
Street Address 1845 Central Ave		City Bridgeport	156		State CT	Zip Code 06610-2720
	Description		Event	#		Amount
Expenditure # Ty (if applicable)	ype of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	ked)		\$500.00
Name of Payee Ana Rivera				Date of Payment 08/18/2023	Method of Check	# 1239
Street Address		City Bridgeport			State CT	Zip Code 06605-1707
Purpose of Expenditure (by code) CNSLT	escription		Event	#		Amount
Expenditure # Ty (if applicable)	ype of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	ted)		\$40.00
Name of Payee King Rivera				Date of Payment 07/28/2023	Method of Check	# <u>1101</u>
Street Address		City Bridgeport			State CT	Zip Code 06607-2110
(by code) CNSLT	escription		Event			Amount
Expenditure # Ty (if applicable)	ppe of Expenditure (Itemization in Addendum P Required unity) None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	□A □B □C □D		\$40.00

\$880.00	SUBTOTAL Section P - This Page
\$281,026.79	TOTAL of Section P Pages
\$281,026.79	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport 23 7th day preceding p			primary			
	P. Expens	és Paid by Comm	ittee			
Name of Payee King Rivera				Date of Payment 08/04/2023		f Payment # 1128 Card EFT
Street Address 3 Edwin St		City Bridgeport			State CT	Zip Code 06607-2110
Purpose of Expenditure (by code) CNSLT	Description		Ever	at #		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					\$100.00	
Name of Payer King Rivera				Date of Payment 08/11/2023	Method of Check	# 1173 CardEFT
Street Address 3 Edwin St		City Bridgeport			State CT	Zip Code 06607-2110
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		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 expenditus Coordinated without reimbursement sought (in-kind control	re) Independent	ndent	cked)		\$120.00
Name of Payer King Rivera				Date of Payment 08/18/2023	Method of Check	# 1222
Street Address 3 Edwin St		City Bridgeport			State CT	Zip Code 06607-2110
Purpose of Expenditure (by code) CNSLT	Description		Event	t#		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 expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ndent	ked)		\$100.00
Name of Payee King Rivera				Date of Payment 09/01/2023	Method of Check Debit	# 1367
Street Address 3 Edwin St		City Bridgeport			State CT	Zip Code 06607-2110
Purpose of Expenditure (by code) CNSLT	Description	8270	Event	#		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 expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Indepen	adent	ked)		\$100.00

SUBTOTAL Section P - This Page	\$420.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	TE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT			
Ganim for Bridgepor	rt 23			7th day preceding	g primary	j primary	
	P. Expen	ses Paid by Comp	nittee				
Name of Payee Nilda Rodriguez				Date of Payment 07/15/2023		of Payment k # 1039 t Card EFT	
Street Address 48 Amsterdam Ave		City Bridgeport			State CT	Zip Code 06606-4549	
Purpose of Expenditure (by code) CNSLT	Description	-	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	or committee)	pendent nization:]A		\$250.00	
Name of Payee Nilda Rodriguez			- 1	Date of Payment 07/22/2023		of Payment k # 1062 Card EFT	
Street Address 48 Amsterdam Ave		City Bridgeport	4		State CT	Zip Code 06606-4549	
Purpose of Expenditure (by code) CNSLT	Description	0	Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the Coordinated with reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated with reimbursement sought (r committee) Indep	endent)]a		\$320.00	
Name of Payee Nilda Rodriguez	23 4		- 1	Date of Payment 07/28/2023		f Payment # 1073 Card EFT	
Street Address 48 Amsterdam Ave		City Bridgeport			State CT	Zip Code 06606-4549	
Purpose of Expenditure (by code) CNSLT	Description		Event #			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 control of the cont	re) Indepe		A B C D		\$320.00	
Name of Payee Nilda Rodriguez			- 1	Date of Payment 08/04/2023	Method of Check	[#] 1147	
Street Address		City Bridgeport	10.200		State CT	Zip Code 06606-4549	
48 Amsterdam Ave Purpose of Expenditure (by code) CNSLT	Description		Event #			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 expenditure Coordinated without reimbursement sought (in-kind contract)	committee) Indepe	ndent	A B C D		\$420.00	

SUBTOTAL Section P - This Page	\$1,310.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	TEE (Provide Complete Name as Registered with Film	g Repository)		TYPE OF REPORT		
Ganim for Bridgepo	im for Bridgeport 23 7th day preceding			g primary		
	P. Expen	ses Påid by Com	nittee		No country	
Name of Payee Nilda Rodriguez				Date of Payment 08/11/2023	☑ Che	of Payment ck # 1192 it Card EFT
Street Address 48 Amsterdam Ave)	City Bridgeport			State CT	Zip Code 06606-4549
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	or committee) Inde	ow" is che pendent mization:	cked)		\$450.00
Name of Payee Nilda Rodriguez				Date of Payment 08/18/2023		of Payment k # 1245 t Card EFT
Street Address 48 Amsterdam Ave	₹	City Bridgeport			State CT	Zip Code 06606-4549
Purpose of Expenditure (by code) CNSLT	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	re) Indep	w" is chec endent nization:	ked)		\$260.00
Name of Payee Nilda Rodriguez	- Art			Date of Payment 08/25/2023		f Payment # 1306 Card EFT
Street Address 48 Amsterdam Ave		City Bridgeport			State CT	Zip Code 06606-4549
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepe	v" is check endent ization	iced)		\$420.00
Name of Payee Nilda Rodriguez				Date of Payment 09/01/2023	Method of Check	# 1327
Street Address		City Bridgeport	- 3		State CT	Zip Code 06606-4549
18 Amsterdam Ave Purpose of Expenditure by ∞de) CNSLT	Description		Event	#		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 expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Indepe	ndent	ed)	73992	\$480.00

SUBTOTAL Section P - This Page	\$1,610.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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Revised January	2015

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NAME OF COMMIT	TBE (Provide Complete Name as Registered with Film	ig Repository)	TYPE OF REPOR	Ť	
Ganim for Bridgepo	ort 23		7th day precedir	g primary	
	P. Expen	ses Paid by Comm	ittee		
Name of Payee Virgilio Rosario			Date of Payment 08/18/2023	Method of P Check # Debit Ca	1205
Street Address 195 French St		City Bridgeport			Zip Code 06606-5414
Purpose of Expenditure (by code) CNSLT	Description		Event#	A	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	or committee) Indepe	•		\$780.00
Name of Payee Keanna Sanchez			Date of Payment 07/22/2023	Method of Pa ✓ Check #	1054
Street Address 65 Palm St		City Bridgeport	- 71		Zip Code 06610-1722
Purpose of Expenditure (by code) CNSLT	Description		Event #	Aı	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent		\$280.00
Name of Payee Americo Santiago	-30	d - 7"	Date of Payment 07/15/2023	Method of Pay Check # 1 Debit Card	044
Street Address 135 Lee Ave		City Bridgeport			ip Code 16605-1561
Purpose of Expenditure (by code) CNSLT	Description		Event #	An	ount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent		\$1,500.00
Name of Payee Americo Santiago			Date of Payment 07/22/2023	Method of Pay ✓ Check # 1	046
Street Address		City Bridgeport			p Code 3605-1561
over) CNSLT	Description		Event #	Am	ount
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 expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent		\$1,200.00

SUBTOTAL Section P - This Page	\$3,760.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	TEE (Provide Complete Name as Registered with Film	ig Repository)		TYPE OF REPORT	İ	
Ganim for Bridgepor	rt 23			7th day preceding	g primary	
	P. Expen	ses Paid by Comn	nittee			
Name of Payee Americo Santiago				Date of Payment 07/28/2023	Chec	of Payment k # 1105 t Card EFT
Street Address 135 Lee Ave		City Bridgeport			State CT	Zip Code 06605-1561
Purpose of Expenditure (by code) CNSLT	Description		Even	ıt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendin Coordinated without reimbursement sought (in-kind con	or committee) Indep	w" is chec endent nization:	cked)		\$1,200.00
Name of Payee Americo Santiago	e emë			Date of Payment 08/04/2023	Method o	f Payment 4 1139 Card EFT
Street Address 135 Lee Ave		City Bridgeport			State CT	Zip Code 06605-1561
Purpose of Expenditure (by code) CNSLT	Description	N	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the control	r committee) Indepe	ndent	hed)		\$1,500.00
Name of Payee Americo Santiago				Date of Payment 08/11/2023	Method of Check	# 1186
Street Address 135 Lee Ave		City Bridgeport			State CT	Zip Code 06605-1561
Purpose of Expenditure (by code) CNSLT	Description		Event #	¥		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 expenditure) Coordinated without reimbursement sought (in-kind control	committee) Indepen	ndent	ed)		\$1,500.00
Name of Payee Americo Santiago				Date of Payment 08/18/2023	Method of Check	1255
Street Address 135 Lee Ave		City Bridgeport			State CT	Zip Code 06605-1561
Aurpose of Expenditure by code) CNSLT	Description		Event#			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required uni None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	ommittee) Independ	dent	d) A		\$1,500.00

SUBTOTAL Section P - This Page	\$5,700.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPORT	
Ganim for Bridgepo	rt 23		7th day preceding	g primary
	P, Expen	ses Paid by Comm	iittee	
Name of Payee Americo Santiago			Date of Payment 08/18/2023	Method of Payment Check # 1258 Debit Card EFT
Street Address 135 Lee Ave		City Bridgeport		State Zip Code CT 06605-1561
Purpose of Expenditure (by code) RMB	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) Indepe		\$418.36
Name of Payee Americo Santiago			Date of Payment 08/25/2023	Method of Payment ✓ Check # 1292 ☐ Debit Card ☐ EFT
Street Address 135 Lee Ave		City Bridgeport		State Zip Code CT 06605-1561
Purpose of Expenditure (by code) CNSLT	Description		Event #	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 of the control o	committee) Indepen	ndeat	\$1,500.00
Name of Payee Americo Santiago		N g	Date of Payment 08/25/2023	Method of Payment Check # 1294 Debit Card EFT
Street Address	999 1150	City Bridgeport		State Zip Code CT 06605-1561
Purpose of Expenditure (by code) CNSLT	Description		Event #	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 expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Indepen	ndent	\$536.62
Name of Payee Americo Santiago			Date of Payment 09/01/2023	Method of Payment Check # 1350 Debit Card EFT
Street Address 135 Lee Ave		City Bridgeport		State Zip Code CT 06605-1561
Purpose of Expenditure by code) CNSLT	Description		Event #	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	ommittee) Independ	deat	\$1,500.00

SUBTOTAL Section P - This Page	\$3,954.98
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	THE (Provide Complete Name as Registered with Fili	ng Repository)	TYPE OF REPORT	Γ	
Ganim for Bridgeport 23 7th day preceding			g primary		
	P. Exper	ises Paid by Comi	nittee		
Name of Payee Kathy Santos			Date of Payment 08/11/2023	Chec	of Payment k # 1160 t Card EFT
Street Address 71 Truman St, Apt	110	City Bridgeport	1009	State CT	Zip Code 06606-4956
Purpose of Expenditure (by code) CNSLT	Description	in .	Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	or committee)	w" is checked) endent nization: A B C D		\$180.00
Name of Payee Kathy Santos			Date of Payment 08/18/2023	Method of Check	# 1209
Street Address 71 Truman St, Apt 1	110	City Bridgeport		State CT	Zip Code 06606-4956
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	or committee) Indepe	N. C.		\$170.00
Name of Payee Kathy Santos			Date of Payment 09/01/2023	Method of Check	# 1368
Street Address 71 Truman St, Apt 1	10	City Bridgeport	1	State CT	Zip Code 06606-4956
Purpose of Expenditure (by code) CNSLT	Description		Event #		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 expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepen	ndent		\$40.00
Name of Payee Mustafa Seyal			Date of Payment 08/04/2023	Method of I	1133
Street Address 185 Hunyadi Ave		City Fairfield		State CT	Zip Code 06824-4119
hupose of Expenditure by code) CNSLT	Description		Event #	A	Mount
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 expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent		\$250.00

SUBTOTAL Section P - This Page	\$640.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMIT	TEE (Provide Complète Name as Registered with Filin	g Repository)	TYPE OF REPORT	
Ganim for Bridgeport 23 7th day preceding			primary	
	P. Expen	ses Paid by Comm	ittee	
Name of Payee Mustafa Seyal			Date of Payment 08/11/2023	Method of Payment Check # 1178 Debit Card EFT
Street Address 185 Hunyadi Ave		City Fairfield		State Zip Code CT 06824-4119
Purpose of Expenditure (by code) CNSLT	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continue)	or committee) Indepe		\$70.00
Name of Payee Mustafa Seyal			Date of Payment 08/18/2023	Method of Payment ✓ Check # 1227 Debit Card ☐ EFT
Street Address 185 Hunyadi Ave		City Fairfield	Ų	State Zip Code CT 06824-4119
Purpose of Expenditure (by code) CNSLT	Description		Event#	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 expenditus Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	\$240.00
Name of Payee Mustafa Seyal		1	Date of Payment 08/25/2023	Method of Payment Check # 1282 Debit Card EFT
Street Address 185 Hunyadi Ave	ar in	City Fairfield		State Zip Code CT 06824-4119
Purpose of Expenditure (by code) CNSLT	Description	200	Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	edent	\$240.00
Name of Payee Tonya Shelton			Date of Payment 08/04/2023	Method of Payment Check # 1138 Debit Card EFT
Street Address 57 Lenox Ave		City Bridgeport		State Zip Code CT 06605-1979
Purpose of Expenditure (by code) CNSLT	Description	u sen som	Event#	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 expenditure Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	\$250.00

SUBTOTAL Section P - This Page	\$800,00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMIT	TBE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT		
Ganim for Bridgepo	nim for Bridgeport 23 7th day preceding			primary		
	P. Expen	ses Paid by Com	mittee			大型加速型型
Name of Payee Tonya Shelton				Date of Payment 08/11/2023	✓ Chec	of Payment k # 1183 t Card EFT
Street Address 57 Lenox Ave		City Bridgeport			State CT	Zip Code 06605-1979
Purpose of Expenditure (by code) CNSLT	Description		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) Inde	pendent	A B C D		\$180.00
Name of Payee Carla Silva			- 1	Pate of Payment 18/11/2023		f Payment 4 1168 Card EFT
Street Address 66 Cleveland Ave		City Bridgeport			State CT	Zip Code 06606-5209
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	re) Indep	pendent	A B C D		\$300.00
Name of Payer Carla Silva	20.5		- 1	ate of Payment B/18/2023	Method of Check	
Street Address 66 Cleveland Ave		City Bridgeport			State CT	Zip Code 06606-5209
Purpose of Expenditure (by code) CNSLT	Description		Event#			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 expenditure) Coordinated without reimbursement sought (in-kind control	committee) Indepe	v" is checked) endent ization:	л		\$140.00
Name of Payee Sonja Singletory			1100	te of Payment 7/22/2023	Method of Check Debit	# 1050
Street Address 1071 Iranistan Ave		City Bridgeport			State CT	Zip Code 06604-3729
Purpose of Expenditure by code) CNSLT	Description		Event #			Amount
Expenditure # (if 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 contri	committee) Indepe	endent	В С р		\$440.00

ŞUBTOTAL Section P - This Page	\$1,060.00
TOTAL of Section P Pages	\$281,026,79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	TE (Provide Complete Name as Registered with Film	ng Repository)	TYPE OF REPORT			
Ganim for Bridgepo	m for Bridgeport 23 7th day preceding			g primary		
	P. Exper	ses Paid by Comp	nittee			
Name of Payee Sonja Singletory			Date of Payment 07/28/2023	✓ Chec	of Payment k # 1084 t Card EFT	
Street Address 1071 Iranistan Ave		City Bridgeport		State CT	Zip Code 06604-3729	
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	or committee) Indep	w" is checked) endent nization: A B C D		\$370.00	
Name of Payee Sonja Singletory			Date of Payment 08/04/2023		f Payment # 1110 Card EFT	
Street Address 1071 Iranistan Ave		City Bridgeport	d.	State CT	Zip Code 06604-3729	
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	or committee) Indepe			\$300.00	
Name of Payee Sonja Singletory			Date of Payment 08/18/2023	Method of Check	# 1236	
Street Address 1071 Iranistan Ave		City Bridgeport		State CT	Zip Code 06604-3729	
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndeat		\$160.00	
Name of Payee Testo's Pizzeria			Date of Payment 08/31/2023	Method of Check	# 1320	
Street Address 1023 Brooklawn Ave		City Fairfield		State CT	Zip Code 06825-1812	
Purpose of Expenditure by code) FOOD	Description Pizza & Salad for Various Events		Event #		Amount	
Expenditure # (J'applicable)	Type of Expenditure (Itemization in Addendum P Required ut None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepen	ndent	\$876.35		

SUBTOTAL Section P - This Page	\$1,706.35
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filin	ig Repository)		TYPE OF REPORT			
Ganim for Bridgepo	rt 23		-0,6 80	7th day preceding	h day preceding primary		
	P. Expen	ses Paid by Comn	äittee				
Name of Payee The Digital Chame	leon LLC		- 1	Date of Payment 08/25/2023	Che	of Payment ck # 1299 it Card	
Street Address 55 Hawley Ave		City Bridgeport			State CT	Zip Code 06606-5035	
Purpose of Expenditure (by code) A-SIGN	Description	.1	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	or committee) Indep	endent)]a		\$5,500.42	
Name of Payee Uniform Proz			1	Oate of Payment 07/15/2023		of Payment k # 1204 t Card EFT	
Street Address 71 Woodcrest Ave		City Stratford	57		State CT	Zip Code 06614-4837	
Purpose of Expenditure (by code) OVHD	Description Shirts		Event #	·		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee)				\$1,780.00	
Name of Payee United States Postal	I Service		41	ate of Payment 8/23/2023	Method o Check		
Street Address 120 Middle St		City Bridgeport			State CT	Zip Code 06602-9998	
Purpose of Expenditure (by code) POST	Description		Event #	3000		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 expenditure) Coordinated without reimbursement sought (in-kind control	committee) Indepen	ndent	A B C D		\$1,320.00	
Name of Payee Mirella Villacres			- 1	nte of Payment 7/28/2023	Method of ✓ Check Debit	# 1077	
Street Address 30 Garfield Ave		City Bridgeport			State CT	Zip Code 06606-5267	
Purpose of Expenditure by code) CNSLT	Description	768	Event#			Amount	
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee) Indepen	ndent	. □в □с □р	_	\$400.00	

SUBTOTAL Section P - This Page	\$9,000.42
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT		通过的影响
Ganim for Bridgeport 23 7th day preceding		primary			
	P. Expens	es Paid by Commi	ittee		
Name of Payee Mirella Villacres			Date of Payment 08/04/2023		of Payment k # 1150 Card EFT
Street Address 90 Garfield Ave		City Bridgeport		State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent		\$240.00
Name of Payce Mirella Villacres			Date of Payment 08/18/2023	Method of Check	
Street Address 90 Garfield Ave	- 20	City Bridgeport		State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required will None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	committee) Indepen	dent		\$500.00
Name of Payee Mirella Villacres	=" -	76	Date of Payment 08/25/2023	Method of Check	# 1310
Street Address 90 Garfield Ave		City Bridgeport		State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Event #		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 expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	deat		\$640.00
Name of Payee Mirella Villacres			Date of Payment 09/01/2023	Method of Check	[#] 1333
Street Address 90 Garfield Ave		City Bridgeport		State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	Organiza	leat		\$970.00

\$2,350.00	SUBTOTAL Section P - This Page
\$281,026.79	TOTAL of Section P Pages
\$281,026.79	AL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITT	BB (Provide Complete Name as Registered with Film	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	rt 23			7th day preceding	primary	
	P. Expens	es Paid by Comm	nittee			
Name of Payee Jeanette Watson				Date of Payment 07/22/2023		of Payment k # 1065 t Card EFT
Street Address 55 Shell St, Apt 61	3	City Bridgeport	umen s		State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a	r committee) Indep	w" is checo endent nization	ked)		\$200.00
Name of Payee Jeanette Watson				Date of Payment 07/28/2023		f Payment # 1078 Card EFT
Street Address 55 Shell St, Apt 613		City Bridgeport	o et estatue		State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description	279	Event	#		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 expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepe		eed)		\$300.00
Name of Payee Jeanette Watson	542 ₃			Date of Payment 08/04/2023	Method of Check	# <u>1151</u>
Street Address 55 Shell St, Apt 613		City Bridgeport	63		State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description		Event #			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 expenditure Coordinated without reimbursement sought (in-kind contri	committee) Indeper	ndent	ed)		\$300.00
Name of Payee Jeanette Watson				Date of Payment 08/11/2023	Method of ✓ Check: Debit C	# 1195
Street Address 55 Shell St, Apt 613		City Bridgeport			State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	ommittee) Indepen	ndent	d) A B C D		\$300.00

SUBTOTAL Section P - This Page	\$1,100.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filu	ng Repository)	TE SEC	TYPE OF REPORT		
Ganim for Bridgepo	rt 23			7th day preceding	g primary	
	P. Expen	ses Paid by Comi	nittee			
Name of Payee Jeanette Watson				Date of Payment 08/18/2023	Chec	of Payment k # 1249 t Card EFT
Street Address 55 Shell St, Apt 61	3	City Bridgeport			State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) Indep	w" is checendent	cked)		\$200.00
Name of Payee Jeanette Watson		33.00 3032-3		Date of Payment 08/25/2023		f Payment 4 1311 Card EFT
Street Address 55 Shell St, Apt 613	— ,c. c. c	City Bridgeport	W		State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	endent	hed)		\$200.00
Name of Payee Jeanette Watson			1	Date of Payment 09/01/2023	Method of Check	# 1334
Street Address 55 Shell St, Apt 613		City Bridgeport			State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description		Event	#		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 expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ndent	ABCD		\$200.00
Name of Payee Kirk Wesley				Date of Payment 07/15/2023	Method of Check	[#] 1043
Street Address 3336 Fairfield Ave		City Bridgeport			State CT	Zip Code 06605-3227
Aurpose of Expenditure by code) CNSLT	Description		Event #	(A)		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 expenditure Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	ed)	-7.55	\$1,500.00

SUBTOTAL Section P - This Page	\$2,100.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fili	ig Repository)	TYPE OF REPORT	Γ	
Ganim for Bridgepo	anim for Bridgeport 23 7th day precedin			primary	
	P. Expei	ises Paid by Comb	nittee		
Name of Payee Kirk Wesley			Date of Payment 07/22/2023	☑ Che	of Payment ck # 1047 it Card EFT
Street Address 3336 Fairfield Ave		City Bridgeport		State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	ello -	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) Indep			\$1,500.00
Name of Payee Kirk Wesley			Date of Payment 07/28/2023		of Payment k # 1104 Card EFT
Street Address 3336 Fairfield Ave		City Bridgeport		State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind com	r committee) Indepe	ndent		\$1,500.00
Name of Payee Kirk Wesley			Date of Payment 08/04/2023	Method of Check	
Street Address 3336 Fairfield Ave		City Bridgeport	Ø	State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description		Event #		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 expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	2	\$1,500.00
Name of Payee Kirk Wesley			Date of Payment 08/11/2023	Method of Check	# <u>1185</u>
Street Address		City		State	Zip Code
3336 Fairfield Ave		Bridgeport		СТ	06605-3227
Purpose of Expenditure by code) CNSLT	Description		Event #		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 expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent		\$1,500.00

SUBTOTAL Section P - This Page	\$6,000.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	EE (Provide Complète Name as Registered with Filin	g-Repository)		TYPE OF REPORT		
Ganim for Bridgepor	rt 23			7th day preceding	primary	
	P. Expen	ses Paid by Gomn	nittee			
Name of Payee Kirk Wesley		I.		ate of Payment 8/11/2023	Method of Payment Check # 1202 Debit Card EFT	
Street Address 3336 Fairfield Ave		City Bridgeport			State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) RMB						Amount
Expenditure # (if applicable)						\$169.98
Name of Payee Kirk Wesley Date of Payment 08/18/2023				-		of Payment k # 1254 Card EFT
Street Address City Bridgeport					State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT					Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind control	committee) Indepe	60	вср		\$1,500.00
Name of Payee Kirk Wesley	5#12			e of Payment /18/2023	Method of Check	
Street Address 3336 Fairfield Ave		City Bridgeport			State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) RMB	Description		Event #			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 expenditure Coordinated without reimbursement sought (in-kind contri	committee) Indepe	ndent	_в _с _р		\$462.74
Name of Payee Kirk Wesley		Date of Payment 08/25/2023		-	Method of Payment ✓ Check # 1293 Debit Card EFT	
Street Address 3336 Fairfield Ave		City Bridgeport			State CT	Zip Code 06605-3227
Purpose of Expenditure by code) CNSLT	rpose of Expenditure Description Event #			2 1000 1000 1000		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or compared to the Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribution)	ommittee) Indepen	ident	□в □с □р		\$1,500.00

SUBTOTAL Section P - This Page	\$3,632.72
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	ng Repository)	TYPE OF REPORT		60.0
Ganim for Bridgepor	Ganim for Bridgeport 23 7th day preceding				
	P. Expen	ses Paid by Comm	nititee	COLUMN TO A STATE OF THE PARTY.	
Name of Payee Kirk Wesley		Date of Payment 08/25/2023		Method of Payment Check # 1318 Debit Card EFT	
Street Address 3336 Fairfield Ave		City Bridgeport		State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) RMB					Amount
Expenditure # (if applicable)					
Name of Payee Kirk Wesley			Date of Payment 09/01/2023		of Payment 4 # 1351 Card EFT
Street Address 3336 Fairfield Ave	Bridgeport				Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con	r committee) Indepe	endent		\$1,500.00
Name of Payee Arnoid Whitaker			Date of Payment 09/01/2023	Method of Check	
Street Address 243 Sylvan St		City Bridgeport		State CT	Zup Code 06606-2564
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Independent	ndent		\$100.00
Name of Payee Diana Zapata			Date of Payment 08/25/2023	Method of Check	# 1317
Street Address 262 Harral Ave		City Bridgeport		State CT	Zip Code 06604-3004
Purpose of Expenditure by code) CNSLT	Description		Event #		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	ident		\$100.00

SUBTOTAL Section P - This Page	\$2,151.95
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			The Local			
Ganim for Bridgeport 23 7th day preceding				ng primary	primary	
	P. Expens	es Paid by Commit	itee			
Name of Payee Diana Zapata			- 1	te of Payment 1/01/2023	Che	of Payment ck # 1337 it CardEFT
Street Address 262 Harral Ave		City Bridgeport			State CT	Zip Code 06604-3004
Purpose of Expenditure (by code) CNSLT	Description Event#					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) 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					\$670.00

SUBTOTAL Section P - This Page	\$670.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

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R	evie	иl	lens	arv	201	4

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Ganim for Bridgepo	Ganim for Bridgeport 23 71					7th day preceding primary			
10.000	T. Itemization of Rei	mbürsemen	ts to Committee W	orkers an	d Consu	ltants			
Last Name of Worker/Co Wesley	Last Name of Worker/Consultant Fi Wesley K				MI	Date of Payment to Vendor, Person or Entity 07/23/2023			
Name of Vendor, Person Amazon	or Entity Paid by Committee Worker/Consultar	nt			as rep	ent to Reimburs orted in Section neck # 1257	P:	e Worker/Co	nsultant EFT
Street Address			City		16.	1231	State	Zip Code	
PO Box 81226			Seattle				WA	98108	-1300
Purpose of Expenditure (by code) OFFICE	Description Supplies			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden	nother candidate nt (joint expendit	or committee) Indepe		А ∐В	_c _p		\$	462.74
Last Name of Worker/Con Wesley	sultant	First Kirk			MI	Date of Pay 07/23/		ndor, Person (or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon Payment to Reimbur as reported in Section Check # 1202			rted in Section l	P:	Worker/Con				
Street Address PO Box 81226			City Seattle				State WA	Zip Code 98108-	
Purpose of Expenditure (by code) OFFICE	Description			Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve and Coordinated with reimbursement sought Coordinated without reimbursement sou	other candidate of (joint expenditu	re) Independent	ndent	В []c		\$	\$84.99
Last Name of Worker/Cons Wesley	sultant	First Kirk			MI	Date of Payr 08/11/2		dor, Person o	r Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon			XI		as repor	t to Reimburse ted in Section P ck # 1202	al Rones	150	ultant
Street Address			City		,202		State	Zip Code	1000
PO Box 81226			Seattle				WA	98108-1	300
Purpose of Expenditure (by code) OFFICE	Description	10		Event #	and the state of t			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendated None of the below (does not involve anot Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditu	r committee) Indepen	dent	□в []с []р		\$	84.99

\$632.72	SUBTOTAL Section T - This Page
\$2,775.48	TOTAL of Section T Pages
\$2,775.48	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

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NAME OF COMMIT	IEE (Provide Complete Name as Regi	stered with Filb	ng Repository)		TYPE OF REPORT					
Ganim for Bridgepo	ort 23				7th day preceding primary					
	T. Itemization of Re	imbursement	s to Committee W	orkers and	l Consu	ltants				
Last Name of Worker/Co Santiago	onsultant	First Americo			MI		Payment to Vendor, Person or Entity 19/2023			
Name of Vendor, Person Amazon	or Entity Paid by Committee Worker/Consult	ant			as rep	ent to Reimburs orted in Section beck # 1294	P:	e Worker/Consultant		
Street Address		200 100 -00	City		NV C	1294	State	Zip Code		
PO Box 81226			Seattle				WA	98108-1300		
Purpose of Expenditure (by code) OFFICE	Description Supplies		94 10-0030	Event#	-			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Add None of the below (does not involve: Coordinated with reimbursement sou Coordinated without reimbursements	another candidate of the condition of the condition of the candidate of th	or committee) Indepe		В	□с □р		\$536.62		
Last Name of Worker/Con Wesley	nsultant	First Kirk			МІ	Date of Pays 08/23/		ndor, Person or Entity		
Name of Vendor, Person of Amazon	or Entity Paid by Committee Worker/Consulta	nt -		7.	as repo	nt to Reimburse orted in Section I eck # 1318	· _	e Worker/Consultant		
Street Address PO Box 81226			City Seattle				State WA	Zip Code 98108-1300		
Purpose of Expenditure (by code) OFFICE	Description			Event #				Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adde None of the below (does not involve as Coordinated with reimbursement sough Coordinated without reimbursement so	nother candidate on ht (joint expenditu	r committee) Indepe	ndent	□в [_c _b		\$451.95		
Last Name of Worker/Cons Gaudett	sultant	First Thomas			MI J	Date of Pays 07/01/2		dor, Person or Entity		
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultan	ut	<i>V</i> :		as repor	t to Reimburse (ted in Section P ck # 1030		Worker/Consultant		
Street Address 1201 Kings Hwy, Ste	a 2		City Fairfield			1000	State CT	Zip Code 06824-5319		
Purpose of Expenditure (by code) OFFICE	Description			Event#				Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden None of the below (does not involve an Coordinated with reimbursement sough Coordinated without reimbursement so	other candidate or at (joint expenditure	committee) Indepen	dent	B []c []b		\$735.83		

	SUBTOTAL Section T - This Page	\$1,724.40
	TOTAL of Section T Pages	\$2,775.48
TOTAL OF ALL REIMBURSEMENT TO COMM	WITTEE WORKERS AND CONSULTANTS	\$2,775.48

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NAME OF COMMITT	EÉ (Přovide Complete Name as Regist	ered with Films	Repository)		TYPE	OF REPORT			
Ganim for Bridgepor	t 23				7th da	7th day preceding primary			
	T. Itemization of Rein	mburšements	to Committee Wo	rkers and	Consu	ltants			
			First Americo			Date of Pay 08/08		andor, Person or Entity	
Name of Vendor, Person of Staples	or Entity Paid by Committee Worker/Consultan	nt			аз гер	ent to Reimburso orted in Section neck # 1258	e Committee Worker/Consultant P: Debit Card EFT		
Street Address 1201 Kings Hwy, St	te 2		City Fairfield				State CT	Zip Code 06824-5319	
Purpose of Expenditure (by code) OFFICE	Description			Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below (does not involve and Coordinated with reimbursement sought Coordinated without reimbursement sought	other candidate or t (joint expenditur	committee) Indeper	ident	В	_c _b		\$418.36	

\$418.36	SUBTOTAL Section T - This Page
\$2,775.48	TOTAL of Section T Pages
\$2,775.48	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS