

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

RECEIVED FOR RECORD
BRIDGEPORT, CT.




2023 SEP -5 P 3:28

TOWN CLERK

Do Not Mark in This Space For Official Use Only

Page 1 of 93

COVER PAGE

1. NAME OF COMMITTEE			
Ganim for Bridgeport 23			
2. TREASURER NAME			
First	MI	Last	Suffix
Anthony		Paoletto	
3. TREASURER ADDRESS			
Street Address	City		State Zip Code
321 Lynne Place	Bridgeport		CT 06610
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>	6. DISTRICT NUMBER	
(mm/dd/yyyy)	Mayor	<i>(if applicable)</i> 0	
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Joseph	P	Ganim	
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing	<input checked="" type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		
<input type="checkbox"/> Primary	<input type="checkbox"/> Election		
9. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2023		09/03/2023	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
			
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page 2 of 93

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
Ganim for Bridgeport 23	7th day preceding primary	
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$344,366.08	
13. Contributions received from Individuals (Section A and B)	\$1,550.00	\$378,955.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$7,700.00
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$10,550.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$1,550.00	\$397,205.00
18. Subtotals (add totals in Line 12 + 17 in Column A, and in Line 11 + 17 in Column B)	\$345,916.08	\$397,205.00
19. Expenditures Paid by Committee (Section P)	\$281,026.79	\$333,065.71
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$64,889.29	\$64,889.29
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-kind Contributions Received (Section M)	\$0.00	\$4,649.06
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganin for Bridgeport 23		7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Auerbach		First Marilyn	
Residential Street Address 151 Kennedy Dr		City Bridgeport	State CT
		Zip Code 06606-5917	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/04/2023	Aggregate contributions \$50.00
Last Name Auerbach		First Steven	
Residential Street Address 151 Kennedy Dr		City Bridgeport	State CT
		Zip Code 06606-5917	
Principal Occupation Director of Parking		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/04/2023	Aggregate contributions \$650.00
Last Name Cooper		First Jim	
Residential Street Address 65 Edwin St		City Bridgeport	State CT
		Zip Code 06607-2110	
Principal Occupation Manager		Name of Employer Resource Services	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2023	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page		\$1,150.00
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)		\$1,550.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Fuimara		First Vincent		M.I.	
Residential Street Address 55 Normandy Rd		City Trumbull		State CT	Zip Code 06611-1136
Principal Occupation General contractor		Name of Employer Mediterranean construction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/10/2023	Aggregate contributions \$250.00		
Last Name Stanco		First Kenneth		M.I.	
Residential Street Address 61 Keefe St		City Waterbury		State CT	Zip Code 06706-1619
Principal Occupation Mayoral Aide		Name of Employer City of Waterbury			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/20/2023	Aggregate contributions \$50.00		
Last Name Talamelli-Cusick		First Karen		M.I.	
Residential Street Address 6 Diana Dr		City Woodbridge		State CT	Zip Code 06525-1217
Principal Occupation Consulting		Name of Employer Cusick & Co LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/30/2023	Aggregate contributions \$400.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
Ganim for Bridgeport 23		7th day preceding primary
Summary of Other Monetary Receipts (Sections D-K)		
Total Loans Received this Period (Section D)		\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	\$0.00

PREPARED BY
 STATE OF CONNECTICUT
 DEPARTMENT OF STATE

Total of Other Monetary Receipts (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i>	\$0.00
---	--------

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee 930 Main Street Associates LLC		Date of Payment 07/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$5,000.00
Name of Payee 930 Main Street Associates LLC		Date of Payment 08/30/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Hosley Ave		City Branford	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$10,000.00
Name of Payee Jaselyn Adams		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1097 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130 Clifford St		City Bridgeport	State CT	Zip Code 06607-1604
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$150.00
Name of Payee Jaselyn Adams		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1124 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130 Clifford St		City Bridgeport	State CT	Zip Code 06607-1604
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$230.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganirn for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Jaselyn Adams		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1169 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130 Clifford St		City Bridgeport	State CT	Zip Code 06607-1604
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$230.00
Name of Payee Jaselyn Adams		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1218 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130 Clifford St		City Bridgeport	State CT	Zip Code 06607-1604
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00
Name of Payee Ricardo Aldolphe		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1121 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$110.00
Name of Payee Theresa Alhers		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1066 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00

SUBTOTAL Section P - This Page	\$840.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P Expenses Paid by Committee				
Name of Payee Theresa Alhers		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1074 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00
Name of Payee Theresa Alhers		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1148 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00
Name of Payee Theresa Alhers		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1194 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00
Name of Payee Theresa Alhers		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1247 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganirn for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Theresa Alhers		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1309 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Theresa Alhers		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1331 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Lisa B Anderson		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 329 Saunders Ave		City Bridgeport	State CT	Zip Code 06606-3931
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$340.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Lisa B Anderson		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1231 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 329 Saunders Ave		City Bridgeport	State CT	Zip Code 06606-3931
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

SUBTOTAL Section P - This Page	\$1,540.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Lisa B Anderson		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00
Name of Payee Lisa B Anderson		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1361 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00
Name of Payee Robert Anderson		Date of Payment 07/08/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$500.00
Name of Payee Robert Anderson		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1064 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Robert Anderson		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1302 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00
Name of Payee Robert Anderson		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1323 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$700.00
Name of Payee Sheila Ayala		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1198 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$140.00
Name of Payee Sheila Ayala		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1252 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$260.00

SUBTOTAL Section P - This Page	\$1,500.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee Sheila Ayala		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1298 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$60.00	
Name of Payee Nancy Baez		Date of Payment 07/08/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$656.00	
Name of Payee Nancy Baez		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1036 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$540.00	
Name of Payee Nancy Baez		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$460.00	

SUBTOTAL Section P - This Page	\$1,716.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P Expenses Paid by Committee			
Name of Payee Nancy Baez		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1075 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$420.00
Name of Payee Nancy Baez		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1149 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$620.00
Name of Payee Nancy Baez		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$720.00
Name of Payee Nancy Baez		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1242 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$380.00

SUBTOTAL Section P - This Page	\$2,140.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Nancy Baez		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 540 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$540.00
Name of Payee Nancy Baez		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1322 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$620.00
Name of Payee Sonia Belardo		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1080 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$40.00
Name of Payee Sonia Belardo		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1152 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$50.00

SUBTOTAL Section P - This Page	\$1,250.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Cynthia Benton		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1094 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1090 Stratford Ave		City Bridgeport	State CT	Zip Code 06607-1330
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00
Name of Payee BJS		Date of Payment 08/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Black Rock Tpke		City Fairfield	State CT	Zip Code 06825-5507
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$299.04
Name of Payee Decic Brown		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1095 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 4th St		City Bridgeport	State CT	Zip Code 06607-1306
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00
Name of Payee Doris Candelario		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1038 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$380.00

SUBTOTAL Section P - This Page	\$919.04
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Doris Candelario		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1061 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$440.00
Name of Payee Doris Candelario		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1071 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$330.00
Name of Payee Doris Candelario		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1145 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$330.00
Name of Payee Doris Candelario		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1187 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$330.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Doris Candelario		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1244 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 487 Hallett St		City Bridgeport	State CT	Zip Code 06608-2030
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$380.00	
Name of Payee Doris Candelario		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1304 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 487 Hallett St		City Bridgeport	State CT	Zip Code 06608-2030
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$360.00	
Name of Payee Doris Candelario		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1325 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 487 Hallett St		City Bridgeport	State CT	Zip Code 06608-2030
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$390.00	
Name of Payee Leslie Caraballo		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 753 Fairfield Ave		City Bridgeport	State CT	Zip Code 06604-3727
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$240.00	

SUBTOTAL Section P - This Page	\$1,370.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P: Expenses Paid by Committee				
Name of Payee Leslie Caraballo		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1086 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00
Name of Payee Leslie Caraballo		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1112 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$350.00
Name of Payee Jazmin Cooper		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1201 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$380.00
Name of Payee Jazmin Cooper		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1261 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Jazmin Cooper		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1297 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00
Name of Payee Jazmin Cooper		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1355 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00
Name of Payee Jamesha Cooper		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1200 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$380.00
Name of Payee Jamesha Cooper		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1260 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Jamesha Cooper		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1296 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00
Name of Payee Jamesha Cooper		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1354 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00
Name of Payee Hector Crespo-Rosario		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1238 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Hector Crespo-Rosario		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1288 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00

SUBTOTAL Section P - This Page	\$1,400.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ganim for Bridgeport 23			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee Hector Crespo-Rosario		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1365 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 153 Sage Ave		City Bridgeport	State CT	Zip Code 06610-3008	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00	
Name of Payee Day Campaign		Date of Payment 09/03/2023	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095-2813	
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$153.80	
Name of Payee Destiny Diaz		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1307 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608-1731	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$320.00	
Name of Payee Destiny Diaz		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1328 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608-1731	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$160.00	

SUBTOTAL Section P - This Page	\$833.80
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Dinormous		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1263 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 180 Post Rd E, Ste 201		City Westport	State CT Zip Code 06880-3414
Purpose of Expenditure (by code) A-WEB	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$8,750.00
Name of Payee Shellay Ebron		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1049 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$500.00
Name of Payee Shellay Ebron		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1079 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$360.00
Name of Payee Shellay Ebron		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1083 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Shellay Ebron		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1153 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00
Name of Payee Shellay Ebron		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1109 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$560.00
Name of Payee Shellay Ebron		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1158 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$440.00
Name of Payee Shellay Ebron		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1199 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$440.00

SUBTOTAL Section P - This Page	\$1,740.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Shellay Ebron		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1250 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$380.00	
Name of Payee Shellay Ebron		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1207 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$560.00	
Name of Payee Shellay Ebron		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1265 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$560.00	
Name of Payee Shellay Ebron		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1313 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$80.00	

SUBTOTAL Section P - This Page	\$1,580.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Shellay Ebron		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1335 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 285 Maplewood Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$830.00
Name of Payee Crystal Edwards		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1232 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$170.00
Name of Payee Crystal Edwards		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1286 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$90.00
Name of Payee Crystal Edwards		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1345 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$100.00

SUBTOTAL Section P - This Page	\$1,190.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Crystal Edwards		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1372 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 Yaremich Dr, Apt 12		City Bridgeport	State CT	Zip Code 06606-2584
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$20.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Diego Felipe		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Ellsworth St		City Bridgeport	State CT	Zip Code 06605-3167
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Diego Felipe		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1059 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Ellsworth St		City Bridgeport	State CT	Zip Code 06605-3167
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Diego Felipe		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1076 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Ellsworth St		City Bridgeport	State CT	Zip Code 06605-3167
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,220.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Diego Felipe		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1144 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$500.00
Name of Payee Diego Felipe		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1193 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$500.00
Name of Payee Diego Felipe		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1246 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$500.00
Name of Payee Diego Felipe		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1308 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$500.00

SUBTOTAL Section P - This Page	\$2,000.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee Diego Felipe		Date of Payment 09/01/2023		Method of Payment <input checked="" type="checkbox"/> Check # 1329 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$700.00	
Name of Payee Lilia E Figueroa		Date of Payment 08/18/2023		Method of Payment <input checked="" type="checkbox"/> Check # 1253 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 666 Iranistan Ave		City Bridgeport		State CT	Zip Code 06605-1220
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00	
Name of Payee Lilia E Figueroa		Date of Payment 08/25/2023		Method of Payment <input checked="" type="checkbox"/> Check # 1315 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 666 Iranistan Ave		City Bridgeport		State CT	Zip Code 06605-1220
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00	
Name of Payee Lilia E Figueroa		Date of Payment 09/01/2023		Method of Payment <input checked="" type="checkbox"/> Check # 1336 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 666 Iranistan Ave		City Bridgeport		State CT	Zip Code 06605-1220
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$400.00	

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Sofia Franco		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport	State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$520.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Sofia Franco		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport	State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$370.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Sofia Franco		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1229 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport	State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Sofia Franco		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1284 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport	State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$560.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,950.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Sofia Franco		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1347 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$420.00
Name of Payee Sofia Franco		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1364 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$50.00
Name of Payee Susana Franco		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1134 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$480.00
Name of Payee Susana Franco		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1179 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganin for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Elsie Mercado		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1063 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 2B		City Bridgeport	State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$160.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Elsie Mercado		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1070 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 2B		City Bridgeport	State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$200.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Elsie Mercado		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 2B		City Bridgeport	State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$180.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Elsie Mercado		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1191 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 2B		City Bridgeport	State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$160.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Elsie Mercado		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1241 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.00
Name of Payee Elsie Mercado		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1305 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00
Name of Payee Elsie Mercado		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1326 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00
Name of Payee Darius Miller		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Darius Miller		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1130 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$510.00
Name of Payee Darius Miller		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1175 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00
Name of Payee Darius Miller		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1224 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$550.00
Name of Payee Darius Miller		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1279 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$550.00

SUBTOTAL Section P - This Page	\$2,010.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Kelvin Newton		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1137 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 324 Harlem Ave		City Bridgeport	State CT	Zip Code 06606-4536
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$40.00
Name of Payee NGP Van		Date of Payment 07/10/2023	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1101 15th St NW, Ste 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$2,199.60
Name of Payee Sandy Nieves		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1041 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$160.00
Name of Payee Ivan Ogrinc		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1233 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 617 Colorado Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Kelvin Oliver		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1098 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 789 Park Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$80.00
Name of Payee Kelvin Oliver		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1125 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 789 Park Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$150.00
Name of Payee Kelvin Oliver		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1170 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 789 Park Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$70.00
Name of Payee Kelvin Oliver		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1219 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 789 Park Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$70.00

SUBTOTAL Section P - This Page	\$370.00
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Anthony R Paoletto		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1154 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Lynne Pl		City Bridgeport	State CT	Zip Code 06610-1233
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$2,500.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Park City Consulting LLC		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1045 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1705 Capitol Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$3,212.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Park City Consulting LLC		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1705 Capitol Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$6,000.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Park City Consulting LLC		Date of Payment 07/31/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1705 Capitol Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$20,177.12	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Park City Consulting LLC		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1141 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1705 Capitol Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,500.00
Name of Payee Park City Consulting LLC		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1184 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1705 Capitol Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,500.00
Name of Payee Park City Consulting LLC		Date of Payment 08/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1203 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1705 Capitol Ave		City Bridgeport	State CT	Zip Code 06604-1525
Purpose of Expenditure (by code) A-DM	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$27,169.02
Name of Payee Park City Consulting LLC		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1256 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1705 Capitol Ave		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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