SEEC FORM 20

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

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COVER PAGE

1. NAME OF COMMITTEE		Contract of		THE PARTY NAMED IN	WAS BURNED ON	2013	3011
Ganim for Bridgeport 23							
2. TREASURER NAME	Wellingst, Beat,	311167.5			SOME IN COME		THE PERSON NAMED IN
First		MI	Last			Suffix	
Anthony			Paoletto				
3. TREASURER ADDRESS		1910					
Street Address		•	City				p Code
321 Lynne Place			idgeport			1	310
4. ELECTION/REFERENDUM DATE	5. OFFICE SOU	IGHT (C	Complete only if Candid	late Committee)	6. DISTRICT NUMB	ER	CALLES ON
(mm/dd/yyyy)				100	(if applicable)		
	Мауог			7	0		
7. CANDIDATE NAME (Complete on	y if Candidate or Exp	loratory C	Committee)	1024	WHEN BUILDING	2 22	To the last
First		MI	Last	8 (40)		Suffix	
Joseph		Р	Ganim				
8. TYPE OF REPORT (Check One I	Box)				State of the last		NO WAY
January 10 filing	✓ 7th day preceding p	птагу	7th day p	receding referendur	n Initial Contribu		sement
April 10 filing	30 days following p		45 days fe	ollowing referendur			- 1
July 10 filing	7th day preceding e		Deficit		Amendment to		
October 10 filing	12th day preceding	election	Terminati	ion	Type of Report:		
	(State Central Com	mittees Or	nly)				
24 Hour Independent Expenditure	45 days following e	election no	ot				
Primary Election	held in November						
9. PERIOD COVERED	The least the same	BIE		May Califery	The state of the s	The last	100
Be	ginning Date			Ending Date			
07.	01/2023		thru	09/03/2023			
10. CERTIFICATION	State of the State			C AND NA		VS ROLL	=330
I hereby certify and state, under po	enalties of false sta	atement,	, that all of the info	rmation set fort	n on this Itemized		
Campaign Finance Disclosure S	tatement for the p	period co	overed is true, accur	rate and comple	ete.		
			100				
			1.4		6	1 1 7	
			1-11114	1019/00		1-5-2	
TREASURER OR DEPUTY TREASU	RER (SIGNATURE)		PRINT NAM	ME OF SIGNER	D	ATE (mm/dd/y	/ууу)
MARKET HEAVINE STANFORD		Bell Bell					
A person who is four	nd to have knowing	ly and wi	illfully violated any p	rovisions of the	campaign finance		- 50
	statutes faces a	civil pen	nalty or imprisonmen	t or both.			20,00

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ganim for Bridgeport 23	7th day preceding primary	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.0
12. Balance on hand at the beginning of Reporting Period	\$344,366.08	
13. Contributions received from Individuals (Section A and B)	\$1,550.00	\$378,955.0
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$7,700.0
15. Other Monetary Receipts (Sections D through K)	\$0,00	\$0.0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
6b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
6c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$10,550.00
7. Total Monetary Receipts (add totals for lines 13-16c)	\$1,550.00	\$397,205.00
8. Subtotals (add totals in Line 12 + 17 in Column A, and in Line 11 + 17 in Column B)	\$345,916.08	\$397,205.00
9. Expenditures Paid by Committee (Section P)	\$281,026.79	\$333,065.71
0. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$64,889.29	\$64,889.29
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	
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	\$0.00
5d. Total Outstanding Loan Amount	\$0.00	
5. Campaign Expenses Paid by Candidate (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	

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23			7th day preceding	g primary	,	
A. Total Contributions from Small Contributors - Received the	his Period (ONLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
B. Itemize	d Contribut	tions from Individual	s			
Last Name		First				M.I.
Auerbach		Marilyn				
Residential Street Address	City		W-12-12-00	State	Zip Code	
151 Kennedy Dr	Bridger			СТ	06606-	5917
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? No municipality does contribution municipality valued at more sevent reported in Section L1? Is contributor a principal of a event reported in Section L1?	tor or business re than \$5,000? state contractor		ve a contract with said No Yes	Amoui	at of Cont	ribution
If yes, list Event # No branches of government the contract is with:		ecutive Legis				
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received 08/04/2023	Aggregate contributions \$50.00	- 1		
Last Name		First			*	M.I.
Auerbach	anamo - J	Steven		20.		Н
Residential Street Address	City			State	Zip Code	
151 Kennedy Dr	Bridgep			СТ	06606-5	917
Principal Occupation Director of Parking		Name of Employer City of Bridgeport				
	or or business h	ndidate committee for a chief he/she is associated with have Yes		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a s If yes, indicate which branch branches of government the	ог		[Z] No			\$100.00
If yes, list Event # contract is with:		ecutive Legisl				
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction [Money Orde	Date Received 08/04/2023	Aggregate contributions \$650.00			
Last Name	4.	First				M.I.
Cooper		Jim				R
Residential Street Address	City			State	Zip Code	
65 Edwin St	Bridgepo			СТ	06607-2	110
Principal Occupation Manager		Name of Employer Resource Services				
	or or business h	didate committee for a chief e/she is associated with have		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the contract is with:	or	r prospective state contractor	∐ 18 √No		\$1	,000.000,
Method of contribution.		Date Received	Aggregate contributions	1		

\$1,150.00	SUBTOTAL Section B - This Page
\$1,550.00	TOTAL of Section B Pages
\$1,550.00	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 Filing Repo	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23	anim for Bridgeport 23		7th day preceding	primary	,	
A. Total Contributions from Small Contributors - Receive (See instructions for definition of Small Contributor)	d this Period (ONLY Subtotal Section	A			\$0.0
B. Item	ized Cöntribut	ions from Individual		Em Sala		
Last Name		First			2.14	MLL
Fuimara		Vincent				
Residential Street Address	City			State	Zip Code	
55 Normandy Rd	Trumbi			СТ	06611-	1136
Principal Occupation General contractor		Name of Employer Mediterranean cons	truction			
	tributor or business	indidate committee for a chie he/she is associated with hav Yes		Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # Is contributor a principal of the principal o	ranch or	or prospective state contract tecutive Legis	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduct	tion Money Ord	Date Received 07/10/2023	Aggregate contributions \$250.00			
Last Name		First			1	MLL
Stanco		Kenneth				
Residential Street Address 61 Keefe St	City Waterbo	игу		State CT	Zip Code 06706-1	619
Principal Occupation Mayoral Aide	- 18	Name of Employer City of Waterbury		153		
	ributor or business l	ndidate committee for a chief ne/she is associated with have Yes		Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which branches of government to branches of government.	anch or	or prospective state contracto				\$50.00
If yes, list Event # contract is with:	Exe	ecutive Legis	lative	i		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	ion Money Orde	Date Received 07/20/2023	Aggregate contributions \$50.00			
Last Name	83	First				MI
Talamelli-Cusick	W.	Karen				
Residential Street Address	City	n.		State	Zip Code	
6 Diana Dr	Woodbri			СТ	06525-1	217
Principal Occupation Consulting		Name of Employer Cusick & Co LLC			20 Marie (2)	
	ibutor or business h	didate committee for a chief e/she is associated with have Yes		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Is contributor a principal of If yes, indicate which branches of government to contract is with	anch or	r prospective state contracto	∐ No		\$	\$100.00
Method of contribution:		Date Received	Aggregate contributions			ĺ

\$400.00	SUBTOTAL Section B - This Page
\$1,550.00	TOTAL of Section B Pages
\$1,550.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections A-	К)	Page	5	of	93
NAME OF COMMITTIES (Provide Complete Name as Registered With Filing Repository)	TYPEOF	REPORT			
Ganim for Bridgeport 23	7th day p	receding prin	nary		
Summary of Other Monetary Receipts (Sections D-K)					
Total Loans Received this Period (Section D)					\$0.0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+				\$0.0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+				\$0.0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.0

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0 1 6 511	TEE (Provide Complete Name as Registered with Fili	ng Repository)	TYPE OF REPO)RT		
Ganim for Bridgepo	rt 23	7th day precedin			g primary	
	P. Exper	ses Paid by Comi	uittee			
Name of Payee 930 Main Street As	ssociates LLC		Date of Payment 07/01/2023	☑ Che	of Payment ck # 1026 oit Card EFT	
Street Address 15 Hosley Ave		City Branford		State CT	Zip Code 06405-2523	
Purpose of Expenditure (by code) OVHD	Description Rent	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 expending Coordinated without reimbursement sought (in-kind co	or committee) Indep	w is checked) endent nization: A B C]»	\$5,000.00	
Name of Payee 930 Main Street As:	sociates LLC		Date of Payment 08/30/2023	☑ Chec	of Payment ck # 1319 t Card EFT	
Street Address 15 Hosley Ave		City Branford	×4.	State CT	Zip Code 06405-2523	
Purpose of Expenditure (by code) OVHD	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 expenditu	or committee)	98		\$10,000.00	
	Coordinated with reimbursement sought (in-kind con	ire)	ization. A B C]D		
		ire)	1/9/	Method o	of Payment k # 1097 Card EFT	
Jaselyn Adams Street Address		ire)	Date of Payment	Method o	⁴ 1097	
Name of Payce Jaselyn Adams Street Address 130 Clifford St Purpose of Expenditure (by code) CNSLT		ire)	Date of Payment	Method of Check	Card EFT Zip Code	
Jaselyn Adams Street Address 130 Clifford St Purpose of Expenditure	Coordinated without reimbursement sought (in-kind con	City Bridgeport City Bridgeport City Bridgeport City Bridgeport	Date of Payment 07/28/2023 Event # "is checked)	Method of Check	Zip Code 06607-1604	
Jaselyn Adams Street Address 130 Clifford St Purpose of Expenditure by code) CNSLT Expenditure #	Description Type of Expenditure (Itemization in Addendum P Required u) None of the below (does not involve another candidate o) Coordinated with reimbursement sought (joint expenditure)	City Bridgeport City Bridgeport City Bridgeport City Bridgeport	Date of Payment 07/28/2023 Event # "is checked)	Method c Checi Debit State CT	# 1097 Card EFT Zip Code 06607-1604 Amount \$150.00	
Jaselyn Adams Street Address 130 Clifford St Purpose of Expenditure by code) CNSLT Expenditure # if applicable) fame of Payee aselyn Adams	Description Type of Expenditure (Itemization in Addendum P Required u) None of the below (does not involve another candidate o) Coordinated with reimbursement sought (joint expenditure)	City Bridgeport City Bridgeport City Bridgeport City Bridgeport	Date of Payment O7/28/2023 Event # "Is checked) adent cation: A B C Date of Payment	Method o	# 1097 Card EFT Zip Code 06607-1604 Amount \$150.00	
Jaselyn Adams Street Address 130 Clifford St Purpose of Expenditure by code) CNSLT Expenditure # If applicable) Jame of Payee aselyn Adams	Description Type of Expenditure (Itemization in Addendum P Required u) None of the below (does not involve another candidate o) Coordinated with reimbursement sought (joint expenditure)	City Bridgeport City Bridgeport Indeper Tropic City City City City City City City	Date of Payment O7/28/2023 Event # "Is checked) adent cation: A B C Date of Payment	Method o Check Debit Method o CT Method o Check Debit State	# 1097 Card	

SUBTOTAL Section P - This Page	\$15,380.00
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		
Ganim for Bridgeport 23				7th day preceding	primary	
	P. Expen	ses Paid by Comp	nittee			
Name of Payee Jaselyn Adams				Date of Payment 08/11/2023	✓ Chee	of Payment # # 1169 t Card EFT
Street Address 130 Clifford St		City Bridgeport			State CT	Zip Code 06607-1604
Purpose of Expenditure (by code) CNSLT	Description		Ever	ut #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate components)	or committee) Indep	w" is che cendent nization:	cked)		\$230.00
Name of Payee Jaselyn Adams				Date of Payment 08/18/2023	Method of Check	of Payment k # 1218 Card EFT
Street Address		City			State	Zip Code 06607-1604
130 Clifford St		Bridgeport	230	928.33	CI	00007-1004
Purpose of Expenditure (by code) CNSLT	Description		Eveni			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 compared to the control of the control	r committee) Indepo		ked) A B C D		\$300.00
Name of Payee		V. 18 44	5	Date of Payment		f Payment
Ricardo Aldolphe		16 16 N		08/04/2023	Check	
Street Address 5059 Madison Ave		City Trumbull			State CT	Zip Code 06611-1118
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. V. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind control of the contro	re) Indepe		ted)		\$110.00
Name of Payee Theresa Alhers				Date of Payment 07/22/2023	Method of Check	# <u>1066</u>
Street Address	920 T	City			State CT	Zip Code
132 Union Ave		Bridgeport			C1	06607-2305
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) Indepen	ndent	ed)		\$200.00

\$840.00	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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Ganim for Bridgeport 23 7th day preceding			primary			
	P.Expen	ses Paid by Comm	aittee			
Name of Payee Theresa Alhers				Date of Payment 07/28/2023	Chec	of Payment ck # 1074 it Card EFT
Street Address 132 Union Ave		City Bridgeport		Cap	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	1	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 expendit) Coordinated without reimbursement sought (in-kind continued)	or committee) Indep	w" is chec endent nization:	ked)		\$400.00
Name of Payee Theresa Alhers				Date of Payment 08/04/2023	Checi	of Payment k # 1148 t Card EFT
Street Address		City Bridgeport			State CT	Zip Code 06607-2305
132 Union Ave		Bridgeport	1		101	00007-2505
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 con	r committee) Indepe		ied) A B C D		\$400.00
Name of Payee Theresa Alhers				Date of Payment 08/11/2023		of Payment k# 1194 Card EFT
Street Address 132 Union Ave		City Bridgeport			State CT	Zip Code
Purpose of Expenditure	Description				1	06607-2305
(by ∞de) CNSLT	Description		Event	*		06607-2305 Amount
	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	r committee) Indepe	" is check			1
(by code) CNSLT Expenditure #	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)	r committee) Indepe	" is check	ed)	Method of ✓ Check ☐ Debit	Amount \$400.00 f Payment # 1247
(by code) CNSLT Expenditure # (if applicable) Name of Payee	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)	r committee) Indepe	" is check	ad) A B C D Date of Payment	Check	Amount \$400.00 f Payment # 1247
(by code) CNSLT Expenditure # (if applicable) Name of Payee Theresa Alhers Street Address	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)	reommittee) Indeperibution) Organi	" is check	Date of Payment 08/18/2023	Check Debit	Amount \$400.00 FPayment # 1247 Card EFT Zip Code

SUBTOTAL Section P - This Page	\$1,600.00
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

NAME OF COMMITT	EF Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	Sanim for Bridgeport 23 7th day preceding			7th day preceding	primary	
	P. Expen	ses Paid by Comm	iittee			
Name of Payee Theresa Alhers				Date of Payment 08/25/2023		of Payment k # 1309 t Card EFT
Street Address 132 Union Ave		City Bridgeport		0.3522- 1	State CT	Zip Code 06607-2305
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 expendit) Coordinated without reimbursement sought (in-kind con	or committee) Indepe		ied)		\$400.00
Name of Payee Theresa Alhers				Date of Payment 09/01/2023	Method o	f Payment 4 1331 Card EFT
Street Address 132 Union Ave		City Bridgeport	Įį.		State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description		Event /	#		Amount
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 expenditus). Coordinated without reimbursement sought (in-kind control of the cont	r committee) Indepe		ed) ABCD		\$400.00
Name of Payee Lisa B Anderson				Date of Payment 08/11/2023		FPayment # 1182 Card EFT
Street Address 329 Saunders Ave		City Bridgeport			State CT	Zip Code 06606-3931
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 of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) Indepen	ndent	d)		\$340.00
Name of Payee Lisa B Anderson				Date of Payment 08/18/2023	Method of ✓ Check Debit (# <u>1231</u>
Street Address		City Bridgeport			State CT	Zip Code 06606-3931
329 Saunders Ave Purpose of Expenditure (by code) CNSLT	Description		Event#			Amount
Expeaditure # (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) Indepen	ndent	d)		\$400.00

\$1,540.00	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 COMMITT	EE (Provide Complete Name as Registered with Filin	ig Repository)		TYPE OF REPORT		
Ganim for Bridgepo				g primary		
	P. Expen	ses Paid by Com	mittee		STORE .	
Name of Payee Lisa B Anderson				Date of Payment 08/25/2023	Method Chec	of Payment ck # 1277 it Card EFT
Street Address 329 Saunders Ave		City Bridgeport			State CT	Zip Code 06606-3931
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required Value	or committee) Indep	ow" is checi pendent anization:	ked)		\$400.00
Name of Payee Lisa B Anderson	0			Date of Payment 09/01/2023	Method of Check	of Payment k # 1361 Card EFT
Street Address 329 Saunders Ave		City Bridgeport	8,		State CT	Zip Code 06606-3931
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)	w" is check pendent mization [ed)		\$400.00
Name of Payee Robert Anderson				Date of Payment 07/08/2023	Method of Check	
Street Address 185 Alpine St		City Bridgeport			State CT	Zip Code 06610-1759
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 contra	committee) Indepe		d)]A		\$500.00
Name of Payee Robert Anderson				Date of Payment 07/22/2023	Method of ✓ Check Debit 0	# 1064
Street Address 185 Alpine St		City Bridgeport			State CT	Zip Code 06610-1759
Purpose of Expenditure by code) CNSLT	Description		Event#			Amount
Expenditure # (f 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	D		\$400.00

\$1,700.00	SUBTOTAL Section P - This Page
\$281,026.79	TOTAL of Section P Pages
\$281,026.79	ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITT	the state of the s	ng Repository)	TYPE OF REPOR	σ	
Ganim for Bridgepo			7th day precedii	ng primary	
	P. Exper	ises Påid by Com	nittee		
Name of Payee Robert Anderson	Anderson 08/25/2023		Che	Method of Payment Check # 1302 Debit Card EFT	
Street Address 185 Alpine St		City Bridgeport		State CT	Zip Code 06610-1759
Purpose of Expenditure (by code) CNSLT	Description	3702.			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 checked) endent nization: A B C	D	\$400.0
Name of Payee Robert Anderson			Date of Payment 09/01/2023	Method of Chec	of Payment k# 1323 t Card EFT
Street Address 185 Alpine St		City Bridgeport		State CT	Zip Code 06610-1759
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 expenditude Coordinated without reimbursement sought (in-kind control of the control of the coordinated without reimbursement sought (in-kind control of the coordinated with reimbursement sought	r committee) [Independent of the committee]			\$700.00
Name of Payee Sheila Ayala			Date of Payment 08/11/2023	Method o	f Payment # 1198 Card EFT
Street Address 35 Booth St	4,2	City Bridgeport		State CT	Zip Code 06608-2611
hurpose of Expenditure by code) CNSLT	Description		Event #		Amount
xpenditure # 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) Indeper	adent		\$140.00
ame of Payee heila Ayala			Date of Payment 08/18/2023	Method of Check	# 1252
reet Address 5 Booth St		City Bridgeport	<u> </u>	State CT	Zip Code 06608-2611
rpose of Expenditure y code) CNSLT	Description		Event #		Amount
cpenditure # [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	dent		\$260.00

\$1,500.00	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 COMMITT	FEW (Provide Complete Name as Registered with Film	g Repository)		TYPE OF REPORT			
Ganim for Bridgepo	rt 23			7th day preceding	primary		
	P. Expen	ses Paid by Comm	ittee				
Name of Payee Sheila Ayala				Date of Payment 08/25/2023	✓ Che	Method of Payment ✓ Check # 1298 Debit Card EFT	
Street Address 35 Booth St	- · · · · · · · · · · · · · · · · · · ·	City Bridgeport		State CT	Zip Code 06608-2611		
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 expenditude) Coordinated without reimbursement sought (in-kind con	r committee) Indepe		ABCD		\$60.00	
Name of Payee Nancy Baez		6)		Date of Payment 07/08/2023	☑ Cho	of Payment ck # 1034 it Card	
Street Address 540 Ogden St		City Bridgeport	8.		State CT	Zip Code 06608-1731	
Purpose of Expenditure (by code) CNSLT	Description	100	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)	r committee) re) Indepe		ed)		\$656.00	
Name of Payee Nancy Baez				Date of Payment 07/15/2023	Method of Payment Check # 1036 Debit Card EFT		
Street Address 540 Ogden St		City Bridgeport			State CT	Zip Code 06608-1731	
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) Indepen	ndent	d)		\$540.00	
Name of Payee Nancy Baez				Date of Payment 07/22/2023	Method of Check	of Payment k # 1067 Card EFT	
Street Address		City Bridgeport			State CT	Zip Code 06608-1731	
540 Ogden St Purpose of Expenditure (by code) CNSLT	Description		Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	ndent	d) A B C D		\$460.00	

\$1,716.00	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 COMMIT	TBE (Provide Complète Name as Régistered with Film	g Repository)	TYPE OF REPORT		
Ganim for Bridgepo	ort 23	7th day preceding primary		g primary	
	P.Expen	ses Paid by Comin	ittee		
Name of Payee Nancy Baez			Date of Payment 07/28/2023	Method of Payment ✓ Check # 1075 Debit Card ☐ EFT	
Street Address 540 Ogden St	81 80 - 100 BOOK - 1	City Bridgeport	Lean Ar Lias EP	State Zip Code CT 06608-1731	
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) Indepo		\$420.00	
Name of Payee Nancy Baez			Date of Payment 08/04/2023	Method of Payment ✓ Check # 1149 Debit Card ☐ EFT	
Street Address 540 Ogden St		City Bridgeport		State Zip Code CT 06608-1731	
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) Indepe	ndeat	\$620.00	
Name of Payee Nancy Baez			Date of Payment 08/11/2023	Method of Payment ✓ Check # 1188 Debit Card EFT	
Street Address 540 Ogden St		City Bridgeport		State Zip Code CT 06608-1731	
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 contra	committee) Indepen	dent	\$720.00	
Name of Payee Nancy Baez			Date of Payment 08/18/2023	Method of Payment Check # 1242 Debit Card EFT	
Street Address 540 Ogden St		City Bridgeport	,	State Zip Code CT 06608-1731	
Purpose of Expenditure by code) CNSLT	Description		Event #	Amount	
Expenditure # (Fapplicable)	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	deat	\$380.00	

\$2,140.00	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)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	r Bridgeport 23 7th day preceding		primary			
	P. Expen	ses Paid by Comn	nittee			
Name of Payee Nancy Baez				Method of Payment ✓ Check # 540 Debit Card ☐ EFT		
Street Address 540 Ogden St				State CT	Zip Code 06608-1731	
Purpose of Expenditure (by code) CNSLT	Description		Eveni	. #	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 expenditude) Coordinated without reimbursement sought (in-kind continue)	or committee)	w" is chec endent nization:	ked)		\$540.00
Name of Payee Nancy Baez				Date of Payment 09/01/2023	☑ Cho	of Payment ck # 1322 it Card
Street Address 540 Ogden St		City Bridgeport	N.	10 10 m H	State CT	Zip Code 06608-1731
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 expenditur Coordinated without reimbursement sought (in-kind cont	r committee) Tindepe		ed)		\$620.00
Name of Payee Sonia Belardo				Date of Payment 07/28/2023	Method of Payment Check # 1080 Debit Card EFT	
Street Address 730 Palisade Ave, Ap	nt C11	City Bridgeport			State CT	Zip Code 06610-3470
Purpose of Expenditure (by code) CNSLT	Description		Event #	į		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) Indepe	ndent	ed)		\$40.00
Name of Payee Sonia Belardo		×11		Date of Payment 08/04/2023		of Payment # 1152 Card EFT
Street Address 730 Palisade Ave, Ap	of C11	City Bridgeport			State CT	Zip Code 06610-3470
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 contribution)	committee) Indeper	ıdent	d)		\$50.00

SUBTO	TAL Section P - This Page \$1,250.00
	FOTAL of Section P Pages \$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column)	of Summary Page Totals) \$281,026.79

The Control of the Party of the	BE (Provide Complete Name as Registered with Filin	g Kepository)		TYPE OF REPORT			
Ganim for Bridgepor	t 23		7th day preceding primary				
	P. Expen	ses Paid by Comm	ittee				
Name of Payee Cynthia Benton		u.		Date of Payment 07/28/2023	Method of Payment Check # 1094 Debit Card EFT		
Street Address 1090 Stratford Ave		City Bridgeport		State CT	Zip Code 06607-1330		
Purpose of Expenditure (by code) CNSLT	Description		Even	at#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required	or committee) Indepe		cked) A B C D		\$120.00	
Name of Payee BJS		1.5 18.19		Date of Payment 08/01/2023	Method of Check		
Street Address		City Fairfield	182		State CT	Zip Code 06825-5507	
40 Black Rock Tpke Purpose of Expenditure (by code) OFFICE	Description		Even	. #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate oser Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind continued)	r committee) Independent		ked)		\$299.04	
Name of Payee Decic Brown				Date of Payment 07/28/2023	Method o	f Payment # 1095 Card EFT	
Street Address 65 4th St		City Bridgeport			State Zip Code CT 06607-1306		
					Amount		
Purpose of Expenditure (by code) CNSLT	Description		Event	#			
Purpose of Expenditure	Type of Expenditure (Itemization in Addendum P Required to 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 control of the below (does not involve another candidate or coordinated without reimbursement sought (in-kind control of the coordinated with reimbursement sought (in-kind control of the coordinated with 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	nless "None of the below" r committee) Indeper	" is checi				
Purpose of Expenditure (by code) CNSLT Expenditure #	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)	nless "None of the below" r committee) Indeper	" is checi	ked)	Method of ✓ Check ☐ Debit	# 1038	
Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Doris Candelario Street Address	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)	nless "None of the below" r committee) Indeper	" is checi	ted) A B C D Date of Payment	Check	# 1038	
Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee	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)	nless "None of the below" r committee) Indeper re) Organia	" is checi	hed) A B C D Date of Payment 07/15/2023	Check Debit	Amount \$120.00 FPayment # 1038 Card	

\$919.04	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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Ganim for Bridgepor		enses Paid by Con	a mittaa	In day preced	mig Pranaly		
Name of Payee	г. сар	coses I am by Con	unantice	Date of Payment	Method	of Payment	
Doris Candelario				07/22/2023		* # 1061	
					Debi	t Card EFT	
Street Address		City			State	Zip Code	
487 Hallett St		Bridgeport			СТ	06608-2030	
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Require		elow" is check	ked)		\$440.00	
(if applicable)	None of the below (does not involve another candidate	Inc	dependent				
	Coordinated with reimbursement sought (joint expense	inne)	ganization:		ם[
Name of Payee	Coordinated without reimbursement sought (in-kind of	variouron) — ·		Date of Payment	-	of Payment	
Doris Candelario				07/28/2023		k#_1071	
				0112012020	Debi	Card EFT	
Street Address		City			State	Zip Code	
487 Hallett St		Bridgeport			СТ	06608-2030	
Purpose of Expenditure (by code) CNSLT	Description	V.S. 7.2703_3	Event	#	SC AIL	Amount	
(n) cogo, CN2L1							
	Type of Expenditure (Itemization in Addendum P Require V None of the below (does not involve another candidate	e or committee)		ed)		\$330.00	
Expenditure # (if applicable)		e or committee)	low" is check ependent ganization:	ABC			
•	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend	e or committee)	ependent		Method o	f Payment # 1145	
(If applicable) Name of Payee Doris Candelario	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend	e or committee) Indicate Indic	ependent	A B C	Method o	f Payment # 1145 Card EFT Zip Code	
(If applicable) Name of Pavee Doris Candelario	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend	e or committee) iture) Indontribution)	ependent	A B C	Method o	f Payment # 1145 Card EFT	
(if applicable) Name of Payee	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend	e or committee) Indicate Indic	ependent	Date of Payment 08/04/2023	Method o	f Payment # 1145 Card EFT Zip Code	
Name of Payee Doris Candelario Street Address 487 Hallett St Purpose of Expenditure by code) CNSLT Expenditure #	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure)	cor committee) Indicates I	Event #	Date of Payment 08/04/2023	Method of Check	f Payment # 1145 Card EFT Zip Code 06608-2030	
Name of Payee Doris Candelario Street Address 487 Hallett St Purpose of Expenditure by code) CNSLT Expenditure # if applicable)	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated without reimbursement sought (in-kind	cor committee) Indicates I	Event #	Date of Payment 08/04/2023	Method o Checl Debit State CT D Method o	f Payment # 1145 Card FFT Zip Code 06608-2030 Amount \$330.00	
Name of Payee Doris Candelario Street Address 187 Hallett St hapose of Expenditure by code) CNSLT Expenditure # if applicable) Iame of Payee	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure)	cor committee) Indicates I	Event #	Date of Payment 08/04/2023	Method o	f Payment # 1145 Card	
Name of Payee Doris Candelario Street Address 487 Hallett St Purpose of Expenditure by code) CNSLT Expenditure # if applicable)	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure)	cor committee) Indicates I	Event #	Date of Payment O8/04/2023 A B C Date of Payment	Method o	f Payment # 1145 Card	
Vame of Payee Ooris Candelario Vareet Address 187 Hallett St Durpose of Expenditure Day code) CNSLT Expenditure # of applicable) Jame of Payee Ooris Candelario	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure)	cor committee) Indicators Organization Organization Indicators Organization Organization Indicators Organization Indicators Organization Organization Organization Indicators Organization Organization Organization Indicators Organization Organization Indicators	Event #	Date of Payment O8/04/2023 A B C Date of Payment	Method o CT Debit State CT Method o Check Debit State	f Payment # 1145 Card	
Vame of Payee Doris Candelario Street Address 187 Hallett St Payer of Expenditure By code CNSLT Expenditure # f applicable) Vame of Payee Doris Candelario Treet Address 187 Hallett St	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursemen	cor committee) Indicators Organization Organization Indicators Organization Organization Indicators Organization Indicators Organization Organization Indicators Indi	Event #	Date of Payment 08/04/2023 ad) A B C D ate of Payment 08/11/2023	Method o	f Payment # 1145 Card	
Name of Payee Doris Candelario Street Address 487 Hallett St Parpose of Expenditure by code) CNSLT Expenditure # if applicable) Islame of Payee Doris Candelario treet Address 87 Hallett St parpose of Expenditure	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure)	cor committee) Indicators Organization Organization Indicators Organization Organization Indicators Organization Indicators Organization Organization Organization Indicators Organization Organization Organization Indicators Organization Organization Indicators	Event #	Date of Payment 08/04/2023 ad) A B C D ate of Payment 08/11/2023	Method o CT Debit State CT Method o Check Debit State	f Payment # 1145 Card	
Name of Payee Doris Candelario Street Address 487 Hallett St Purpose of Expenditure by code) CNSLT Expenditure # if applicable) Name of Payee Doris Candelario street Address 487 Hallett St Purpose of Expenditure # in applicable	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (joint expendiculated Coordinated with reimbursement sought (joint expendiculated without reimbursement sought (in-kind coordinated with reimbursem	cor committee) Indicators Organization Organization Organization Indicators (City Bridgeport Indicators) Indicators (City Bridgeport Organization) Organization O	Event #	Date of Payment 08/04/2023 A B C Date of Payment 08/11/2023	Method o CT Debit State CT Method o Check Debit State	f Payment # 1145 Card	
Name of Payee Doris Candelario Street Address 487 Hallett St Purpose of Expenditure by code) CNSLT Expenditure # if applicable) Jame of Payee Doris Candelario treet Address 87 Hallett St purpose of Expenditure by code) CNSLT xpenditure #	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (joint expending Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (joint expending C	cor committee) Indicators Ind	Event #	Date of Payment 08/04/2023 A B C Date of Payment 08/11/2023	Method o CT Debit State CT Method o Check Debit State	f Payment # 1145 Card	
Vame of Payee Doris Candelario Areet Address 187 Hallett St Payer of Expenditure Doy code) CNSLT Expenditure # Oris Candelario Areet Address 87 Hallett St Payer of Expenditure For applicable For a Payer For	None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (joint expendiculated Coordinated with reimbursement sought (joint expendiculated without reimbursement sought (in-kind coordinated with reimbursem	cor committee) Independent Ind	Event # Event # Event #	Date of Payment 08/04/2023 A B C Date of Payment 08/11/2023	Method o Check Debit State CT Method o Check Debit State CT	f Payment # 1145 Card	

SUBTOTAL Section P - This Page	\$1,430.00
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

NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	anim for Bridgeport 23 7th day preceding		primary			
	P. Expen	ses Paid by Comm	nittee			
Name of Payee Doris Candelario				Date of Payment 08/18/2023	Check # 1244	
Street Address 487 Hallett St		City Bridgeport			State CT	Zip Code 06608-2030
Purpose of Expenditure (by code) CNSLT	Description	(177)	Event#	78 Y		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 expenditude) Coordinated without reimbursement sought (in-kind continuated)	or committee) Indepo		A B C D		\$380,00
Name of Payee Doris Candelario				ate of Payment 8/25/2023	Method o	of Payment k # 1304 Card EFT
Street Address 487 Hallett St		City Bridgeport			State CT	Zip Code 06608-2030
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 cont	r committee) Indeper	ndent	A DB CD		\$360.00
Name of Payee Doris Candelario				ote of Payment 9/01/2023	Method of Check	# 1325
Street Address 487 Hallett St		City Bridgeport			State CT	Zip Code 06608-2030
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 contra	committee) Indepen	ndent	В С П		\$390.00
Name of Payee Leslie Caraballo			1	te of Payment /22/2023	Method of Check	# 1052
Street Address 753 Fairfield Ave		City Bridgeport			State CT	Zip Code 06604-3727
Purpose of Expenditure (by code) CNSLT	Description	- 42 2	Event #	NACES ASSESSMENT OF THE SECOND		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	independent	dent	_B _c _D		\$240.00

\$1,370.00	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 COMMIT	TEB (Provide Complete Name as Registered with Film	ng Repository)	TYPE OF REPORT		
Ganim for Bridgepo	n for Bridgeport 23 7th day preceding		g primary		
	P.Expen	ses Paid by Comm	ittee		
Name of Payee Leslie Caraballo			Date of Payment 07/28/2023	Method of Payment Check # 1086 Debit Card EFT	
Street Address 753 Fairfield Ave		City Bridgeport		State CT	Zip Code 06604-3727
Purpose of Expenditure (by code) CNSLT				Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con	or committee) Indepe			\$300.00
Name of Payee Leslie Carabalio			Date of Payment 08/04/2023	Method o	f Payment # 1112 Card EFT
Street Address 753 Fairfield Ave		City Bridgeport		State CT	Zip Code 06604-3727
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 com	r committee) Independent			\$350.00
Name of Payee Jazmin Cooper			Date of Payment 08/11/2023	Method of Check	# 1201
Street Address 581 Waterview Ave,	Apt 404	City Bridgeport		State CT	Zip Code 06608-2529
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 expenditum) Coordinated without reimbursement sought (in-kind control of the con	r committee) [Tolorensis	ndent		\$380.00
Name of Payee Jazmin Cooper			Date of Payment 08/18/2023	Method of Check	# 1261
Street Address 581 Waterview Ave,	Apt 404	City Bridgeport		State CT	Zip Code 06608-2529
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) Indepen	dent		\$400.00

SUBTOTAL Section P - This Page	\$1,430.00
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

SEEC	FORM	20
Revised	l Tennery	2015

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NAME OF COMMITT	HB (Provide Complete Name as Registered with Film	ng Repository)	TYPE OF REPOR	ŗ	
Ganim for Bridgepor	rt 23		7th day preceding	g primary	
	P. Expen	ses Paid by Comm	ittee		
Name of Payee Jazmin Cooper			Date of Payment 08/25/2023	☑ Che	l of Payment ck # 1297 oit CardEFT
Street Address 581 Waterview Ave	e, Apt 404	City Bridgeport	× 200 m	State CT	Zip Code 06608-2529
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required	or committee) Indepe	•		\$500.00
Name of Payee Jazmin Cooper			Date of Payment 09/01/2023	Chec	of Payment ck # 1355 t Card EFT
Street Address 581 Waterview Ave,	Apt 404	City Bridgeport		State CT	Zip Code 06608-2529
Purpose of Expenditure (by code) CNSLT	Description	The V	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	adeat		\$500.00
Name of Payee Jimesha Cooper			Date of Payment 08/11/2023	Method o	of Payment k # 1200 Card EFT
Street Address 65 Radel St		City Bridgeport		State CT	Zip Code 06607-2114
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) Independ	dent		\$380.00
lame of Payee limesha Cooper			Date of Payment 08/18/2023	Method of Check	# <u>126</u> 0
treet Address 5 Radel St	- 40	City Bridgeport		State CT	Zip Code 06607-2114
urpose of Expenditure by code) CNSLT	Description		Event #		Amount
xpenditure # f applicable)	Type 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) Independ	ient		\$400.00

SUBTOTAL Section P - This Page	\$1,780.00
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	EB (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPO	RT	
Ganim for Bridgepo	rt 23		7th day preced	ceding primary	
	P. Expen	ses Paid by Com	mittee		
Name of Payee Jimesha Cooper	The state of the s		✓ Che	Method of Payment ✓ Check # 1296 Debit Card EFT	
Street Address 65 Radel St		City Bridgeport		State CT	Zip Code 06607-2114
Purpose of Expenditure (by code) CNSLT	Description	7702	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) Inde	ow" is checked) pendent mization: A B C]0	\$500.00
Name of Payee Jimesha Cooper			Date of Payment 09/01/2023		of Payment k# 1354 t Card
Street Address 65 Radel St		City Bridgeport	ñ.	State CT	Zip Code 06607-2114
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
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) Indep	53	D	\$500.00
Name of Payee Hector Crespo-Rosa	ario		Date of Payment 08/18/2023	✓ Check	f Payment 4 1238 Card EFT
Street Address 153 Sage Ave		City Bridgeport		State CT	Zip Code 06610-3008
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) Indep	v" is checked) endent uzation: ABCC	D	\$200.00
Name of Payee Hector Crespo-Rosa	ırio		Date of Payment 08/25/2023	Method of Check	COURT .
Street Address 153 Sage Ave		City Bridgeport		State CT	Zip Code 06610-3008
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) Indepe	endent		\$200.00

\$1,400.00	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)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT		
Ganim for Bridgepor	nim for Bridgeport 23 7th day preceding			primary	
	P. Expens	es Paid by Comm	ittee		STREET,
Name of Payee Hector Crespo-Ros	Name of Payee Date of Payment Hector Crespo-Rosario 09/01/2023		✓ Check	Method of Payment ✓ Check # 1365 Debit CardEFT	
Street Address 153 Sage Ave		City Bridgeport		State CT	Zip Code 06610-3008
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 cont	r committee) Indepe	ndent ization: A B C D		\$200.00
Name of Payee Day Campaign			Date of Payment 09/03/2023	Method of Check	
Street Address 112 Bloomfield Ave		City Windsor	По	State CT	Zip Code 06095-2813
Purpose of Expenditure (by code) OVHD	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	adent _		\$153.80
Name of Payee Destiny Diaz			Date of Payment 08/25/2023	Method of Check	# 1307
Street Address 540 Ogden St		City Bridgeport		State CT	Zip Code 06608-1731
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		\$320.00
Name of Payee Destiny Diaz			Date of Payment 09/01/2023	Method of Check Debit	#_1328
Street Address 540 Ogden St		City Bridgeport		State CT	Zip Code 06608-1731
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	Indepen	dent		\$160.00

SUBTOTAL Section P - This Page	
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

NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	ig Repository)		TYPE OF REPOR	T	
Ganim for Bridgepor	t 23			7th day precedir	g primary	
	P/Expen	ses Paid by Com	nittee			
Name of Payee Dinormous				Date of Payment 08/25/2023	Method of Payment Check # 1263 Debit Card EFT	
Street Address 180 Post Rd E, Ste	201	City Westport			State CT	Zip Code 06880-3414
Purpose of Expenditure (by code) A-WEB	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 con	or committee) Inde	ow" is checo pendent mization:	ABC1	P	\$8,750.00
Name of Payee Shellay Ebron				Date of Payment 07/22/2023	Method Chec	of Payment k# 1049 t Card EFT
Street Address		City Bridgeport	01		State CT	Zip Code 06605-1334
285 Maplewood Ave Purpose of Expenditure	Description		Event	#		4
(by code) CNSLT			144		1	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 expenditute Coordinated without reimbursement sought (in-kind contact)	r committee) re) Indep	w" is check endent nization: [_A _B _C _I		\$500.00
Name of Payee Shellay Ebron				Date of Payment 07/28/2023	Method of Payment Check # 1079 Debit Card EFT	
Street Address 285 Maplewood Ave		City Bridgeport			State CT	Zip Code 06605-1334
Purpose of Expenditure (by code) CNSLT	Description		Event #	10 11 lb 120 13		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	endent	d)		\$360.00
Name of Payee Shellay Ebron				Date of Payment 07/28/2023	Method of Check	# 1083
Street Address		City Bridgeport			State CT	Zip Code 06605-1334
285 Maplewood 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 contra	committee) Indepe	adent)]a		\$500.00

SUBTOTAL Section P - This Page	\$10,110.00
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

NAME OF COMMITTI	EB (Provide Complete Name as Registered with Filing	(Repository)	TYPE OF REPORT	
Ganim for Bridgeport 23 7th day preceding			primary	
	P. Expens	es Paid by Comm	ittee	
Name of Payee Shellay Ebron Date of Payment 08/04/2023		Method of Psyment ✓ Check # 1153 Debit Card ☐ EFT		
Street Address 285 Maplewood Ave	•	Bridgeport		State Zip Code CT 06605-1334
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 expenditus) Coordinated without reimbursement sought (in-kind control of the contro	r committee) re) Indep	endent nization: A B C D	\$300.00
Name of Payee Shellay Ebron			Date of Payment 08/04/2023	Method of Payment Check # 1109 Debit Card EFT
Street Address 285 Maplewood Ave		City Bridgeport	R.	State Zip Code CT 06605-1334
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		\$560.00
Name of Payee Shellay Ebron			Date of Payment 08/11/2023	Method of Payment Check # 1158 Debit Card EFT
Street Address 285 Maplewood Ave		City Bridgeport		State Zip Code CT 06605-1334
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 controlled)	committee) Indepe		\$440.00
Name of Payee Shellay Ebron			Date of Payment 08/11/2023	Method of Payment Check # 1199 Debit Card EFT
Street Address 285 Maplewood Ave		City Bridgeport		State Zip Code CT 06605-1334
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	adent	\$440.00

\$1,740.00	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)

\$80.00

SEEC FORM 20 Revised January 2015	IV. EXPENDI	TURES (Section	ıs P-T	r) Pa	age 24	of 93	
NAME OF COMMITTE	BB (Provide Complete Name as Registered with Film	g Repository)		TYPE OF REPORT			
Ganim for Bridgeport	ort 23 7th day preceding p			primary			
	P. Expens	ses Paid by Comm	ittee				
Name of Payee Shellay Ebron		Date of Payment 08/18/2023			of Payment k # 1250 Card EFT		
Street Address 285 Maplewood Ave		City Bridgeport		State CT	Zip Code 06605-1334		
Purpose of Expenditure (by code) CNSLT	Description	scription 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 control of Coordinated without reimbursement sought (i	or committee) Indepe				\$380.00	
Name of Payee Shellay Ebron		08/18/2023		Check	Method of Payment ✓ Check # 1207 Debit Card EFT		
Street Address 285 Maplewood Ave		City Bridgeport	D.	10	State CT	Zip Code 06605-1334	
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 or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Indepe		cked)		\$560,00	
Name of Payee Shellay Ebron				Date of Payment 08/25/2023	Method of Payment ✓ Check # 1265 Debit Card EFT		
Street Address 285 Maplewood Ave		City Bridgeport			State CT	Zip Code 06605-1334	
Purpose of Expenditure (by code) CNSLT	Description	^	Event	t#	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	r committee) Indepen	ndent	_A _B _C _D		\$560.00	
Name of Payee Shellay Ebron				Date of Payment 08/25/2023	Check	Method of Payment Check # 1313 Debit Card EFT	
Street Address 285 Maplewood Ave		City Bridgeport			State CT	Zip Code 06605-1334	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) CNSLT			9				

\$1,580.00	SUBTOTAL Section P - This Page
\$281,026.79	TOTAL of Section P Pages
\$281,026.79	COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

Independent

Organization: A B C D

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)

Expenditure # (if applicable)

NAME OF COMMITT	BE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	t 23			7th day preceding primary		
	P. Expen	ses Paid by Comn	ittee			
Name of Payee Shellay Ebron				Date of Payment 09/01/2023	Method of Payment ✓ Check # 1335 Debit Card EFT	
Street Address 285 Maplewood Av	e	City Bridgeport		State CT	Zip Code 06605-1334	
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 expenditude) Coordinated without reimbursement sought (in-kind continue)	or committee) Indep	w" is che endent nization:			\$830.00
Name of Payee Crystal Edwards		Date of Payment 08/18/2023 Method of Payment Check # 1232 Debit Card		k# 1232		
Street Address	140	City Bridgeport	All		State CT	Zip Code 06606-2584
70 Yaremich Dr, Apt Purpose of Expenditure (by code) CNSLT	Description		Even	ut #	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		cked)		\$170.00
Name of Payee Crystal Edwards				Date of Payment 08/25/2023	Method of Payment Check # 1286 Debit Card EFT	
Street Address	12	City Bridgeport			State Zip Code CT 06606-2584	
70 Yaremich Dr. Apt Purpose of Expenditure (by code) CNSLT	Description		Even	t H		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) Indepe		ked)		\$90.00
Name of Payee Crystal Edwards				Date of Payment 09/01/2023	Method of ✓ Check Debit	# <u>1345</u>
Street Address 70 Yaremich Dr. Apt	12	City Bridgeport			State CT	Zip Code 06606-2584
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 contra	committee) Independent	ndent	ked)		\$100.00

\$1,190.00	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 COMMITT	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgepor	t 23			7th day preceding	primary	1000
	P. Expens	ses Paid by Commi	ittee			
Name of Payee Crystal Edwards	Date of Payment 09/01/2023		Method of Psyment ✓ Check # 1372 Debit Card ☐ EFT			
Street Address 70 Yaremich Dr. Ap	of 12	City Bridgeport	100		State	Zip Code 06606-2584
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 comments).	r committee) Independent	ndent	hed)		\$20.00
Name of Payee Diego Felipe				Date of Payment 07/15/2023	Method o	f Payment # 1042 Card EFT
Street Address 69 Ellsworth St		City Bridgeport	5,		State CT	Zip Code 06605-3167
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	re) Indepen	ndent	A B C D	750,000	\$400,00
Name of Payee Diego Felipe				Date of Payment 07/22/2023	Method of Check	# <u>1059</u>
Street Address 69 Ellsworth St		City Bridgeport			State CT	Zip Code 06605-3167
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)	e) Independ	dent	ed)		\$300.00
Name of Payee Diego Felipe				Date of Payment 07/28/2023	Method of ✓ Check Debit C	# <u>1076</u>
Street Address 69 Ellsworth St		City Bridgeport			State CT	Zip Code 06605-3167
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	dent	ad)		\$500.00

\$1,220.00	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 Á of Summary Page Totals)

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Ganim for Bridgepo		Repository)	经验的	TYPE OF REPOR		
Logimit to puragabo	Bridgeport 23 7th day preceding					
	P. Expens	es Paid by Çomm	ittee		30.4 (P) 23	
Name of Payee Diego Felipe				Date of Payment 08/04/2023	t Method of Payment Check # 1144 Debit Card	
Street Address 69 Ellsworth St		City Bridgeport	MM 20	8	State CT	Zip Code 06605-3167
Purpose of Expenditure (by code) CNSLT	Description	Event#				Amount
Expenditure # (if applicable)						\$500.00
Name of Payee Diego Felipe				Date of Payment 08/11/2023	Method of Check	of Payment k# 1193 Card EFT
Street Address 69 Ellsworth St		City Bridgeport	ji.		State CT	Zip Code 06605-3167
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			ked)		\$500.00
	Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	e)	- 5	BCI		
Name of Payee Diego Felipe		e)	- 5	Date of Payment 08/18/2023	Method o	fPayment # 1246 Card EFT
Diego Felipe Street Address		e)	- 5	Date of Payment	Method o	[#] 1246
Diego Felipe		city Organi	- 5	Date of Payment 08/18/2023	Method of Check	# 1246 Card EFT
Diego Felipe Street Address 69 Ellsworth St Purpose of Expenditure	Coordinated without reimbursement sought (in-kind cont	City Bridgeport City Bridgeport Committee) Committee	Event	Date of Payment 08/18/2023	Method o	# 1246 Card
Diego Felipe Street Address 69 Ellsworth St Purpose of Expenditure (by code) CNSLT Expenditure #	Coordinated without reimbursement sought (in-kind continuous Description Type of Expenditure **Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure).	City Bridgeport City Bridgeport Committee) Committee	Event	Date of Payment 08/18/2023	Method o	# 1246 Card
Diego Felipe Street Address 69 Ellsworth St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Diego Felipe Street Address	Coordinated without reimbursement sought (in-kind continuous Description Type of Expenditure **Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure).	City Bridgeport City Bridgeport Committee) Committee	Event	Date of Payment 08/18/2023 # ed) Date of Payment	Method of ✓ Check ☐ Debit State CT Method of ✓ Check	# 1246 Card
Diego Felipe Street Address 69 Ellsworth St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Diego Felipe	Coordinated without reimbursement sought (in-kind continuous Description Type of Expenditure **Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure).	City Bridgeport City Bridgeport Committee) Committee) Committee) Committee) Committee	Event	Date of Payment 08/18/2023 # ed) Date of Payment 08/25/2023	Method of Check Method of Check Debit State CT Method of Check Debit State CT	# 1246 Card

\$2,000.00	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)

SEEC FORM 20 Revised January 2015	IV. EXPENDI	ige 2	8 of	93			
NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	g Repository)	Resident	TYPE OF REPORT			
Ganim for Bridgepor	rt 23			7th day preceding	primary		
用基金数据 证明的	P. Expén	ses Paid by Comm	ittee				
Name of Payee Diego Felipe			1	of Payment 01/2023	☑ Che	of Payment ck # 1329 it Card	EFT
Street Address 69 Ellsworth St		City Bridgeport			State CT	Zip Code 06605-	
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 expending Coordinated without reimbursement sought (in-kind con	or committee) Indep	v" is checked) endent nization: A	_в _с _р		\$	700.00
Name of Payee Lilia E Figueroa				of Payment 18/2023		of Payment k # 1253 t Card E	eft .
Street Address 666 Iranistan Ave		City Bridgeport	6		State CT	Zip Code 06605-	
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 continue)	r committee) Indepe	endent	□в □с □р		\$:	300.00
Name of Payee Lilia E Figueroa			- 1	of Payment 5/2023		of Payment k # 1315 Card E	FT
Street Address 666 Iranistan Ave		City Bridgeport			State CT	Zip Code 06605-1	1220
Purpose of Expenditure (by code) CNSLT	Description		Event#		3550	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 contr	r committee) re) Indepe	ndent	_в _с _b		\$2	200.00
Name of Payee Lilia E Figueroa			I	of Payment 1/2023		f Payment 4 1336 Card El	FT
Street Address		City Bridgeport			State CT	Zip Code 06605-1	220
666 Iranistan Ave Purpose of Expenditure (by code) CNSLT	Description		Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un Volume of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	committee) Indepen	ndent			\$4	00.00

SUBTOTAL Section P - This Page	\$1,600.00
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

Coordinated without reimbursement sought (in-kind contribution)

Organization A B C D

NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgepor	dgeport 23 7th day preceding					
	P. Expens	es Paid by Comm	ittee			
Name of Payee Sofia Franco			- 1	Date of Payment 08/04/2023	Method of Payment Check # 1135 Debit Card EFT	
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
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 control of the cont	r committee) Indepe	endent)]A		\$520.00
Name of Payee Sofia Franco			- 1	Oate of Payment 08/11/2023	Method of Check	
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
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) Indeper	andent	A B C D		\$370,00
Name of Payee Sofia Franco				Pate of Payment 08/18/2023	Method of Check	#_1229
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	X	Event#			Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required um None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	i) Indepen	ndent	A B C D		\$500.00
Name of Payee Sofia Franco				ate of Payment 8/25/2023	Method of ✓ Check	# 1284
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
Purpose 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 c Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	ommittee) Indepen	adent	A		\$560.00

\$1,950.00	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 COMMITT	EE (Provide Complete Name as Registered with Filip	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	t 23			7th day preceding	primary	
	P. Expen	ses Paid by Com	mittee			
Name of Payee Sofia Franco		1		Date of Payment 09/01/2023	Method of Payment Check # 1347 Debit Card EFT	
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
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					\$420.00
Name of Payee Sofia Franco				Date of Payment 09/01/2023	Method of Chec	of Payment k # 1364 t Card EFT
Street Address 98 Lakeview Ave		City Bridgeport	4.		State CT	Zip Code 06606-3130
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 cont	r committee) Indep		d) A		\$50.00
Name of Payee Susana Franco	 			Date of Payment 08/04/2023	Method o	f Payment # 1134 Card EFT
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
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 or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepe)]A		\$480.00
Name of Payee Susana Franco		7000 C	- 1	Date of Payment 08/11/2023	Method of Check	# <u>1179</u>
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	21.70	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 contribution)	committee) Indepe	endent	A B C D		\$370.00

SUBTOTAL Section P - This Page	\$1,320.00
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 COMMITTI	EE (Provide Complete Name as Registered with Filing	g Repositôry)	TYPE OF REPORT		
Ganim for Bridgepor	t 23		7th day preceding	primary	
	P. Expens	es Paid by Commi	ittee		
Name of Payee Elsie Mercado			Date of Payment 07/22/2023	Chec	of Payment k # 1063 Card EFT
Street Address 269 Barnum Ave, A	nt 2B	City Bridgeport		State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	liture Description Event#				Amount
Expenditure # (if applicable)					
Name of Payee Elsie Mercado			Date of Payment 07/28/2023		f Payment # 1070 Card EFT
Street Address 269 Barnum Ave, Ag	ot 2B	City Bridgeport		State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	el 49	Event #		Amount
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 control	re) Indepen	adent		\$200.00
Name of Payee Elsie Mercado			Date of Payment 08/04/2023	Method of Check	# 1143
Street Address 269 Barnum Ave, Ap	et 2B	City Bridgeport		State CT	Zip Code 06608-2261
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) Indepen	ation: A B C D		\$180.00
Name of Payee Elsie Mercado			Date of Payment 08/11/2023	Method of Check	# <u>1191</u>
Street Address 269 Barnum Ave, Ap	t 2B	City Bridgeport		State CT	Zip Code 06608-2261
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) Independ	dent		\$160.00

\$700.00	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 COMMITT	BE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT	are letter	
Ganim for Bridgepor	t 23		7th day preceding	primary	
	P. Expens	es Paid by Comm	iittee		
Name of Payee Elsie Mercado			Date of Payment 08/18/2023		of Payment k # 1241 Card EFT
Street Address 269 Barnum Ave, A	nt 2B	City Bridgeport		State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used in 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	committee) Indepe			\$180.00
Name of Payee Elsie Mercado			Date of Payment 08/25/2023		f Payment 4 1305 Card EFT
Street Address 269 Barnum Ave, Ap	ot 2B	City Bridgeport	-9	State CT	Zip Code 06608-2261
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 contra	committee) Indepe			\$300.00
Name of Payee Elsie Mercado)	Date of Payment 09/01/2023	Method of Check	# 1326
Street Address 269 Barnum Ave, Ap	t 2B	City Bridgeport		State CT	Zip Code 06608-2261
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) Indepen	adent		\$300.00
Name of Payee Darius Miller			Date of Payment 07/28/2023	Method of Check Debit	# <u>1103</u>
Street Address 1649 Reservoir Ave		City Bridgeport	W. 2	State CT	Zip Code 06606-1528
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	ommittee) Indepen	dent		\$80.00

SUBTOTAL Section P - This Page	\$860.00
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	BE (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPORT		
Ganim for Bridgepor	t 23		7th day preceding	primary	
A Sand Prince Park	P. Expen	ses Paid by Gomn	iiffee		
Name of Payee Darius Miller			Date of Payment 08/04/2023	Chec	of Payment k # 1130 t Card EFT
Street Address 1649 Reservoir Ave	11.00	City Bridgeport		State CT	Zip Code 06606-1528
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) Indep			\$510.00
Name of Payee Darius Miller	5.24 (98)(2000) 019EV 9-25200		Date of Payment 08/11/2023	Method o	f Payment 4 # 1175 Card EFT
Street Address 1649 Reservoir Ave		City Bridgeport		State	Zip Code 06606-1528
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) Indepe			\$400.00
Name of Payee Darius Miller			Date of Payment 08/18/2023	Method of ✓ Check Debit	# 1224
Street Address 1649 Reservoir Ave		City Bridgeport		State CT	Zip Code 06606-1528
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) Indepen	ndent		\$550.00
Name of Payee Darius Miller			Date of Payment 08/25/2023	Method of Check	# 1279
Street Address 1649 Reservoir Ave		City Bridgeport		State CT	Zip Code 06606-1528
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		\$550.00

\$2,010.00	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)

NAME OF COMMITT	FB (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT		
Ganim for Bridgepor	t 23		7th day preceding	primary	-2
	P. Expens	es Paid by Commi	ttee		
Name of Payee Kelvin Newton			Date of Payment 08/04/2023		F Payment K # 1137 Card EFT
Street Address		City Bridgeport		State CT	Zip Code 06606-4536
324 Harlem Ave	T Discolation	10000000	Event #	-	
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 expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	adent		\$40.00
Name of Payee			Date of Payment	Method of	f Payment
NGP Van			07/10/2023	Debit	
Street Address 1101 15th St NW, S	te 500	City Washington		State DC	Zip Code 20005-5006
Purpose of Expenditure (by code) OVHD	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required with 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		\$2,199.60
Name of Payee Sandy Nieves			Date of Payment 07/15/2023	Method of Check	# 1041
Street Address 1499 Boston Ave		City Bridgeport		State CT	Zip Code 06610-2620
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	dent		\$160.00
Name of Payee Ivan Ogrinc			Date of Payment 08/18/2023	Method of Check	1233
Street Address 617 Colorado Ave		City Bridgeport	100	State CT	Zip Code 06605-1707
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 o Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	ommittee) Independ	lent		\$40.00

SUBTOTAL Section P - This Page	\$2,439.60
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	BE (Provide Complete Name as Registered with Filin	ig Repository)		TYPE OF REPORT		
Ganim for Bridgepo	rt 23			7th day preceding	primary	
	P. Expen	ses Paid by Co	ommittee			
Name of Payee Kelvin Oliver				Date of Payment 07/28/2023	Chec	of Payment ik # 1098 t Card EFT
Street Address	AND THE PERSON OF THE PERSON O	City Bridgeport			State CT	Zip Code 06604-4649
789 Park Ave Purpose of Expenditure	Description		Eve	nt #	+	
(by code) CNSLT	- South Park					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)	below" is che Independent Organization			\$80.00
Name of Payee Kelvin Oliver				Date of Payment 08/04/2023		of Payment k # 1125 Card EFT
Street Address 789 Park Ave		City Bridgeport			State CT	Zip Code 06604-4649
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt #		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 expenditus Coordinated without reimbursement sought (in-kind com	or committee)	below" is che ndependent organization:	cked)		\$150.00
Name of Payer Kelvin Oliver				Date of Payment 08/11/2023		f Payment # 1170 Card EFT
Street Address 789 Park Ave	8,1	City Bridgeport	- 3° - 2° 101		State CT	Zip Code 06604-4649
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
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 cont	r committee)	below" is checondependent rganization:	cked)		\$70.00
Name of Payee Kelvin Oliver				Date of Payment 08/18/2023	Method of Check	# 1219
Street Address 789 Park Ave		City Bridgeport		- eouter	State CT	Zip Code 06604-4649
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 or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	r committee)	elow" is chec dependent rganization:	ked)		\$70.00

\$370.00	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 COMMITT	EE (Provide Complete Name as Registered with Filir	g Repository)		TYPE OF REPORT		
Ganim for Bridgepo	rt 23			7th day preceding	primary	
建筑是建筑	P. Expen	ses Päid by Comn	nittee			
Name of Payee Anthony R Paoletto)			Date of Payment 08/04/2023	✓ Chec	of Payment k # 1154 t Card EFT
Street Address		City Bridgeport			State CT	Zip Code 06610-1233
321 Lynne Pl Purpose of Expenditure	Description		Even	et #	-	
(by code) CNSLT						Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required Value	or committee) Indep	w" is chec endent nzation:	Cked)		\$2,500.00
Name of Payee Park City Consulting	gLLC			Date of Payment 07/15/2023		f Payment 4 1045 Card EFT
Street Address 1705 Capitol Ave		City Bridgeport		37 1	State CT	Zip Code 06604-1525
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	r committee) re)		ked) □A □B □C □D		\$3,212.00
Name of Payee Park City Consulting	LLC			Date of Payment 07/28/2023	Method of Check	# 1106
Street Address 1705 Capitol Ave		City Bridgeport			State CT	Zip Code 06604-1525
Purpose of Expenditure (by code) CNSLT	Description	L	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind control of the control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought).	committee) Indepe	ndent	ed)		\$6,000.00
Name of Payee Park City Consulting	пс			Date of Payment 07/31/2023	Method of Check Debit	# <u>1107</u>
Street Address		City Bridgeport			State CT	Zip Code 06604-1525
1705 Capitol 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) Indepen	ndent	ed)		\$20,177.12

SUBTOTAL Section P - This Page	\$31,889.12
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

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Film	ng Repository)		TYPE OF REPOR	T	
Ganim for Bridgepo	Ganim for Bridgeport 23 7th day preceding			ng primary		
	P. Expen	ses Paid by (ommittee			
Name of Payee Park City Consultin	ng LLC			Date of Payment 08/04/2023	☑ Che	of Payment ck # 1141 it CardEFT
Street Address 1705 Capitol Ave		City Bridgeport			State CT	Zip Code 06604-1525
Purpose of Expenditure	Description		Eve	ent#	+	
(by code) CNSLT						Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee)	he below" is ch Independent Organization:		D	\$1,500.00
Name of Payee Park City Consultin	g LLC			Date of Payment 08/11/2023	Chec	of Payment k # 1184 t Card EFT
Street Address 1705 Capitol Ave		City Bridgeport	10201250		State CT	Zip Code 06604-1525
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt #		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 continued)	or committee)	e below" is che Independent Organization:	cked)		\$1,500.00
Name of Payee Park City Consulting) LLC			Date of Payment 08/15/2023		f Payment 4 # 1203 Card EFT
Street Address 1705 Capitol Ave		City Bridgeport			State CT	Zip Code 06604-1525
Purpose of Expenditure (by code) A-DM	Description		Even	1#		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 control	r committee)	below" is checondent Organization:	cked)		\$27,169.02
Name of Payee Park City Consulting	LLC			Date of Payment 08/18/2023	Method o	# 1256
Street Address	300 000 000 000	City			State	Zip Code
1705 Capitol Ave		Bridgeport	E-5G10C0		СТ	06604-1525
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)	below" is checondependent Organization:	ked)		\$1,500.00

SUBTOTAL Section P - This Page	\$31,669.02
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