# **SEEC FORM 20**

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

			Page	ı	of	112
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Do	Not Mark in This S	Space For Official Use Only				

		CO	ERPAC	7 L			
1. NAME OF COMMITTEE	STATE STATE	511 11 6		YES HOLD IN	Contract to the	-14/2/33	Type 5
							1.0
Ganim for Bridgeport 23  2. TREASURER NAME							
First		мі	Last			Suffix	
Anthony		***	Paoletto			Bullix	
3. TREASURER ADDRESS			laoletto		Andrew Street, Street, St.	Part Control	
Street Address		T c	ity	Description of the last of the		State	Zip Code
321 Lynne Place		Brio	lgeport			СТ	06610
4. ELECTION/REFFRENDUM DA	TE 5. OFFICE SO		<u> </u>	ndidate Committee)	6. DISTRICT NU	JMBER	
(mm/dd/yyyy)				690, 5	(if applicable)		
11/07/2023	Mayor			200	0		
7. CANDIDATE NAME (Complete	only if Candidate or Exp	oloratory Co	mmittee)	NAME OF THE OWNER, WHEN		14-17-1-18	11 12 12 13
First		MI	Last	\$ D		Suffix	3.2.2.1
Joseph		Р	Ganim	4			
8. TYPE OF REPORT (Check Or	ie Box)			ALISTO DEVENTED			
January 10 filing	7th day preceding	primary	7th da	y preceding referendu	m Initial Con	tribution or Di	isbursement
April 10 filing	30 days following	a self-	- JANE	s following referendu	(PACs ON	VLY)	A- 155AA
July 10 filing	7th day preceding		Defici		Amendmer	nt to	
October 10 filing	12th day preceding		Termi	nation	Type of Re	port:	1
24 Hour Independent Expenditure						40	
Primary Election	45 days following held in November	election not				25 10	2
	neid ar November						282
	- No.						Annual Tra
9. PERIOD COVERED			GIERRANIA III.	DELACTOR OF THE RES	SET, BULLING PAR	40	2
						W CLERK	= 4
	Beginning Date			Ending Date			0 \$
	09/04/2023		thru	09/30/2023		20	U A
10. CERTIFICATION	A manufacture of the last	THE PERSON N	The second second second			Mary Studios	w a
	The second second second			Harris Manual Profits	IC AND VOLUME	THE POST	33
							-
I hereby certify and state, under	penalties of false st	atement, t	hat all of the in	formation set fort	h on this <mark>Itemize</mark> e	d	
Campaign Finance Disclosure	Statement for the p	period cov	ered is true, ac	curate and comple	ete.		
			/	//			
				1	1 01-11-11	101 11	112
			MIMI	nony fo	10 10110	10-11	7 · J
TREASURER ÖR DEPUTY TREAS	SURER (SIGNATURE)		PRINT N	AME OF SIGNER		DATE (mm.	/dd/yyyy)
THE STATE OF STREET STATE OF STREET		-	USE SEE SEE			all the state of the	1100 70 100
			W 11		1 6		13
A person who is fo	ound to have knowing statutes faces a		fully violated an Ity or imprisonm		campaign finance		
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# **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

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**SUMMARY PAGE TOTALS** 

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ganim for Bridgeport 23	October 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$64,889.29	
13. Contributions received from Individuals (Section A and B)	\$104,525.00	\$483,480.00
14. Receipts from Other Committees (Sections C1 and C2)	\$1,500.00	\$9,200.00
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
66. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
6c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$10,550.00
7. Total Monetary Receipts (add totals for lines 13-16c)	\$106,025.00	\$503,230.00
8. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$170,914.29	\$503,230.00
9. Expenditures Paid by Committee (Section P)	\$88,102.20	\$421,167.91
0. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$82,812.09	\$82,812.09
1. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
2. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
3. In-kind Contributions Received (Section M)	\$0.00	\$4,649.06
4. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
5. Loan Balance	\$0.00	
5a. + Loans Received (Section D)	\$0.00	\$0.00
5b. + Interest and Penalties on Loan	\$0.00	\$0.00
5c Payments on Loan	\$0.00	\$0.00
5d. Total Outstanding Loan Amount	\$0.00	
6. Campaign Expenses Paid by Candidate (Section Q)	- 5	
	\$0.00	\$0.00
7. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
8. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
Ba. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

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4 46°	_	V.	

Last Name   First   First   M.I.	NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)	TYPE OF REPORT			
Last Name   First   Carper Resources   City   Carper   City   Carper   City   Carper   City   City   Carper   City	Ganim for Bridgeport 23	1000		October 10 filing			
B. Hemized Contributions Trom Individuals   First	A. Total Contributions from Small Contributors - Received this	Period C	NLY				
First   Firs	(See instructions for definition of Small Contributor)		Subtotal Section A	1			\$0.00
First   Firs	B. I temized C	ontribut	ions from Individuals				
Residential Street Address		desirable desirable of					M.I.
Read-ential Street Address   Site   Site   Cot   One 607-2021	Newton		Ernest				
Name of Employer   Name of Employer   Street Resources   Name of Employer   Career Resources   Name of Employer   Career Resources   Name of Employer   Career Resources   Name of Employer   Name of Emp		City	- 100			Zip Code	
Director of ReEntry	190 Read St	Bridgep	ort		CT	06607-2	2021
Security-but or a lobbyist, spouse, or dependent child of a lobbyist?   Ves   No   If contribution is in excess of \$400 to a candidate committee for a chief escentive officer of a dependent child of a lobbyist?   No   If contribution is one contribution estection of the contribution static and with an   Yes   Ves   No   If yes, indicate which branch or bounts of solution   Ves   No   If yes, indicate which branch or bounts of solution   Ves   No   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes, indicate which branch or bounts of solution   Ves   If yes   If	Principal Occupation						
In this contribution associated with an event reported in Section L1?   No   municipality does contributor or business holds in associated with an event reported in Section L1?   No   Legislative   No   Legislative   No   Matheway   No	Director of ReEnrty		Career Resources				
### State of Contribution	dependent child of a lobbyist? municipality does contributor	or business !	he/she is associated with have a	contract with said	Amoun	it of Cont	ribution
Method of Contribution:   Class   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Og9/26/2023   \$100.00   \$100.00	event reported in Section L1?  If yes, indicate which branch of branches of government the	r	_	IZ No			\$100.00
Lorneu	Method of contribution:	Money Orde					
City   Bridgeport   State   City   CT   O6610-1014			First				M.I.
Principal Occupation   Name of Employer   Beyond Homecare	Lomeu		Matthew				
Name of Employer   Seyond Homecare	Residential Street Address	City	R95-54				
Admin Beyond Homecare  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	114 Intervale Rd	Bridgep	ort		СТ	06610-1	014
State   City   Connor   City   City   Contribution   City   City   Contributor   Contributor   City   Cit			The second of th				
Yes, list Event #   Yes	dependent child of a lobbyist? municipality does contributor	or business h	e/she is associated with have a	contract with said	Amoun	t of Contr	ibution
Method of contribution:    Cash	event reported in Section L1?  Yes  If yes, indicate which branch or branches of covernment the	A CONTRACTOR	<u> </u>	√N <sub>0</sub>		;	\$100.00
Cash		Exe		ive			-
O'Connor  Residential Street Address  5 Brettonwoods Rd  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Method of contribution:  Terrance  City Trumbull  Name of Employer Retired  Name of Employer Retired  Amount of Contribution  Amount of Contribution  State CT  O6611-1102  Amount of Contribution  Figure, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	1:				
Residential Street Address  5 Brettonwoods Rd  7 Trumbull  Name of Employer Retired  Name of Employer Retired  Name of Employer Retired  Name of Employer Retired  Amount of Contribution  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an Yes event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  State Zip Code CT 06611-1102  Amount of Contribution  Amount of Contribution  Date Received Aggregate contributions	Last Name		First				
Trumbull  Section Woods Rd  Trumbull  CT 06611-1102  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an Yes event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions	O'Connor		Terrance				J
Principal Occupation Retired    Name of Employer Retired   Retired	Residential Street Address	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			5.705	102
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #    Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?    Yes   No   Yes   No					CI	00011-1	102
dependent child of a lobbyist?    No							
sevent reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Date Received Aggregate contributions	dependent child of a lobbyist? municipality does contributor or municipality valued at more the	or business h an \$5,000?	e/she is associated with have a	contract with said	Amoun	t of Contr	ibution
Method of contribution:   Date Received   Aggregate contributions	event reported in Section L1?  If yes, indicate which branch or branches of government the	_	_	⊠ <sub>No</sub>		\$	100.00
The second secon	If yes, list Event # contract is with:	∐Ехе					
	Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde					

\$300.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repositor	y)	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing	1		
A. Total Contributions from Small Contribute	rs - Received this Period ONL	Y		9855	¥ ¥	15
(See instructions for definition of Small Contributor)		Subtotal Section	Α.			\$0.0
TRANSPORT OF THE PARTY OF THE P	B. Itemized Contributions	s from Individuals				
Last Name		ust	The second secon			M.I.
Nelson	ا ا	)oris				
Residential Street Address	City			State	Zip Code	100
24 A Stone Ridge Rd	Bridgeport	- 20		CT	06606-2	2576
Principal Occupation	1	ne of Employer				
Retired	Re	etired				
dependent child of a lobbyist?	ribution is in excess of \$400 to a candida ipality does contributor or business he/sh ipality valued at more than \$5,000?	e is associated with have	a contract with said No	Amour	it of Cont	ribution
event reported in Section L1?	ntor a principal of a state contractor or principal which branch or sof government the lewith.		✓ No			\$200.00
Method of contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction Money Order	Date Received 09/20/2023	Aggregate contributions \$200.00		550,000	
Last Name	Fu	rst A				M.I.
Auerbach	SI	teven				Н
Residential Street Address	City	40000		State	Zip Code	
151 Kennedy Dr	Bridgeport			СТ	06606-5	917
Principal Occupation Director of Parking	Later British	ne of Employer y of Bridgeport		50		
dependent child of a lobbyist? munici	ribution is in excess of \$400 to a candidate pality does contributor or business he/she pality valued at more than \$5,000?	te committee for a chief e is associated with have Yes	executive officer of a a contract with said	Amoun	t of Contr	ibution
event reported in Section L1?	ator a principal of a state contractor or productate which branch or of government the	_	√N <sub>0</sub>		:	\$250.00
If yes, list Event # contract		ve Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Money Order	Date Received 09/22/2023	Aggregate contributions \$250.00			
Last Name	Fire	st				M.I.
Makhraz	Mo	oufid				
Residential Street Address	City	even oddiodd		State	Zip Code	4.40
104 Baros St	Fairfield			СТ	06824-4	140
Principal Occupation LLC Manager		e of Employer a Ceramictile LLC				
dependent child of a lobbyist? municip	ibution is in excess of \$400 to a candidate to a lity does contributor or business he/she to ality valued at more than \$5,000?	te committee for a chief e is associated with have Yes	executive officer of a a contract with said	Amoun	t of Contri	ibution
event reported in Section L1?	tor a principal of a state contractor or producate which branch or of government the Executiv				\$	\$200.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction   Money Order	Date Received 09/15/2023	Aggregate contributions \$200.00			

\$650.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete	te Name as Registered with I	Uling Repo	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23				October 10 filing	October 10 filing		
A. Total Contributions from Small Con	tributors - Received thi	s Period (	ONLY				
(See instructions for definition of Small Contri	ibutor)		Subtotal Section	a A.			\$0.0
	B. Itemized	Contribu	ions from Individua	s III	Market N		
Last Name			First				M.I.
Ganim			Thomas				
Residential Street Address	-23 -220	City		325	State	Zip Code	1000000
32 Adams Rd		Easton			СТ	06612-	1302
Principal Occupation			Name of Employer Thomas Ganim				
Attorney							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more	r or business	he/she is associated with har		Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  You No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	or prospective state contracted the		\$1,000		1,000.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit C	contract is with:	Money Ord	Date Received	Aggregate contributions \$1,000.00	1		
Last Name		_	First		-		M.I.
Picarazzi			Michael				Α
Residential Street Address		City	. 425.31		State	Zip Code	
15 Maddox Ave		Milford	10		СТ	06460-6	226
Principal Occupation Vice President		7.4	Name of Employer G Pic Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l			Amoun	t of Conti	ibution
event reported in Section L1?	s contributor a principal of a stat  If yes, indicate which branch of  branches of government the  contract is with:		or prospective state contract	[☑]N <sub>0</sub>		\$1	,000.00
Method of contribution:	COMPREM IS WITH:	1.0	Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Orde	o9/15/2023	\$1,000.00			
	075/28 USA						M.I.
Last Name			First				
			Russell				
Capozzielio		City	Russell		State	Zip Code	
Capozzielio Residential Street Address		City Fairfield	Russell		State CT	Zip Code 06825-1	805
Capozziello Residential Street Address 469 Brooklawn Ave Principal Occupation		Fairfield	Russell				805
Capozziello Residential Street Address 469 Brooklawn Ave Principal Occupation Retired Is contributor a lobbyist, spouse, or Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	Fairfield  \$400 to a can or business h	Russell  Name of Employer  Retired  didate committee for a chief		СТ		
Residential Street Address 469 Brooklawn Ave Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  V No  Is this contribution associated with an very reported in Section L1?  V No	municipality does contributor	\$400 to a can or business h an \$5,000?	Russell  Name of Employer Retired  didate committee for a chief e/she is associated with have	e a contract with said  No  Yes  No	СТ	06825-1	

\$3,000.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Comp	lete Name as Registered with I	iling Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23	ACRES CONTRACTOR CONTR				October 10 filing			
A. Total Contributions from Small Co (See instructions for definition of Small Co		s Period (	ONLY	Subtotal Section	4			\$0.00
	B. Itemized	Contribut	tions	from Individuals	La			SE SE
Last Name			Fire	st			- 8	M.I.
Cifelli			Аг	thur				
Residential Street Address		City				State	Zip Code	4007
5 Debra Ln		Baskin	g Rid	ge		NJ	07920-	1907
Principal Occupation				e of Employer				
Principal Consultant				oitol Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo municipality valued at more	r or business than \$5,000?	he/she	is associated with have	a contract with said No	Amoui	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pro		√No		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/Deb		Money Ord	ler	Date Received 09/15/2023	Aggregate contributions \$1,000.00			
Last Name			Firs	t jak			100	M.I.
Suliman			Sa	mia			28-22-	
Residential Street Address		City	100		- 932 - 72	State	Zip Code	.440
481 Success Ave	100	Bridge	-	2 78		СТ	06610-2	2418
Principal Occupation Homemaker		128	Hon	of Employer nemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	r or business than \$5,000?	he/shc	is associated with have	No No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	or	or proceeding		✓ No			\$100.00
If yes, list Event #	contract is with;			Date Received	Aggregate contributions	1		
Method of contribution:  Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	ler	09/27/2023	\$100.00			
Last Name	V63.45		Firs	t		100	e k	M.I.
			An	thony				R
Ferrigno Residential Street Address	-	City				State	Zip Code	
1000 Huntington Tpke		Bridgep	ort			CT	06610-1	246
Principal Occupation			1	of Employer		200		
Owner			Tree	eland Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	r or business l than \$5,000?	he/she	is associated with have	a contract with said	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta  If yes, indicate which branch of		or pros	spective state contractor	r? ☐ Yes ☑ No			\$750.00
If yes, list Event #	branches of government the contract is with:	☐ Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debi		Money Ord	ler	Date Received 09/20/2023	Aggregate contributions \$750.00			

\$1,850.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide C	Complete Name as Registered with	Filing Repo.	sitory)		TYPE OF REPORT		2000年	
Ganim for Bridgeport 23					October 10 filing			
A. Total Contributions from Sma (See instructions for definition of Smal		is Përiod C		al Section /		st-m		\$0.0
	B. Itemized	Contribut	ions from In	dividuals				SECTION AND ADDRESS OF THE PARTY OF THE PART
Last Name			First					M.I.
Spadoro			George					
Residential Street Address		City		63		State	Zip Code	
47 Terry Dr		Sag Ha	rbor			NY	11963-	3241
Principal Occupation Lawyer			Name of Emplo	руег				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she is associat			Amou	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	or prospective st ecutive	ate contractor Legisla	✓No			\$500.00
Method of contribution: Cash Personal Check Credit		Money Orde	Date Re 09/20		Aggregate contributions \$500.00			
Last Name			First	74.				M,I,
Sisco			Brenda					
Residential Street Address	2	City	VA 754	W.		State	Zip Code	9 12 P
10 Brockway Rd		Ellingto		*		СТ	06029-2	2100
Principal Occupation Consultant			Name of Emplo RSG	ver				
dependent shild of a lobburiet?	Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business h	didate committe e/she is associate	for a chief e d with have a Yes	xecutive officer of a contract with said  No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?		or	or prospective sta	te contractor?	<b>₩</b> 0			\$250.00
Method of contribution:  Cash Personal Check Credit/	contract is with:  /Debit Card Payroll Deduction	Money Orde	Date Re	zeived	Aggregate contributions \$250.00			
Last Name	18487 - 27		First		120 - 1			M.I.
Martinez			Lydia					
Residential Street Address		City				State	Zip Code	- 9
92 Grant St		Bridgepo	ort			CT _	06610-2	708
Principal Occupation City Clerk			Name of Employ City of Bridg					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business h	e/she is associate			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?    Your   Your	If yes, indicate which branch o	or _	r prospective sta cutive	e contractor?	√N <sub>0</sub>		\$	\$100.00
Method of contribution:  Cash ✓ Personal Check Credit/	<del></del>		Date Rec	eived	Aggregate contributions \$100.00			

\$850.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	January	2015

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0 .	-		

Ganim for Bridgeport 23  A. Total Contributions from Small Contributors - Received the (See instructions for definition of Small Contributor)  B. Itemized	his Period C	NT.V	October 10 filing	C. I PERSONAL		2000
A. Total Contributions from Small Contributors - Received the (See instructions for definition of Small Contributor)	his Period C	INTO				
English states and the best of the state of				35		
B. Itemized		Subtotal Section	the contract of the contract o			\$0.0
	l Contribut	ions from Individuals				
Last Name		First				M.I.
Stade		Mark			200	
Residential Street Address	City	29		State	Zip Code	
79 Otis St	Stratfor	rd		СТ	06615-	5539
Principal Occupation		Name of Employer				
Handyman		Mark the Handyman	800 - 14 h			
	tor or business	ndidate committee for a chief he/she is associated with have Yes		Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, list Event #  Is contributor a principal of a second branches of government the contributor appropriate in the second branches of government the second branches	h or	or prospective state contractor cecutive Legisl	[Z]No		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate contributions \$1,000.00		E. 1	
Last Name		First				M.I.
Kligerman		Robert				М
Residential Street Address	City	The same		State	Zip Code	
37 Eames Blvd	Bridgep	ort	4	СТ	06605-3	606
Principal Occupation	15	Name of Employer				
Real Estate	- A	Connecticut Realty T	rust			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess a municipality does contribute municipality valued at more	or or business k	ndidate committee for a chief ne/she is associated with have Yes	executive officer of a a contract with said  No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a section L1?  If yes, indicate which branch branches of government the	or		✓ No		\$1	,000.00
If yes, list Event # contract is with:		ecutive Legisl				
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction [	Money Orde	Date Received 09/16/2023	Aggregate contributions \$1,000.00			
Last Name		First				M.I.
Adams	V	Shannon				
Residential Street Address	City			State	Zip Code	
2 Blake Dr	Fairfield			CT	06824-5	602
Principal Occupation Account Manager		Name of Employer Wholesome Payment	s			
	or or business h	didate committee for a chief ee/she is associated with have		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  VNo  VNo  Is contributor a principal of a st  If yes, indicate which branch branches of government the	or		\[\text{\sqrt{N0}}\]		\$	500.00
If yes, list Event # contract is with:	Exe	cutive Legisla	ative			
Method of contribution: Cash Personal Check CCredit/Debit Card Payroll Deduction	Money Orde	Date Received 09/26/2023	Aggregate contributions \$500.00		P	

\$2,500.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104.525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$104,525.00	(Enter total on Line 13, Column A of Summary Page

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of	- 1	12

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repo	sitőry)	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			
A. Total Contributions from Small Contributors - Received this	Period C	DNLY	1			
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized C	Contribut	ions from Individuals				
Last Name		First			The same	M.I.
Coward		Terri				D
Residential Street Address	City			State	Zip Code	
73 Pine Ridge Rd	Fairfield	d		CT	06825-	1238
Principal Occupation		Name of Employer	10.000			
City Treasurer		City of Bridgeport				
dependent child of a lobbyist?  No municipality does contributor municipality valued at more to	or business han \$5,000?	ndidate committee for a chief e he/she is associated with have a Yes	a contract with said No	Атоип	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the section L1?  No branches of government the	r	or prospective state contractor.	✓ No			\$200.00
If yes, list Event # contract is with:	⊔вх	Date Received	Aggregate contributions			
Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction	Money Ord	1 1	\$200.00			
Last Name		First				M.I.
Stowell		Mark				
Residential Street Address	City	15.750.73		State	Zip Code	
45 Bennetts Bridge Rd	Sandy I	Hook		CT	06482-1	440
Principal Occupation Owner	10.1	Name of Employer Hilltop Painting Service	es LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more than the contributor municipality valued at more than the contributor municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality does contributor.	or business l	ndidate committee for a chief en he/she is associated with have a Yes	xecutive officer of a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the found in the following state of the foll		or prospective state contractor?	✓ No			\$150.00
If yes, hat Event # contract is with:		Date Received	Aggregate contributions			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		\$150.00			İ
Last Name		First				M.I.
Zamora		Elizabeth				Р
Residential Street Address	City			State	Zip Code	
812 Pacific St	Stamfor	d	ne navernom need	СТ	06902-7	330
Principal Occupation		Name of Employer				
Executive Assistant		City of Bridgeport	33-		- A- 10240	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business b	adidate committee for a chief en ne/she is associated with have a Yes	contract with said  No	Amoun	t of Contr	ibution
1 I Les	ontribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes If yes, indicate which branch or branches of government the Frequency I Legislative					\$75.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Aggregate contributions \$75.00	15-121		
		3(-15):11				

\$425.00	SUBTOTAL Section B - This Page	
\$104,525.00	TOTAL of Section B Pages	
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23	- 4 - 1			October 10 filing			107-5
A. Total Contributions from Small Contributors Received this	Period C	DNLY					
(See instructions for definition of Small Contributor)			total Section	A			\$0.00
B. Itémized C	on tribut	ions from	Individuáls				
Last Name		First					M.I.
Delgado		Frank					
Residential Street Address	City	1,00			State	Zip Code	
83 Bonnie View Dr	Trumbu	41/4			СТ	06611-	4701
Principal Occupation		Name of En					
Management Consultant		Editgroup		75			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more than the contributor of the contributo	or business han \$5,000?	he/she is asso	ciated with have	e a contract with said No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which branch o branches of government the	r _	or prospectiv	e state contracto	✓ No			\$50.00
If yes, list Event # contract is with:			Received	Aggregate contributions	-		
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroli Deduction	Money Ord		28/2023	\$50.00			
Last Name		First	J. 35				M.I.
		Natalie	454				
Velez Residential Street Address	City	7.0	25-14		State	Zip Code	_
1357 Fairfield Ave	Bridgep	ort	100		СТ	06605-1	712
Principal Occupation		Name of Em	ployer				0.00
Unemployed	3	Unemplo	yed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate comm he/she is asso	ittee for a chief ciated with have Yes	executive officer of a a contract with said	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If pes, indicate which branch or branches of government the		or prospective	state contracto	✓N <sub>0</sub>			\$100.00
If yes, list Event # contract is with:			Received	Aggregate contributions	1		- 1
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction	Money Orde		26/2023	\$100.00			
Last Name		First					M.I.
Giacobbe		Marilia				0.50	
Residential Street Address	City				State	Zip Code	
7 Marsh Ct	Westpo	rt	5-3-5-5	235 423-32 -22-4	CT	06880-6	738
Principal Occupation	S== 151703	Name of Em					
Special Project Coordinator		City of Br	dgeport	_			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business b	ididate comm ne/she is assoc	ittee for a chief iated with have Yes	executive officer of a a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	_	or prospective	state contracto	□ 1,000 □ No			
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	1.7	Received 26/2023	Aggregate contributions \$1,000.00			1

\$1,150.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repo	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			
A. Total Contributions from Small Contributors Received th	his Period (	ONLY	iii ii			
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
The state of the s	d Contribu	ions from Individual		MARKE		
Last Name		First				M,I,
Testa		Mario				
Residential Street Address	City		- W	State	Zip Code	77.00
3200 Park Ave	Bridge	port		СТ	06604-	1142
Principal Occupation		Name of Employer				
Owner		Testo's Restaurant				
dependent child of a lobbyist? municipality does contribute municipality valued at most	ntor or business re than \$5,000?		e a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, hist Event #  Is contributor a principal of a lifyes, indicate which branches of government the contract is with:	h or	or prospective state contract	√ No		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received 09/14/2023	Aggregate contributions \$1,000.00			
Last Name		First		18		M.I.
DiPronio		Nicholas			at home in column	
Residential Street Address	City	of Table		State	Zip Code	
108 River St	Bridgep			СТ	06604-2	928
Principal Occupation Owner		Name of Employer M&M Heating & Coo	ling LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business	ndidate committee for a chief he/she is associated with have Yes	executive officer of a a contract with said No	Amour	nt of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a sevent reported in Section L1?  No branches of government the	h or	, **** V	✓ No.		:	\$500.00
If yes, list Event # contract is with:	Ex	ecutive Legis				
Method of contribution  Cash ✓ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	Money Ord	Date Received 09/27/2023	Aggregate contributions \$500.00			
Last Name	A	First				M.I.
Saffan		Howard				S
Residential Street Address	City	100		State	Zip Code	026
9 Squires Ln	Weston			СТ	06883-2	930
Principal Occupation Owner	·	Name of Employer Sports Center of CT				10
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribut municipality valued at more	or or busi <mark>ness</mark> l	ndidate committee for a chief ne/she is associated with have Yes	executive officer of a a contract with said No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch		or prospective state contracto	r? ☐ Yes ☑ No		\$1	,000.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive Legisl	ative			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Received 09/14/2023	Aggregate contributions \$1,000.00			

\$2,500.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Revised January 2015	

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NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repo	sitory		TYPE OF REPORT			
Ganim for Bridgeport 23					October 10 filing			
A. Total Contributions from Small Cont	ributors - Received th	is Period (	ONL	/ 图 图 图 图 图				
(See instructions for definition of Small Contri	butőr)			Subtotal Section	A			\$0.0
	CONTRACTOR OF THE PARTY OF THE	Contribu	tions	from Individual				SEC.
Last Name	A Charles of the Charles of the Charles	er a Phoyer a memory	Fir	app - Po				M.I.
Mauzerali			Mi	chael	70	Mark Silver	nasar:	
Residential Street Address	N 1842	City		(i		State	Zip Code	
95 Copper Kettle Rd		Stratfo	rd			СТ	06614-	1411
Principal Occupation				e of Employer				
Contractor			M&	M Fence & Work	s inc	- 43		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,000?	he/she	is associated with hav	s a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No	s contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or pro	_	☑ 1⊗ ☑No		\$	1,000.0
Method of contribution: Cash Personal Check Credit/Debit Co		Money Ord	ler	Date Received 09/15/2023	Aggregate contributions \$1,000.00			
Last Name		50000	Firs	2002				M.I.
Grosso			Jos	seph				
Residential Street Address		City	•	4 7-45-44		State	Zip Code	
625 Tahmore Dr		Fairfield		V 1825	100	СТ	06825-2	:515
Principal Occupation Managing Member			1,100	of Employer emly Home's LL(				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	r or business l	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said No	Amoun	t of Conti	ibution
event reported in Section L1?	contributor a principal of a sta (f) yes, indicate which branch of branches of government the	or	or pros	_	[N₀   1∞		\$1	,000.00
Method of contribution:  Cash Personal Check Credit/Debit Ca	contract is with:	- 13		Date Received 09/14/2023	Aggregate contributions \$1,000.00			
Last Name	Sept 12		First			100		M.I.
Vîsceglia			Pet	er				
Residential Street Address		City		502-	E65W	State	Zip Code	
300 Raritan Center Pkwy	<u> </u>	Edison	100			NJ	08837-3	609
Principal Occupation President				of Employer eral Business Ce	nters		8.	
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business h	e/she i	s associated with have	a contract with said No	Amoun	t of Contr	ibution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch of another of government the	м <u> </u>			√No		\$1	,000.00
If yes, list Event #  Method of contribution:	ontract is with:		cutive	Date Received	Aggregate contributions			ó
Cash Personal Check Credit/Debit Ca	d Payroll Deduction	Money Orde	T	09/26/2023	\$1,000.00			

\$3,000.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comp)	ete Name as Registered with	Filing Repo	sitory	)	TYPE OF REPORT			
Ganim for Bridgeport 23	Wild the second second		7 97.207.		October 10 filing			
A. Total Contributions from Small Co	ntributors - Received th	is Period (	ONL	Y				
(See instructions for definition of Small Con-	tributor)			Subtotal Section	ı A			\$0.0
The age of the second second	B. Itemized	Contribu	tions	from Individual	Ś	REAL STREET		S HOUSE
Last Name			Fir	st		I Marie College		MI
Ganim Sr.			G	eorge				
Residential Street Address		City	-1	- 3-		State	Zip Code	,
130 Center Rd		Easton	1			СТ	06612	-1353
Principal Occupation			4	e of Employer				
Retired			Ret	ired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,000?	he/she	is associated with hav	e a contract with said	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	or pro				<b></b>	\$1,000.0
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 09/18/2023	Aggregate contributions \$1,000.00			
Last Name	0.88540		Firs	100				M.I.
Duffy			Ke	vin				
Residential Street Address		City	-	4 7 7 6 1 6		State	Zip Code	
1 Boerum PI, # 16F		Brookly	n	H CHAIN		NY	11201-	5186
Principal Occupation Retired	74.00.00.00.00		Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess or municipality does contributo municipality valued at more	r or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L17  Ves. list Event #	Is contributor a principal of a sta  If yes, indicate which branch o  branches of government the  contract is with:	or	or pros	_	☑ res		\$	1,000.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit	ENVE	SWII		Date Received 09/21/2023	Aggregate contributions \$1,000.00			
Last Name			First			OUT OF THE REAL PROPERTY.		M.I.
Auerbach			Mai	rilyn				
Residential Street Address 151 Kennedy Dr		City Bridgep	ort	****		State CT	Zip Code 06606-5	5917
Principal Occupation Retired			Name Retir	of Employer ed				0
is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	Is contributor a principal of a state of the		or pros	pective state contractor	1es			\$150.00
If yes, list Event # ✓ No	branches of government the contract is with:	Exe	cutive					
Method of contribution:  Cash ✓ Personal Check Credit/Debit C	Card Payroll Deduction	Money Orde	,	Date Received 09/22/2023	Aggregate contributions \$150.00			

SUBTOTAL Section B - This Page	\$2,150.00
TOTAL of Section B Pages	\$104,525.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	
(Enter total on Line 13, Column A of Summary Page	\$104,525.00

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Revised January	2015

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B-			

If yes, list Event #	
A. Total Contributions from Small Contributors - Received this Périod ONLY    Subtotal Section A	
Last Name   R. City   State   Countribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution associated with an event reported in Section L17   Vest   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution of played the contract is with.    State   Zip Code   CT   O6605-33	\$0.00
Last Name   Meyer   City   R. Christopher   Redictuil Street Address   City   R. Christopher   Redictuil Street Address   City   Shidland St   City of Bridgeport   State   City of Bridgeport   Contribution associated with an event reported in Section L1?   No   Indicate which branch or branches of government the contract is with.   City of Bridgeport   City of B	3,195
R. Christopher   Christoph	M.I.
Residential Street Address 435 Midland St Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Secontribution associated with an	_
Principal Occupation Attorney    Secontribution a lobbyist, spouse, or dependent child of a lobbyist?   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business befole is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No	46
Attorney  Is contributor a lobbyist, apouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract or prospective state contractor?  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:    State   CT   O6606-31	
Is this contribution associated with an event reported in Section L1?   Yes   If contribution is in excess of \$400 to a candidate commiscipality valued at more than \$5,000?   Yes   No      Is this contribution associated with an event reported in Section L1?   Yes   If yes, indicate which branch or branches of government the contract is with:    Method of contribution:	
event reported in Section L17	ution
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Og/15/2023   \$1,000.00	00.00
McBride-Lee  Residential Street Address 125 Hillcrest Rd  Principal Occupation Teacher  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with.  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Pirst Lauren  Residential Street Address  Many  State  Zip Code  CT. ORONG 208	
McBride-Lee  Residential Street Address 125 Hillcrest Rd  Principal Occupation Teacher  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with.  Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Many  City Bridgeport  City of Bridgeport  Name of Employer City of Bridgeport  Amount of Contribution and a candidate communities for a chief executive officer of a municipality valued at more than \$5,000?  Yes No  Is this contribution associated with an event reported in Section L1?  Yes, indicate which branch or branches of government the contract of prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with.  Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received Aggregate contributions O9/27/2023 \$100.00  First Lauren  Residential Street Address  City ORCOLE 26	ÁI.
Principal Occupation Teacher  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Mappa  Residential Street Address  Name of Employer City of Bridgeport  Name of Employer City of Bridgeport  Name of Employer City of Bridgeport  Amount of Contribution of the contribution of the contract with said municipality valued at more than \$5,000?  Yes If yes, list accontribution associated with an event reported in Section L1?  Who branches of government the contract or prospective state contractor?  Yes If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  First Lauren  Residential Street Address  City  State  Zip Code CT  19606-31  Amount of Contribution of Contributions of State Contractor or prospective state contractor?  Yes If yes, indicate which branch or branches of government the contract is with.  State Zip Code CT  196036-36	١ ١
Principal Occupation Teacher  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event I Secutive I Legislative  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Mappa  Residential Street Address  Name of Employer  City of Bridgeport  Name of Employer  City of Bridgeport  Amount of Contribution of child executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with.  Date Received O9/27/2023 \$100.00  Aggregate contributions  First  Lauren  Residential Street Address  City Oseans 36	
Teacher  City of Bridgeport  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, iniciate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/27/2023 \$100.00  Last Name  Mappa  Residential Street Address  City State Zip Code  CT 08925 28	:4
dependent child of a lobbyist?  No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event I Section L1?  We hoo branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/27/2023 \$100.00  Last Name  Mappa  Residential Street Address  City  State Zip Code  CT 08925 28	
event reported in Section L1?  If yes, list Event  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/27/2023 \$100.00  Last Name  Mappa  Residential Street Address  City  State Zip Code  CT 08/27/202	ution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/27/2023 \$100.00  Last Name First Lauren  Residential Street Address City	00.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/27/2023 \$100.00  Last Name First Lauren  Residential Street Address City State Zip Code	
Mappa Lauren  City State Zip Code CT 06935 36	
Residential Street Address City State Zip Code	CI.
Residential Street Address City State Zip Code	
20 Aspen Wood Ln Fairfield CT 06825-36	
	0
Principal Occupation WPCA Manager  Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   Yes   No	ation
event reported in Section L17  If yes, indicate which branch or branches of government the Executive I equiple VNo	00.00
Method of contribution:   Date Received   Aggregate contributions   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   O9/27/2023   \$750.00	

\$1,600.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with I	iling Repo	sitory		TYPE OF REPORT			
Ganim for Bridgeport 23	The State of the S				October 10 filing			
A. Total Contributions from Small Co	intributors - Received this	s Period (	DNL	7	10		74	
(See instructions for definition of Small Con				Subtotal Section	A	•		\$0.0
		Contribut	tions	from I <b>n</b> dividuals		10710030	000000	dispress.
Last Name		21000000	Fir		SAT ASSESSMENT OF THE			M.I.
			_	osa				
Franco		T 0%	110	,5a		State	Zip Code	
Residential Street Address		City Bridge	oort			CT	06608	
65 Steuben St, Unit 11 Principal Occupation		1 - 11-3-1		e of Employer				
Assistant Clerk	W. 1704		City	of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contribute municipality valued at more	r or business than \$5,000?	he/she	is associated with have	e a contract with said	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  Yes  V No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pro	_	√N <sub>0</sub>			\$200.00
Method of contribution: Cash Personal Check Credit/Debi		Money Ord	ler	Date Received 09/26/2023	Aggregate contributions \$200.00		- 5	
Last Name			Firs	6.0				M.I.
Guedes			Ele	anor				
Residential Street Address		City		. Trans.		State	Zip Code	
78 Teller Rd		Trumbu	ıll 🧬			СТ	06611-	1448
Principal Occupation Business Manager	338	1	0.100	of Employer Prose Companies	Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said  No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  If yes, list Event #	Is contributor a principal of a state of the state of government the contract is with:	r	or pro:	_	No			\$500.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit		Money Ord	er	Date Received 09/26/2023	Aggregate contributions \$500.00			
Last Name	367		Firs	ı				M.I.
Evans-Johnson			Be	verly				/
Residential Street Address		City	10 10			State CT	Zip Code 06516-6	2240
86 Rockefeller Ave		West H				Ci	00510-0	3319
Principal Occupation Office Manager				of Employer ar Construction L	rc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l han \$5,000?	ne/she	is associated with have	a contract with said No	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r			√N₀			\$200.00
If yes, list Event #  Method of contribution	contract is with:	Money Orde		Date Received	Aggregate contributions \$200.00			
Cash Personal Check Credit/Debit	Card Traylou Deduction T	Transport Office		09/27/2023	<b>φ</b> 200.00	-	- 59	

\$900.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with I	iling Repo	sitory)		TYPE OF REPORT			<b>美国基门</b>	
Ganim for Bridgeport 23				October 10 filing				
A. Total Contributions from Small Contributors - Received this	Period (	ONLY		200				
(See instructions for definition of Small Contributor)			itotal Section	A			\$0.00	
B. Hemized	Contribu	tions from	Individuals					
Last Name		First					M.I.	
Silva		Carlos						
Residential Street Address	City				State	Zip Code	-000	
66 Cleveland Ave	Bridge	port			СТ	06606-5	209	
Principal Occupation	M.L. V. Ska	Name of Er		23000 - 300-				
Owner		Dense	terprises LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business than \$5,000	s he/she is asso ?	Ciated with have	a contract with said No	Amour	it of Cont	ribution	
event reported in Section L1?    If yes, indicate which branch branches of government the	Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the  Executive  Legislative					\$	1,000.00	
If yes, list Event # contract is with:			e Received	Aggregate contributions				
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Or		/18/2023	\$1,000.00				
Last Name		First	34. 30		200	72 - 80	M.I.	
Rosales		Eric						
Residential Street Address	City	100	the tr		State	Zip Code		
28 Surrey Ln	Trumb	ull	197		СТ	06611-1	130	
Principal Occupation Finance	3	Name of En Smart Fi	<sup>nployer</sup> nancial Servi	ces Corp			30.0	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more	or business	he/she is asso	nittee for a chief ciated with have	executive officer of a a contract with said  No	Amoun	it of Conti	ribution	
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Is contributor a principal of a star figure which branches of government the	or		_	✓ No			\$700.00	
If yes, list Event # contract is with:	E	xecutive	Legisl	ative				
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money On		26/2023	Aggregate contributions \$700.00			51 S.S 684	
Last Name		First					M.I.	
Ambrifi		Ryan						
Residential Street Address	City				State	Zip Code		
13 Burnham HI	Westpo	ort			СТ	06880-6	607	
Principal Occupation Car Dealer		Name of En	and Rover				.57%	
	2000	CO25 - 0.5	S				-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes if contribution is in excess of municipality does contributor municipality valued at more to	or business han \$5,000?	he/she is asso	ciated with have	a contract with said  No	Amoun	t of Contr	ibution	
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, indicate which branch of branches of government the contract is with:	or	r or prospectiv xecutive	e state contractor	√No		:	\$500.00	
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Or		Received 26/2023	Aggregate contributions \$500.00				

\$2,200.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015	I. MONETAR	Y RECE	EIPTS	(Sections A-F	() P	age 1	17 of	112
NAME OF COMMITTEE (Provide Complete	Name as Registered with F	iling Repo.	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23		15=			October 10 filing			131
A. Total Contributions from Small Contr	ibutors - Received this	Period C	DNLY					
(See instructions for definition of Small Contrib				Subtotal Section	A			\$0.0
		Contribut	Hốểs f	rom Individuals				MERCIE
Last Name		44	First					ML
Kica			Arb	en	800 - 20 -		T	
Residential Street Address		City				State	Zip Code 06478	
4 Blueberry Ln		Oxford			7-7-7-7-7-7-7	101	00470	-1030
Principal Occupation Building Official			City	of Employer of Bridgeport				1950
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candid municipality does contributor or business he/s municipality valued at more than \$5,000?			he/she is	s associated with have	e a contract with said No	Amou	nt of Con	tribution
If yes, indicate which branch or branches of government the contract is with:   Executive Legislative				lative No			\$250.00	
Method of contribution:  Cash Personal Check Credit/Debit Car	d Payroll Deduction	Money Ord	ler	Date Received 09/26/2023	Aggregate contribution \$250.0			
Last Name	- 370= 1 537 A.S.		First	30. 10.				M.I.
Flaherty	× = - 2- 22 1		Dav	id			1	
Residential Street Address		City		A Company		State	Zip Code 46204-	
360 E Market St, Apt 2701		Indiana	_	er 1	_	1114	10204	2000
Principal Occupation Owner			A 100 MILES	of Employer erty & Collins Pr	operties			
dependent child of a lobbyis?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l han \$5,000?	he/she is	associated with have	e a contract with said No	Amoui	nt of Con	tribution
event reported in Section L17	ontributor a principal of a state fyes, indicate which branch or ranches of government the	r	or prosp	_	√ No		4	1,000.00
Method of contribution:    Cash   Personal Check   Credit/Debit Can	ontract is with:	1.7	T	Date Received 09/29/2023	Aggregate contributions \$1,000.0			
Last Name	105.07		First					M.I.
Hernandez	Wy SV		Orla	ndo		1.	Te: 0.1	
Residential Street Address	- 100	City				State CT	Zip Code 06605-	1406
44 Elmwood Pl		Bridgep				CI	00000	1400
Principal Occupation Animal Control Officer				of Employer of Bridgeport	-2.00			
dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l am \$5,000?	he/she is	associated with have	a contract with said  No	Amour	it of Cont	ribution
event reported in Section L1?  VNo bi	contributor a principal of a state "yes, indicate which branch or ranches of government the contract is with:	r	or prosp ecutive		[✓] No			\$500.00

\$1,750.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Aggregate contributions \$500.00

Date Received 09/27/2023

Method of contribution:

Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order

Subtotal Section A   Subtotal Section A	\$500.00
A. Total Contributions from Small Contributors Received this Period ONLY  Subtotal Section A  B. Itemized Contributions from Individuals    East Name	M.L. 1014 tribution \$500.00
B. Itemized Contributions from Individuals    Conzerved	\$500.00
Residential Street Address 114 Intervale Rd  Principal Occupation Owner    State   City   Bridgeport   State   City   O6610	\$500.00
Residential Street Address  114 Intervale Rd  Principal Occupation Owner    State   City   Bridgeport   CT   O6610	\$500.00
Sesidential Street Address   114 Intervale Rd	\$500.00
Principal Occupation Owner  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroli Deduction Money Order  Name of Employer Beyond Homecare  Name of Employer Beyond Homecare  Name of Employer Beyond Homecare  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  O9/26/2023 \$500.00	\$500.00
Owner  Beyond Homecare  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Beyond Homecare  Beyond Homecare  Beyond Homecare  Amount of Contribution of a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive filter of a municipality valued at more than \$5,000?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received O9/26/2023 \$500.00	\$500.00
dependent child of a lobbyist?  No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order   \$500.00	
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Fig.   If yes, indicate which branch or branches of government the contract is with:    Executive	N
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received 09/26/2023 \$500.00	N
First First	N
Last Name Pust	
Nkwo Nestor	
Residential Street Address City State Zip Code	
75 Eaton St Bridgeport CT 06604-	2219
Principal Occupation  Budget Director  Name of Employer  City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Yes  If yes, indicate which branch or branches of government the Executive Legislative	\$250.00
Commact is with:	
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order 09/27/2023 \$250.00	
Last Name First	MI
Passaretti Jennifer	
Residential Street Address City State Zip Code	
5 Lincoln Dr Wallingford CT 06492-	)11/
Principal Occupation Accountant  Name of Employer University of New Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes	ribution
event reported in Section L17  If yes, indicate which branch or branches of government the Section L17  No branches of government the Section L17  No branches of government the Section L17	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received O9/27/2023 \$1,000.00	

\$1,750.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 19 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing In Ganim for Bridgeport 23  A. Total Contributions from Small Contributors - Received this Period (See instructions for definition of Small Contributor)  B. Itemized Contributor  Last Name Roach	iod ONI	LY Subtotal Section A	October 10 filing	- C		
A. Total Contributions from Small Contributors - Received this Periodical Contributors of Small Contributor)  B. Itemized Contributor  Last Name	ribution	Subtotal Section A				
(See instructions for definition of Small Contributor)  B. Itemized Contr  Last Name	ribution	Subtotal Section A				
B. Itemized Contr		CONTRACTOR OF STREET	4			\$0.00
Last Name		ns from Individuals				
	- 1	First				M.I.
Roach	- 14	Daniel				
Desidential Secret Address City		Danie.		State	Zip Code	
Residential Sulect Additions	idgepor	t .		СТ	06605-3	3527
19 Quinian Ave		ame of Employer				
Principal Occupation Government Operations	C	city of Bridgeport		9		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to municipality does contributor or bus municipality valued at more than \$5.	siness he/s 5,000?	she is associated with have	No No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Is contributor a principal of a state contr	Execu		✓No		\$	1,000.00
Method of contribution:  Cash  Personal Check Credit/Debit Card Payroll Deduction Mone	ney Order	Date Received 09/14/2023	Aggregate contributions \$1,000.00			
Last Name	F	First	307.2	34		ML
	Ιlι	Lawrence				A
Ouellette  City	v	76-56-772		State	Zip Code	2015255
Keadelita prest varies	inton	all Control		CT_	06413-1	1250
Principal Occupation Associate City Attorney	C	ame of Employer City of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to municipality does contributor or bus municipality valued at more than \$5.	isiness he/s 5,000?	she is associated with have	No No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  You  If yes, list Event #  Is contributor a principal of a state contributor aprincipal of a state contributor aprinci	tractor or p		√No □			\$250.00
Method of contribution  Cash	ney Order	Date Received 09/27/2023	Aggregate contributions \$250.00			
Last Name	F	First				M.I.
Mauzerall	1	Dawn				6 / eer
Residential Street Address City	<u></u>			State	Zip Code	
Kesidennai Street Address	ratford		<u> </u>	СТ	06614-1	411
Principal Occupation		ame of Employer				
Corporate Secretary		1&M Fence & Wire V				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to municipality does contributor or bus municipality valued at more than \$5.	siness he/s 5,000?	she is associated with have	No No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Is contributor a principal of a state contributor aprincipal		_	✓ No		\$	1,000.00
If yes, list Event # contract is with:	Execu					
Method of contribution.  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ney Order	Date Received 09/15/2023	Aggregate contributions \$1,000.00		36	0.=

\$2,250.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23				October 10 filing			
A. Total Contributions from Small Contributors - Received the	is Period C		Subtotal Section	A			\$0.0
The provided and the contract of the party o	Contribu	tions fr	om Individual			10 500 10	R. B. C.
Last Name	Could people in	First	of State States and States of States	The same of the sa			M.I.
Minchelio		Dav	id				
Residential Street Address	City				State	Zip Code	
2 Captains Ct	Manas	quan			NJ	08736-	3303
Principal Occupation			of Employer				
Partner		Raino	one, Coughlin, I	Vinchello LLC		0.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business e than \$5,000?	he/she is	associated with have	e a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, indicate which branch branches of government the contract is with:	or	r or prosp xecutive		✓ No	<u> </u>		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	der	Date Received 09/21/2023	Aggregate contributions \$1,000.00			
Last Name		First	1544 FE				M.I.
Jones		Lyle					
Residential Street Address	City		15 16 15		State	Zip Code	
89 Weber Ave	Bridgep	port	3		СТ	06610-3	3062
Principal Occupation Chaplin	16		f Employer rtment of Corre	ctions			1.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l	he/she is	ommittee for a chief associated with have Yes	executive officer of a contract with said  No	Amou	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Is contributor a principal of a st   If yes, indicate which branch   If yes, indicate which	ог						\$100.00
If yes, list Event # contract is with:	Пвх	cecutive	Legisl		-		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 09/27/2023	Aggregate contributions \$100.00			
Last Name		First				700	M.I.
Ganim		Jose	phine	3.00			
Residential Street Address	City		-1920		State	Zip Code	050
130 Center Rd	Easton				СТ	06612-1	353
Principal Occupation Retired		Name of Retire	f Employer d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business h	ndidate co he/she is a	ommittee for a chief associated with have Yes	executive officer of a a contract with said  No	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Is contributor a principal of a st   If yes, indicate which branch	or			□ vo		\$1	,000.00
	I IExe	ecutive	Legisl	SITIAG			
If yes, list Event # contract is with:  Method of contribution:			Date Received	Aggregate contributions	1		

\$2,100.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with )	Filing Repo	sitory	}	TYPE OF REPORT			
Ganim for Bridgeport 23				October 10 filing			
A. Total Contributions from Small Contributors - Received this	s Period (	DNL	2				
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
	Contribut	tions	from Individual		SILVE C		
Last Name	THE PERSON NAMED IN	Fir	CONTRACTOR OF THE PARTY OF THE				M.I.
Sachs		H	ward				
Residential Street Address	City				State	Zip Code	
57 Island View Ave	Branfo	rd			СТ	06405-	5629
Principal Occupation			e of Employer				
Construction		Che	erry Hill Construc	tion, Inc.		******	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess or municipality does contribute municipality valued at more	r or business than \$5,000?	he/sho	is associated with have	e a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Is contributor a principal of a star of the section L1?   If yes, indicate which branche branches of government the contract is with:	or	or pro		[] No		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 09/19/2023	Aggregate contributions \$1,000.00			
Last Name		Firs	t ye				MI.
Donovan		Da	niel				
Residential Street Address	City	50			State Zip Code		
103 N Park Ave	Easton	16	4		CT 06612-1416		1416
Principal Occupation Renewable Development	2.19	Nú I	of Employer POWEL	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a contract with said	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which branch of branches of government the contract is with:	or _	or pros		✓ No			\$500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	- m	-	Date Received 09/21/2023	Aggregate contributions \$500.00			
Last Name		Firs				0 9 9	M.I.
Mobilio		Vin	cent				J
Residential Street Address	City				State	Zip Code	050
1920 Madison Ave	Bridgep				СТ	06606-4	000
Principal Occupation Economic Development	3224339		of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the contributor of the contributor	or business l han \$5,000?	ne/she	is associated with have	a contract with said No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r _	or pros ecutiv	<b>—</b>	ŊŊ₀			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 09/22/2023	Aggregate contributions \$100.00			

\$1,600.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page

NAME OF COMMITTEE (Provide Complete Name as Registered with I	iling Repos	sitory)		TYPE OF REPORT			
October 10 filing			October 10 filing		16 - 312 -		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	s Përiod C	NLY Sybtotal	Section /				\$0.00
B. Itemized	Contribut	ions from Ind	ividüals				
Last Name		First					ML
Scheinberg		Mark			State	Zip Code	
Residential Street Address	City East Ha	ortford			CT	06118-	
120 Colt St	East In	Name of Employe			0.	007.0	
Principal Occupation President		Goodwin Uni	versity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more to	r or business than \$5,000?	he/she is associated	l with have Yes	a contract with said	Amou	at of Con	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	or	or prospective state	e contractor	✓ No	\$750.0		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Reco		Aggregate contributions \$750.00			
Last Name		First	19.			- 1	M.L
Ortiz		Katherine					
Residential Street Address	City	1.775	6.0		State Zip Code		0745
9 Elm Ct	Bridgep	ort	<u> </u>		СТ	06606-	3/15
Principal Occupation	7.000	Name of Employe					
Community Liaison		Webster Ban	74				
Is comfibutor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she is associated	for a chief o I with have Yes	executive officer of a a contract with said	Amoui	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  You  You  You  You  You  You  You  Yo	ж	or prospective state	Legisla	√N <sub>0</sub>			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	79	Date Rece		Aggregate contributions \$100.00			
		First					M.I.
Last Name		t.					D
Wiggins	Cia.	Larry	-		State	Zip Code	_
Residential Street Address	City Waterb	urv			CT	06708-	1072
1769 Watertown Ave	1.1310.0	Name of Employe	er				
Principal Occupation CFO		Hispanic Hea		cil			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l han \$5,000?	he/she is associated	es	a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, list Event #  Is contributor a principal of a star flyes, indicate which branch of branches of government the contract is with:	or		contractor	. ✓No			\$100.00
					1		

\$950.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT			
Ganim for Bridgeport 23				October 10 filing			0.54
A. Total Contributions from Small Contributors - Received thi	is Period C	NLY	(			di 3 - 11	
(See instructions for definition of Small Contributor)			Subtotal Section	1			\$0.00
B Itemized	Contribut	ions	from Individuals	Carlo San Barris	fig. as a		
Last Name		Firs				. Links on the Links of the	M.I.
		80	wena				
White	City	110	WOIIG		State	Zip Code	
Residential Street Address	East Ha	aven			СТ	06512-	4224
54 Sorrento Ave	Lactin		of Employer			10.00	
Principal Occupation Communications			ormous				
	1000		0 11:0				-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess or municipality does contribute municipality valued at more	or or business than \$5,000?	he/she	is associated with have	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a st		or pro	spective state contracto	r? ∐Yes			\$100.00
event reported in Section 117	Or			√No			
If yes, list Event # branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction	Money Ord	eт	Date Received 09/26/2023	Aggregate contributions \$100.00			
Last Name		Firs	24. 40				M.I.
Lipsett	72	Mic	chael			Ter e i	J
Residential Street Address	City				State CT	Zip Code 06516-6	2042
788 Ocean Ave	West H		100		C1	00310-0	J042
Principal Occupation	18		of Employer Pest Elimination				
Exterminator	181	3850	76" 13		_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l than \$5,000?	he/she	is associated with have	a contract with said  No	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a st  If yes, indicate which branch		or pros	pective state contracto	1			\$200.00
If yes, list Event II No branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction	Money Orde	ėr	Date Received 09/26/2023	Aggregate contributions \$200.00	*		
		First		4.500.00			M.I.
Last Name		2					
Khan	-0.50	Мо	hammed		0	7 0 1	
Residential Street Address	City				State CT	Zip Code 06903	
50 Woodward Ln	Stamfor				<u> </u>	00300	72
Principal Occupation Doctor		Han	of Employer rest Healthcare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business t than \$5,000?	he/she	is associated with have	a contract with said No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch		or pros	pective state contractor	? Yes  ✓ No			\$500.00
If yes, list Event #	☐ Ex	ecutiv		ative			
Method of contribution:  Cash ✓ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ег	Date Received 09/27/2023	Aggregate contributions \$500.00			

\$800.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

Page	24	of	1	1
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NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repo	sitory)		TYPE OF REPORT	5 8 22		
Ganim for Bridgeport 23	No. of the last of		and the same of th	October 10 filing			
A. Total Contributions from Small Contributors - Received	this Period C	ONLY					
(See instructions for definition of Small Contributor)			Section A	Š.			\$0.00
	ed Contribu	tions from Indi	ividuals				
Last Name		First					M.I.
Macary		Joseph					Р
Residential Street Address	City				State	Zip Code	
30 Central Ave	Wolcot				СТ	06716-3	3002
Principal Occupation		Name of Employe					
Superintendent of School		Town of Vern			5.0		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excommunicipality does contribution is in excommunicipality does contribution is in excommunicipality valued at an excomm	ibutor or business nore than \$5,000?	he/she is associated	with have es	a contract with said No	Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of		or prospective state	contractor			\$250.00	
If yes, list Event # branches of government to contract is with:	he	cecutive [	Legisla				3
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	on Money Ord	Date Rece 09/26/2		Aggregate contributions \$250.00		A Total Indiana	
Last Name		First	v. 15a				M.I.
Mercado		Elsie					
Residential Street Address	City	JL 7893			State	Zip Code	
269 Barnum Ave, Apt 2B	Bridge		17		СТ	06608-2	261
Principal Occupation Homemaker		Name of Employer Homemaker	r				
	11.7	731 W - 1					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excernation in the excernation of a lobbyist?  No municipality valued at municipality valued at municipality valued.	buter or business lore than \$5,000?	he/she is associated	with have a	contract with said No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L17  Yes    Yes   Is contributor a principal of   If yes, indicate which brain   If yes,	ach or	or prospective state	contractor	☐Yes ✓No			\$50.00
If yes, list Event # contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Ord	Date Recei er 09/26/20	100	Aggregate contributions \$50.00			
Last Name	T-	First					MI
King		Samantha				- 1	
Residential Street Address	City				State	Zip Code	
22 Dirigo Dr	Yarmou	ıth		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	ME	04096-7	590
Principal Occupation		Name of Employer					1
Program Director		317 Main Com					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution is in excess municipality does contribution. Yes municipality valued at municipality valued at municipality valued at municipality.	outor or business l	ndidate committee for he/she is associated v	with have a	cecutive officer of a contract with said  No	Amoun	t of Contri	ibution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which branches of government the branches of government the section of the sect	nch or		- 0			\$1.	,000.000
If yes, list Event # contract is with:	<u> Пех</u>	ecutive	Legislat	Aggregate contributions			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	n Money Orde	Date Recei 09/29/20		\$1,000.00		10	

\$1,300.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registers	ed with Filing Rep	ository)		TYPE OF REPORT	The set		
Ganim for Bridgeport 23	- NAV	and the second second	Service Tox Co. C. C.	October 10 filing			
A. Total Contributions from Small Contributors - Recei	ved this Period	ONLY					
(See instructions for definition of Small Contributor)			Sübtotal Section	A			\$0.00
	mized Contribu	utions fi	rom Individuals				
Last Name	ALL SALES AND AREA OF THE SALES	First					M.I.
Robinson		Keis	sha				
Residential Street Address	City	0.5			State	Zip Code	
2 Rockridge Cir	Bridge	eport			CT	06606-2	2551
Principal Occupation		- 1	of Employer				
Homemaker		1	emaker 	0			
dependent child of a lobbyist?	contributor or busines I at more than \$5,000	ss he/she is 0?	associated with have	✓ No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event   Yes  If yes, indicate which branches of government contract is with:	h branch or	tor or prosp Executive		✓No			\$60.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Dec	duction Money O	Order	Date Received 09/26/2023	Aggregate contributions \$60.00			
Last Name		First	V20. 30.	10			M.I.
Reale		Mat	thew				3
Residential Street Address	City		A STATE OF		State	Zip Code	
34 Brewster Pl	Trumb	bull	18		CT	06611-3	3023
Principal Occupation Attorney			of Employer ony & Reale				
dependent child of a lobbyist?     V   No   municipality does of municipality valued	ontributor or busines at more than \$5,000	ss he/she is 0?	associated with have	✓ No	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a princip of the section L1?  Yes If yes, indicate which branches of governments of the section L1?	branch or		_ /8	✓ No			\$750.00
If yes, list Event   Contract is with:	ent me DE	Executive	Legisl	ative	1		
Method of contribution:  Cash  ✓ Personal Check Credit/Debit Card  Payroll Dec	luction Money Or	order	Date Received 09/21/2023	Aggregate contributions \$750.00			
Last Name		First				200000	M.I.
		Kevi	in J.				
Barlow Residential Street Address	City	1.00			State	Zip Code	
24 Morningside Dr	Eastor	n			СТ	06612-1	929
Principal Occupation		Name o	of Employer				
Owner		00000	nem Connecticu				
dependent child of a lobbyist? municipality does c	excess of \$400 to a contributor or business at more than \$5,000	ss he/she is	committee for a chief associated with have Yes	executive officer of a a contract with said No	Amour	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a princip  If yes, indicate which branches of government is with:	branch or	or or prosp Executive	<b>.</b> V.	✓ No			\$500.00
Method of contribution:	luction Money Or	order	Date Received 09/27/2023	Aggregate contributions \$500.00			

\$1,310.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Revised January 2015		II WOLVERY		12 10				To all the Plantage of the	
NAME OF COMMITTEE (Provi	ide Complet	e Name as Registered With Fi	ling Repos	itory)		TYPE OF REPORT			
Ganim for Bridgeport 23					200	October 10 filing			of the same
A. Total Contributions from S See instructions for definition of S			Period O	NLY	Subtotal Section A				\$0.00
	ETCHELD S	B. Itemized C	ontřibut	ions	irom Individuals				
Last Name				Firs	t				M.I.
Марра				La	uren		550-	100	
Residential Street Address			City				State	Zip Code	
20 Aspen Wood Ln			Fairfield	t		0	CT	06825-	3620
Principal Occupation					of Employer				
WPCA Manager				City	of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more than the second sec	or business an \$5,000?	he/she	is associated with have Yes	a contract with said No	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☑ No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the  contract is with:	·	or pros		√N <sub>0</sub>			\$250.00
Method of contribution:  Cash	Credit/Debit (		Money Ord	er	Date Received 09/14/2023	Aggregate contributions \$750.00			
Last Name				Firs	34, 15		25.5		M.I.
Williams				Bria	an				C
Residential Street Address			City	_	1205/15		State	Zip Code	
350 Waverly Rd			Shelton				СТ	06484-3	3432
Principal Occupation				Name	of Employer		CONTRACTOR OF THE PARTY OF THE	Parista es.	7700
General Manager				Peo	ple to Places				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l an \$5,000?	ne/she	s associated with have	a contract with said No	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐Yes ☐ Yes ☑ No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	W	or pros		√ No			\$100.00
		contract is with:	- 50		Date Received	Aggregate contributions			
Method of contribution:  ☐ Cash	Credit/Debit C	ard Payroll Deduction	Money Ord	er	09/27/2023	\$100.00			T. C
Last Name		West Control		First	170				MI
Kleps				Joh	n				Р
Residential Street Address			City			2001 - 1970 Day	State	Zip Code	
167 Grovers Ave			Bridgep	ort			СТ	06605-3	3450
Principal Occupation					of Employer	Inna Candasa			
Realtor			Charles Con Mar	Berk	shire Hathaway I	nome Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes  ✓ No	If contribution is in excess of a municipality does contributor o municipality valued at more th	or business l	ndidate ne/she	committee for a chief of a sssociated with have Yes	executive officer of a a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes I	is contributor a principal of a state  If yes, indicate which branch or  branches of government the	_	or pros		√N <sub>0</sub>			\$200.00
If yes, list Event #		contract is with:			Date Received	Aggregate contributions			
Method of contribution:  Cash Personal Check	Credit/Debit C	ard Payroll Deduction	Money Ord	er	09/27/2023	\$200.00			

\$550.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page	27	of	112
= ~B~			

NAME OF COMMITTEE (Provide Con	plete Name as Registered with F	iling Repo	itory)		TYPE OF REPORT			
Ganim for Bridgeport 23	PORECO HATEL				October 10 filing		Le Sir	
A. Total Contributions from Small	Contributors - Received this	s Period C	NLY					
See instructions for definition of Small C		<b>新作品</b>	To the	Subtotal Section	A			\$0.00
See productions for definition of bringing	R. Itemized	Gontribut	ions f	rom Individuals				
Last Name			First					M.L
			And	jelo				
Magliocco		City	1,018	,5.0		State	Zip Code	-
Residential Street Address		Trumbo	ull			СТ	06611-2	138
49 Harvester Rd Principal Occupation			Name	of Employer				
Owner				tic Designs	C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o municipality does contribute municipality valued at more	r or business than \$5,000?	he/she i	s associated with hav	No No	Amoui	at of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No	If yes, indicate which branch	or	or pros	·	√]No		\$1	1,000.00
Method of contribution:  Cash ✓ Personal Check Credit/D		Money Ord	ier	Date Received 09/16/2023	Aggregate contributions \$1,000.00			
Last Name		-	First	As No		300		M.I.
Ganim			Pau	d J.				
Residential Street Address		City				State	Zip Code	
3250 Madison Ave		Bridge		100		СТ	06606-2	059
Principal Occupation Attorney		1 5		of Employer m Legal				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo municipality valued at more	r or business than \$5,000?	he/she i	s associated with have	No No	Amou	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  V No	If yes, indicate which branch of branches of government the	or	or pros		✓ No		<b>\$</b> 1	,000.00
	contract is with:	7023		Date Received	Aggregate contributions			
Method of contribution:  Cash	ebit Card Payroll Deduction	Money Ord	ler	09/27/2023	\$1,000.00			
Last Name			First					M.I.
Stafstrom			Joh	n				F
Residential Street Address		City				State	Zip Code	
105 Battery Park Dr		Bridger	oort			СТ	06605-3	604
Principal Occupation Attorney				of Employer nan & Comley L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more	r or business than \$5,000?	he/she i	s associated with have	e a contract with said	Amou	at of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	ог		<b>—</b> .	<b>✓</b> №		\$1	,000.00
If yes, list Event #	contract is with:	Ex	cecutiv		slative			
Method of contribution: Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Ord	ier	Date Received 09/20/2023	Aggregate contributions \$1,000.00			

\$3,000.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Com	olete Name as Registered with F	iling Repos	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23	475				October 10 filing			
A. Total Contributions from Small C	ontributors - Received this	Period C	NLY			4		
(See instructions for definition of Small Co	ntributor)			Subtotal Section A	<u> </u>	-	ever like the like to	\$0.00
	B. Itemized	Contribut	ions fi	rom Individuals		100		
Last Name		V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	First					MI
Rainone			Lou	is			I at a s	
Residential Street Address		City				State NJ	Zip Code 08830-3	170
555 US Highway 1 S		Iselin	1			140	00000-0	7170
Principal Occupation President			Rain	of Employer one Coughlin Mil	nchello LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more	r or business than \$5,000?	he/she i	s associated with have	a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	or	or prosp	=	ative No			\$500.00
Method of contribution:  Cash  Personal Check  Credit/De	bit Card Payroll Deduction	Money Ord	der	Date Received 09/21/2023	Aggregate contributions \$500.00			
Last Name			First	24A - 32		17	-	ML
Grosso			Kim	berly				М
Residential Street Address		City		- Table 20	(941 <u>— 18</u> 14	State	Zip Code 06825-2	E4E
625 Tahmore Dr	1,0	Fairfield		St. Y		U1	00020-2	515
Principal Occupation Homemaker			Hom	of Employer emaker	19-		20.	-0
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	r or business than \$5,000?	he/she i	s associated with have	a contract with said  No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	or	or prosp		No ✓		\$1	,000.00
	contract is with:	17%		Date Received	Aggregate contributions			
Method of contribution:  Cash Personal Check ✓ Credit/Del	bit Card Payroll Deduction	Money Ord	der	09/14/2023	\$1,000.00			
Last Name	30.0		First	<del>ras s</del> to <u>sto</u> vice			100	M.I.
Gresko			Jos	eph			7:01	Р
Residential Street Address	70.6 21-2	City Stratfor	rd			State CT	Zip Code 06614-5	327
284 Mary Ave		- Cardarer	100000000000000000000000000000000000000	of Employer			ens.	
Principal Occupation State Representative			State	of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	r or business than \$5,000?	he/she i	s associated with have	a contract with said  No	Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta		or pros		✓No			\$500.00
If yes, list Event #	branches of government the contract is with:	E	cecutive	e Legisl	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Del	bit Card Payroll Deduction	Money Ord	der	Date Received 09/21/2023	Aggregate contributions \$500.00			

\$2,000.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repo	silory)		TYPE OF REPORT			
Ganim for Bridgeport 23				October 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period (		Subtotal Section	A .			\$0.00
B. Itemized (	Contribul	tions fr	om Individuals				
Last Name		First					M.I.
Aziz		Moh	ammed				
Residential Street Address	City				State	Zip Code 06010-	5361
116 6th St	Bristol	1			01	00010-	0001
Principal Occupation Owner		Food		o	e= es		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the specific product of the specific product product of the specific product product of the specific product	or business han \$5,000?	he/she is:	associated with have	a contract with said	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of the second of the seco	or	r or prospe xecutive	ective state contracto	✓ No		\$	1,000.00
Method of contribution:	Money Ord		Date Received 09/22/2023	Aggregate contributions \$1,000.00			
Last Name		First	3				M.I.
Kolakowski		Micha	ael				
Residential Street Address	City	- 1	"Allega		State	Zip Code	
3 Turnberry Rd	Walling	ford			CT	06492-2	2743
Principal Occupation Commercial Contractor			FEmployer Building Corpora	ation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more the	or business l han \$5,000?	he/she is a	associated with have	a contract with said No	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a state	ra **	or prospe	ctive state contractor	✓ No		\$^	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Received 09/15/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Ortiz		Richa	ard				
Residential Street Address	City				State	Zip Code	
9 Elm Ct	Bridgep	oort			CT	06606-3	715
Principal Occupation			Employer	Inc			
Machinist			Manufacturing		- 22		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is a	mmittee for a chief essociated with have	executive officer of a a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or prospec	ctive state contractor	√N <sub>0</sub>		:	\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 09/26/2023	Aggregate contributions \$100.00		-2000	

\$2,100.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Revised	January	2015

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Lage	20	OI.	114

Base Name   Stallworth   Charles   First   Charles   Stallworth	NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repo	sitory)	TYPE OF REPORT			
Subtractions for definition of Small Contributors   Subtraction   Subt	Ganim for Bridgeport 23			October 10 filing		200 000	
Last Name    Stallworth   Stall	A. Total Contributions from Small Contributors - Receive	d this Period (		A			\$0.00
Stallworth    Charles   Charles	B, Item	ized Contribut	tions from Individuals				
City   Sindings   Street Address   Sindings   Sinding	Last Name		First				M.I.
Solid   Soli	Stallworth		Charles	6, 4 <u>6</u>		B 460 B	
Name of Employer   East End Baptist Church	Residential Street Address		ile top set v	W - 11 X-			2 00 G
East End Baptist Church   East End Baptist Church	35 Wickcliffe Ct	Bridge			CI	06606	
Is contributor a lobbyrist, spouse, or dependent child of a lobbyris?    No				urah			
Institute contribution associated with an even reported in Section L1?   No   Institute of the present state contractor or prospective state contractor?   Yes   No   No   Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   Yes   No   No   No   No   No   No   No   N							- 3
Secontification   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   Date Receiv	dependent child of a lobbyist?Nomunicipality does conmunicipality valued at	tributor or business more than \$5,000?	he/she is associated with have	e a contract with said  No	Amour	it of Contr	ibution
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received (99/27/2023   \$100.00	event reported in Section L1?    If yes, indicate which b branches of government branches of government	ranch or	_	[√]N₀		:	\$100.00
Edwards  Lance  City Stratford  City Stratford  Strate Address  800 Cutspring Rd  Principal Occupation Fire Chief  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  Whethod of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  Muniz  Residential Street Address  Bay If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Whethod of contribution  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Bay Residential Street Address  Bay Huntington Tpke  Is contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Whethod of contribution  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Brits  Jessica  Name of Employer  Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  Yes  No  State  Zip Code  CT  O6610-1436  Amount of Contribution  In a contribution associated with an event reported in Section L1?  Yes  No  State  Zip Code  CT  O6610-1436  Amount of Contribution  Is contribution associated with an event reported in Section L1?  Yes  No  Is contributor or principal of a state contractor?  Yes  No  State  Zip Code  CT  O6610-1436  Amount of Contribution  The event reported in Section L1?  Yes  Yes  No  State  Zip Code  CT  O6610-1436  Amount of Contribution  The event reported in Section L1?  Yes  No  State City Code  CT  O6610-1436	Method of contribution:		Date Received	Aggregate contributions			
Edwards   Lance   City   Stratford   City   Stratford   City of Bridgeport		7	First				M.I.
Residential Street Address 800 Cutspring Rd    Street Address			Lance				
Stratford  Principal Occupation Fire Chief  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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:    State   City   Contribution		City	Secula		State	Zip Code	
Principal Occupation Fire Chief  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Section L1?	1	Stratfor	d		СТ	06614-2	445
dependent child of a lobbyist?	Principal Occupation	, S	The second secon				
## Secontribution associated with an event reported in Section L1?    Yes, indicate which branch or branches of government the contract is with:    West, list Event #	dependent child of a lobbyist? municipality does cont	ributor or business	he/she is associated with have	a contract with said	Amoun	t of Contr	ibution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/26/2023 \$250.00  Last Name First M.I.  Muniz Jessica  City Bridgeport State Zip Code CT 06610-1436  Principal Occupation Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state contractor? Yes \$100.00  Is this contributor and principal of a state contractor or prospective state contractor? Yes \$100.00  Contributor of State St	event reported in Section L1?    If yes, indicate which by branches of government	ranch or	. iii	✓ No		\$	250.00
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   09/26/2023   \$250.00	COMBANA IS WILL.	⊔вх			8		
Muniz    State   Zip Code	Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduct	tion Money Ord					
Residential Street Address 184 Huntington Tpke  Principal Occupation Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or branches of government the Executive I Legislative.  State Zip Code CT 06610-1436  Amount of Contribution of a state contractor?  Yes  Yes  You lie Eventive  I Legislative	Last Name	7	First				M.I.
Residential Street Address  184 Huntington Tpke  Principal Occupation Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Yes  If contributor a principal of a state contractor or prospective state contractor?  Yes  Yes  You list First # No branches of government the Frecutive I Legislative	Muniz		Jessica				
Principal Occupation Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If yes, indicate which branch or branches of government the  Frecutive  I excitative	Residential Street Address	City					
Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or branches of government the  Frecutive  Unemployed  Amount of Contribution  Frecutive  I Legislative		Bridgep	ort	7.02	CT	06610-14	436
dependent child of a lobbyist?    V   No							
event reported in Section L1?  If yes, indicate which branch or branches of government the Frecutive Legislative	dependent child of a lobbyist? municipality does continuous municipality valued at	ributor or business i more than \$5,000?	ne/she is associated with have	a contract with said No	Amoun	t of Contri	ibution
1) yes, list event #	event reported in Section L1?  If yes, indicate which branches of government.	anch or		√No		\$	100.00
D. D. J. L. Accorded to the land		ПЕХ					
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received O9/27/2023 Aggregate contributions \$100.00		ion Money Orde					

\$450.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide	Complete	Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT		A STATE	
Ganim for Bridgeport 23		Car Resident page of the light feet of the la	soul goly som	district of		October 10 filing			
A. Total Contributions from Sm.	all Conf	ributors "Received this	Period O	NLY					- 100
(See instructions for definition of Sma					Subtotal Section	A			\$0.00
(See instructions for definition of time	iii Goiiii ie	R Itamired C	ontribut	ions f	rom Individuals				alterity.
		D. Itemazo C	, out 110 m	Firs	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ENTERON STATE OF THE PARTY OF T			M.I.
Last Name				Alv					
Taylor			-	Auv	ela		State	Zip Code	_
Residential Street Address			City Bridgep	ort			CT	06608-	2606
511 Pembroke St			Dilugep	_	of Employer		- 200		
Principal Occupation				Reti		40			
Retired					AL				
	_Yes ZNo	If contribution is in excess of municipality does contributor municipality valued at more th	or business l ian \$5,000?	he/she	is associated with have	No No	Amour	ıt of Cont	ribution
Is this contribution associated with an	Yes E	s contributor a principal of a state		or pros	pective state contracto	_			\$25.00
event reported in Section L1?	No	If yes, indicate which branch or branches of government the		ecutiv	e 🗆 Legisl	√ No ative			
If yes, list Event #		contract is with:	LEX	ecuuv		Aggregate contributions			
Method of contribution:  Cash Personal Check Cree	dit/Debit Ca	ard Payroll Deduction	Money Ord	er	Date Received 09/26/2023	\$25.00			
Last Name				First	- Av. 745				M.I.
Brathwaite				Lee		<u> </u>			-
Residential Street Address			City		- RESERVE		State	Zip Code	
21 Jared Dr			White P	lains			NY	10605-3	3417
Principal Occupation			2.0		of Employer	61			
Developer/General Contractor				Ape	Building Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more than the state of t	or business l an \$5,000?	he/she i	s associated with have	No No	Amout	it of Cont	ribution
event reported in Section L1?	No No	s contributor a principal of a state  If yes, indicate which branch or  branches of government the  contract is with:		or pros	<b>—</b>	✓ No			\$500.00
Method of contribution:			-3		Date Received	Aggregate contributions			
Cash Personal Check Cree	dit/Debit Ca	ard Payroll Deduction	Money Orde	er	09/30/2023	\$500.00		85,6	
Last Name		Market Lake		First					M.I.
Aurilio				Jan	nes				
Residential Street Address			City				State	Zip Code	054
97 Northwood Dr			Easton				СТ	06612-1	1351
Principal Occupation Owner					of Employer S Auto Body				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l nan \$5,000?	he/she i	s associated with have	No No	Amour	it of Cont	ribution
event reported in Section L1?	i es	s contributor a principal of a state		or pros		✓ No			\$150.00
If yes, list Event #		branches of government the contract is with:	☐ Ex	ecutiv	e Legisl	ative			
Method of contribution:  Cash Personal Check Cree			Money Ord	ст	Date Received 09/26/2023	Aggregate contributions \$150.00			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

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

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NAME OF COMMITTEE (Provide Complete Name as Registere	ed with Filing Repo	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			
A. Total Contributions from Small Contributors Received	ved this Period (	ONLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
B. Itë	mized Contribu	tions fro <u>m Ind</u> jvidual	S			
Last Name		First				M.L
Giacobbe		Giovanni				M
Residential Street Address	City			State	Zip Code	2700
7 Marsh Ct	Westpo			СТ	06880-6	0/38
Principal Occupation		Name of Employer Student				
Student	- 1120 - 21	the same of the sa				
dependent child of a lobbyist?  Who municipality valued municipality valued	contributor or business d at more than \$5,000?		ve a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a princip  If yes, indicate which branches of government on the contract is with:	h branch or	or prospective state contract	✓ No			\$100.00
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Ded	duction Money Ord	Date Received	Aggregate contributions \$100.00		_	
Last Name		First			*	M.I.
Konecny		Jonathan	3,400.77			
Residential Street Address	City	The state of the s		State	Zip Code	
2140 Park Ave	Southp			СТ	06890	
Principal Occupation Chiropractor		Name of Employer Konecny Chiropracti	c Center			
dependent child of a lobbyist? municipality does co	excess of \$400 to a car ontributor or business at more than \$5,000?	ndidate committee for a chief he/she is associated with have Yes	f executive officer of a e a contract with said  No	Amoun	it of Contr	ibution
event reported in Section L1?  If yes, indicate which branches of governments.	branch or	or prospective state contracto	✓ No		:	\$250.00
If yes, list Event # contract is with:		ecutive Legis		-		
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Dedit	uction Money Ord	Date Received 09/26/2023	Aggregate contributions \$250.00			
Last Name	6	First				M.I.
Badillo	V	Edgar				
Residential Street Address	City Bridgep	ort		State CT	Zip Code 06606-3	036
184 Function Ave Principal Occupation	230	Name of Employer		- 1		77.00
Tech		Pensioned Soc. Sec.	a common service			
dependent child of a lobbyist?	ontributor or business hat more than \$5,000?	ndidate committee for a chief ne/she is associated with have Yes	a contract with said No	Amoun	t of Contr	ibution
event reported in Section L1? If yes, indicate which	branch or	or prospective state contracto	n? ☐ Yes ☐ No		122	500.00
If yes, list Event # VNo branches of government contract is with:	Exe	ecutive Legisl	lative			
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Dedu	uction Money Orde	Date Received 09/27/2023	Aggregate contributions \$500.00			

\$850.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provi	de Complei	te Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Ganim for Bridgeport 23	759.02	application of the second seco	HEREIN, MICH. WILL	100000		October 10 filing			
A. Total Contributions from S	will Con	tributars Received this	Period O	NLY	CHEST STATE OF				
(See instructions for definition of S.					Subtotal Section	A			\$0.00
(See instructions for definition of Si	mun com	R Itemized	Contribut	ions i	rom Individuals		120 (S)		
	Augus sold	D, Itemizea		Firs		William Control of the Party of			M.I.
Last Name				Ah	raham				
Gottesman			T City	170	allalli		State	Zip Code	
Residential Street Address			City Monsey	,			NY	10952-6	6602
7 Rita Ave, Apt H			William		of Employer			1	
Principal Occupation					Garden Manage	ement			
Owner					93/	1030 - 10 - 1000 - 1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	r or business than \$5,000?	he/she	is associated with have	No No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	or	or pros	_	No No		\$	1,000.00
Method of contribution:  Cash Personal Check	Credit/Debit	contract is with:	Money Ord	er	Date Received 09/21/2023	Aggregate contributions \$1,000.00			
Last Name		-04 - 12-4 - 00 - 1765 1167 116		Firs	100 III				M.I.
Field				Sea	arle				
Residential Street Address			City		- 14926	- 320 - 334 - 34.5	State	Zip Code	045
133 River Rd			Mystic	4			СТ	06355-1	010
Principal Occupation Financing			-4		of Employer  I Consulting				
rillancing	8	100 - 01-01 - 01-04-	A 100 M	Bar.	No. 714	· · · · · · · · · · · · · · · · · · ·	J. 1	F1 12	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more t	or business l than \$5,000?	he/she	s associated with have	No No	Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	or	or pros		√N <sub>0</sub>		\$	1,000.00
Method of contribution:		COMBACE IS WIM.			Date Received	Aggregate contributions			i
Cash Personal Check	redit/Debit (	Card Payroll Deduction	Money Ord	er	09/27/2023	\$1,000.00			
Last Name		1987		Firs		02-22-32-0-2-100			M.I.
Adams				Edv	ward				М
Residential Street Address			City			576	State	Zip Code 06824-5	i602
2 Blake Dr			Fairfield				01	000240	
Principal Occupation Attorney			140	City	of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business l	he/she	s associated with have	No No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state		or pros	pective state contracto			\$	1,000.00
	✓ No	branches of government the contract is with:		ecutiv	eLegisl				
Method of contribution:  Cash ✓ Personal Check ☐ C	redit/Debit (	Card Payroll Deduction	Money Ord	er	Date Received 09/14/2023	Aggregate contributions \$1,000.00			
		- 10 mm - 10 mm - 10 mm							

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

NAME OF COMMITTEE (Provide Com	olete Name as Régistered with I	iling Repo	sitory)		TYPE OF REPORT		BATANA	
Ganim for Bridgeport 23	ten en de la companya	2	-		October 10 filing			
A. Total Contributions from Small C	antributors - Received this	e Period C	NLY		1			11000 (0)
(See instructions for definition of Small Co			Subtotal Section A					\$0.00
See than actions for definition of binance		Contribut	tions 1	rom Individuals		C 34		Charles
Last Name	Company of the Compan		Firs					M.I.
			Ru	ssell				
Liskov		City	1.00	-		State	Zip Code	
Residential Street Address		Southp	ort		CT 06890-1458			458
489 Westway Rd			Name	of Employer	10	0.0		
Attorney			1	sell Liskov				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor rumicipality valued at more	r or business than \$5,000?	he/she	s associated with have	e a contract with said	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branch o  branches of government the  contract is with	or _	or pros	<u> </u>	√No		\$^	00.000,1
Method of contribution: Cash Personal Check Credit/Det		Money Ord	ler	Date Received 09/27/2023	Aggregate contributions \$1,000.00			
Last Name			First	N.				M.I.
Goodman			Aly:	se			2 2 2 2 2	
Residential Street Address		City	-	112.5		State	Zip Code	
78 Unquowa Pl, Unit 207	1903	Fairfield	d of			СТ	06824-5	084
Principal Occupation Retired	<del>300 - 20 - 32</del> 0 - 32/20 - 37	1, 4	Retir	W 334				2
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	r or business i than \$5,000?	he/she i	s associated with have	a contract with said	Amoun	it of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  You No	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	or	or pros	_	√ No		\$1	,000.00
	contract is with:			Date Received	Aggregate contributions	2		
Method of contribution:    Cash   Personal Check   Credit/Del	oit Card Payroll Deduction	Money Ord	ler	09/14/2023	\$1,000.00	1 19		
Last Name	A P		First	in				M.I.
Digennaro	72	Cie	Phi	<u>.</u>		State	Zip Code	
Residential Street Address		City Trumbu	ıll			CT	06611-1	800
145 Driftwood Ln				of Employer			75-20 BY	- 27
Principal Occupation Real Estate			Sour	d Development				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	r or business i than \$5,000?	he/she i	s associated with have	a contract with said	Amoun	it of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta		or pros		√N <sub>0</sub>		\$1	,000.00
If yes, list Event #	branches of government the contract is with:	☐ Ex	ecutive	eLegisl	ative			
Method of contribution: Cash Personal Check Credit/Det		Money Ord	er	Date Received 09/16/2023	Aggregate contributions \$1,000.00			
			100					

\$3,000.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015	I. MONETARY	Y RECE	IPTS	(Sections A-K	Pa	ge 3.	5 <b>of</b>	112
NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT		148	
Ganim for Bridgeport 23					October 10 filing		DECEMP	2332
A. Total Contributions from Small Co.	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Cont				Subtotal Section	A			\$0.00
asse with any and any	B. Itemized C	ontribut	ions f	rom Individuals	PARTITION LINE STATE			100505
Last Name		Address of the last	Firs			M		
Monks			Ke	/in				<u> </u>
Residential Street Address		City				State Zip Code CT 06610-1041		
200 Holland Rd		Bridgep				101	00010-	1041
Principal Occupation Painter			1	of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Is this contribution associated with an event reported in Section L1?	If contribution is in excess of municipality does contributor municipality valued at more the list contributor a principal of a state Wyes, indicate which branch or	or business l han \$5,000? te contractor	he/she	s associated with have	e a contract with said  No  Yes	Amour	nt of Cont	ribution \$100.00
If yes, list Event #	branches of government the	ΠEx	ecutiv	e Legis	√No lative			
Method of contribution:  Cash Personal Check Credit/Debit	contract is with:	Money Ord	-	Date Received 09/27/2023	Aggregate contributions \$100.00			
			First					M.I.
Last Name			1	vrence				
DeAngelis		Con	Lav	vience		State	Zip Code	_
Residential Street Address		City Easton				CT	06612-	1737
20 Southfield Rd		Lactori	Nome	of Employer				*
Principal Occupation Retired		4	Retir	ed	200-00-		0/15	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l ian \$5,000?	he/she i	s associated with have	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	V	or pros	<b>-</b>	√No		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit	contract is with:  Card Payroll Deduction	Money Ord		Date Received 09/20/2023	Aggregate contributions \$1,000.00			
Last Name	Telat Ur		First				•	M.I.
Brand			Vin	cent			1	
Residential Street Address		City				State NJ	Zip Code 07748-2	522
740 Orchard St		Middlete	_			143	0//40-2	.522
Principal Occupation Owner				of Employer Stress Factory				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l nan \$5,000?	ne/she i	s associated with have	e a contract with said  No	Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:	_	or pros		☑ ☑No		\$	1,000.00

\$2,100.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Date Received 09/20/2023

Aggregate contributions \$1,000.00

Method of contribution:
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (Sections A-K)			) Pa	ge 3	36 of	112		
NAME OF COMMITTEE (Pro	vide Comple	te Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Ganim for Bridgeport 23				43_		October 10 filing			
A. Total Contributions from (See instructions for definition of	Small Con	tributors - Received this	Period O	NLY	Subtotal Section A				\$0.00
(See Instructions for definition of	aler and		ontributi	ions	from Individuals				
Last Name	leaper and on			Fire					M.I.
				Hil	lary				
Glass			City	1	,		State	Zip Cod	e
Residential Street Address			Middlete	own		CT	06457	-3522	
Principal Occupation					e of Employer				
Consultant					nolds Strategy Gr	oup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h han \$5,000?	he/she	is associated with have	a contract with said  No	Amount of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r _	or pro ecutiv	<b>—</b>	√N <sub>0</sub>			
If yes, list Event #  Method of contribution:  Cash Personal Check	Credit/Debit (	contract is with:			Date Received 09/14/2023	Aggregate contributions \$100.00			
Last Name				Firs	3, 19				M.I.
Taffet				Ga	ry				
Residential Street Address	- 10		City		A 75-25-25		State	Zip Cod	
5 Stage Coach Run		n_a	East Bru	unsw	rick		NJ 08816-3248		-3248
Principal Occupation Retired			3	Reti	* 2 T				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business h nan \$5,000?	ie/she	is associated with have a	No No	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with		or pros	re Legisla	dive No			\$500.00
Method of contribution:  Cash ✓ Personal Check	Credit/Debit (	Card Payroll Deduction	Money Orde	r	Date Received 09/27/2023	Aggregate contributions \$500.00			1
Last Name		15.0	= = 23	Firs					M.I.
Newton-Foster		300	II. William	Pai	tricia			<del></del>	<u> </u>
Residential Street Address			City		TO THE STREET STREET STREET		State	Zip Code 06512	
70 Stuyvesant Ave			New Ha				Ci	00012	3018
Principal Occupation Owner				-	of Employer rton-Foster Homed	care			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ŭ Yes ✓ No	If contribution is in excess of a municipality does contributor of municipality valued at more the	or business h	didate e/she	committee for a chief e is associated with have a Yes	executive officer of a contract with said  No	Amou	nt of Con	tribution

\$700.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Is contributor a principal of a state contractor or prospective state contractor?

Executive

If yes, indicate which branch or branches of government the contract is with:

Date Received

09/27/2023

Legislative

Yes

✓ No

Aggregate contributions

\$100.00

\$100.00

Yes

✓No

Method of contribution:

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

Is this contribution associated with an event reported in Section L1?

If yes, list Event #

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Revised January 201	5

Page	37	of	112
LAZC	31	OI	114

NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repo	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			255
A Total Contributions from Small Contributors - Received (See instructions for definition of Small Contributor)	this Period (	ONLY Subtotal Section	A	- Marie		\$0.00
B. Itemiz	ed Contribu	tions from Individuals				
Last Name			M.I.			
Appleby		Scott				t
Residential Street Address	City		-	State	Zip Code	2444
93 Knorr Rd	Monro			СТ	06468-	3114
Principal Occupation Director Emergency Management & HS		Name of Employer City of Bridgeport				
S		120 2222				
dependent child of a lobbyist?Nomunicipality does contri municipality valued at n	ibutor or business nore than \$5,000?		e a contract with said No	Amoui	it of Cont	ribution
event reported in Section L1?  If yes, indicate which bra  Vene Vice Function  If yes, indicate which bra  branches of government the	nch or	r or prospective state contractor  kecutive	[Z] No			\$250.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate contributions \$250.00			
Last Name		First				M.I.
Woodson		Andre				L
Residential Street Address	City	- 1 Table 1		State	Zip Code	
231 Smith St	Bridger		200 0	СТ	06607-2	220
Principal Occupation Maintenance		Name of Employer Inframark				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business	ndidate committee for a chief he/she is associated with have Yes	executive officer of a a contract with said  No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No  Is contributor a principal of  If yes, indicate which brau branches of government the	nch or	or prospective state contracto	∠ No		;	\$200.00
If yes, list Event # contract is with:	Ex	ecutive Legisl		ē.		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deductio	n Money Ord	Date Received er 09/26/2023	Aggregate contributions \$200.00		N.	3.5
Last Name		First	200 - 100 -			M.I.
Washington		Derek			7 9200	
Residential Street Address	City			State	Zip Code	
9 Tashua Pkwy	Trumbu			СТ	06611-1	026
Principal Occupation Property Management		Name of Employer DLW Properties LLC				
	outor or business !	ndidate committee for a chief he/she is associated with have Yes		Amoun	t of Contr	ibution
event reported in Section L1?  If yes, indicate which branches of government the	nch or	or prospective state contractor ecutive Legisl	√ No		\$	250.00
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction		Date Received	Aggregate contributions			

\$700.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing <u>Re</u> po	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23			6	October 10 filing	-		
A Total Contributions from Small Contributors - Received the	his Period (	DNLY					
(See instructions for definition of Small Contributor)			Subfotal Section A				\$0.0
B. Itemize	d Contribu	tions	rom Individuals				
Last Name		Firs	t				MI
Vazquez		Ay	anna				
Residential Street Address	City				State	Zip Code	
184 Huntington Tpke	Bridge				СТ	06610-	1436
Principal Occupation			of Employer				
Student		Stuc				180.3	2/4
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at most of the contribution is in excess municipality valued at most of the contribution is in excess municipality valued at most of the contribution is in excess municipality valued at most of the contribution is in excess municipality does contribution.	utor or business re than \$5,000?	he/she	is associated with have	a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, list Event #  Is contributor a principal of a fyes, indicate which branches of government the contract is with:	ch or	r or pro	_	✓ No			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	der	Date Received 09/27/2023	Aggregate contributions \$100.00			
Last Name		Firs	41.0				M.I.
Berkoff		Mic	hael			15: 5:	Α
Residential Street Address	City				State	Zip Code 06903-5	5134
92 Jeanne Ct	Stamfo		CP days			1 00000-0	7104
Principal Occupation Owner		MJB	of Employer Developers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution.	stor or business	he/she	committee for a chief e is associated with have a Yes	executive officer of a contract with said	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which branches of government the contract is with:	h or	or pros		✓ No		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 09/26/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Patil		Jay	esh				
Residential Street Address	City	- F. Y. Y.	- ACA 0.50		State	Zip Code	
487 Glenbrook Rd	Stamfo				СТ	06906-1	1020
Principal Occupation Chef		Avig	of Employer hna Inc				
Is contributor a lobbyist, spouse, or  Yes  If contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality valued at more	tor or business re than \$5,000?	he/she	s associated with have a	contract with said	Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a figure, indicate which branches of government the	h or		_ *	✓ No			\$500.00
If yes, list Event # contract is with	Ex	ecutiv	eLegisla	tive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 09/30/2023	Aggregate contributions \$500.00			

\$1,600.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide	le Comple	te Name as Registered with I	iling Repos	itory)		TYPE OF REPORT			
Ganim for Bridgeport 23	adig a san	And the state of t	About Abdominion	F-100.4		October 10 filing			
A. Total Contributions from S	mall Co	ntributors - Received this	Period C	NLY					
(See instructions for definition of Sn					Subtotal Section	A			\$0.00
(Dec Hot action 2)		B. Itemized	Contribut	ions f	rom Individuals		C MAIN		
Last Name	Service Control		Carrier Contract	First					MLL
Piccirillo				Jas	on				
Residential Street Address			City	_			State	Zip Code	
712 Madison Ave			Bridger	oort			СТ	06606-5	5511
Principal Occupation					of Employer				
Owner				Micil	izzi's				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?	☐ Yes  ✓ No  ☐ Yes	If contribution is in excess of municipality does contributed municipality valued at more.  Is contributor a principal of a state of the state of th	r or business than \$5,000? ite contractor	he/she i	s associated with have	No No	Amoun	t of Cont	**************************************
If yes, list Event #	√ No	branches of government the contract is with:	_	ecutiv	eLegisl	ative VINO			
Method of contribution:	redit/Debit		Money Ord	ler	Date Received 09/26/2023	Aggregate contributions \$200.00			
Last Name				First	12 5			9 9	M.I.
Melville				Sco	tt				L
Residential Street Address City					State Zip Code				
120 Chatham Ter			Bridgep	ort	7.1		СТ	06606-2	346
Principal Occupation Project Manager	- 20			Pete	of Employer r DiNardo Ent				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	r or business i than \$5,000?	he/she i	s associated with have	a contract with said  ✓ No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes ✓ No	Is contributor a principal of a sta  If yes, indicate which branch o branches of government the contract is with:	or	or pros	_	√N <sub>0</sub>			\$100.00
Method of contribution:  Cash Personal Check C	redit/Debit		Money Ord	ет	Date Received 09/27/2023	Aggregate contributions \$100.00			
Last Name				First					M.L
				Elai	ne			en progra	
Govia			City	1			State	Zip Code	
Residential Street Address 54 Manhattan Ave			Bridgep	ort		7	CT	06606-4	672
Principal Occupation Retired			100	Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes  ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	r or business l than \$5,000?	he/she i	s associated with have	No No	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	or pros	<b></b>	☑ ☑No			\$100.00
If yes, list Event #		contract is with:	LIEX	ccuuv		Aggregate contributions	1		
Method of contribution: Cash Personal Check	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 09/26/2023	\$100.00			
(									

\$400.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repo.	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23	Dept. of reference of the control of the			October 10 filing		2	- 72
A. Total Contributions from Small Contributors - Receive	a this Period C	NLY		S .	Section 1		
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
(See instructions for definition of Small Contributor)	ized Contribut	HISCORPHIAN	AND THE PERSON NAMED IN COLUMN TWO	THE SHALL SHALL SHALL SHALL	SYNCERS		School Section
	ilzeu Contribui	First	All Illuly lunders		100000000000000000000000000000000000000		M.I.
Last Name			-				1
Rosado	1.0	May	а		State	Zip Code	
Residential Street Address	City Bridger	nort			CT	06604-1	1911
2045 Park Ave	Diage		f Employer				
Principal Occupation			ky Credit Unio	า			
Manager		1000					
dependent child of a lobbyist?	tributor or business t more than \$5,000?	he/she is	associated with have	✓No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branches of government of the contract is with:	branch or	r or prospe xecutive	ctive state contracto	Z]No			\$500.00
Method of contribution:	ction Money Ord		Date Received 09/27/2023	Aggregate contributions \$500.00			
Last Name		First	1. A. 12.				M.I.
Burks		Asia					
Residential Street Address	City		Medella		State	Zip Code	
677 Sylvan Ave, Apt 109	Bridgep	port		THE SECOND CONTROL OF	СТ	06606-3	074
Principal Occupation Admin		The second second	f Employer ng Hands				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in et municipality does communicipality valued a	tributor or business	he/she is	ommittee for a chief associated with have Yes	executive officer of a a contract with said No	Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes If yes, list Event #  Yes Is contributor a principal If yes, indicate which Is branches of government contract is with:	oranch or	or prospe	ctive state contracto	√No			\$25.00
Method of contribution:	ction Money Ord		Date Received 09/26/2023	Aggregate contributions \$25.00		har be	
Last Name	47-7	First		15 to 16 to			M.I.
Tarantino		Gino					
	City				State	Zip Code	
Residential Street Address	Trumbu	ull			CT	06611-1	924
136 Meadowview Dr		Name of	f Employer				
Principal Occupation VP		Hocor	Gas				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in estimation in the specific property of the specif	tributor or business t more than \$5,000?	he/she is:	Sessociated with have	a contract with said No	Amour	it of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal   If yes, indicate which to branches of government   If yes, list Event #	oranch or	r or prospe	ctive state contracto	√No		\$1	,000.00
Method of contribution:	1 1 1	T	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduc	ction Money Ord		09/27/2023	\$1,000.00			

\$1,525.00	SUBTOTAL Section B - This Page	
\$104,525.00	TOTAL of Section B Pages	
\$104.525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	
	(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Ganim for Bridgeport 23	3 7 0000		October 10 filing			
A. Total Contributions from Small Contributors	Received this Period	ONLY				
(See instructions for definition of Small Contributor)		Subtotal Section				\$0.00
(See instructions for definition of bindin contract	B Itemized Contribu	tions from Individuals	SHYDER			
	D. Hellinea Contribu	First	SE ISSUED BY PERSONNELS	R. Pagaranti Sarah		M.L
Last Name		Alanis				
Sanchez	105	Alailis		State	Zip Code	
Residential Street Address	City Bridge	enort		CT	06610-1	014
114 Intervale Rd	Diage	Name of Employer				
Principal Occupation		Student				
Student		The second second second second				
dependent child of a lobbyist? municipali municipali municipali	ty does contributor or busines ty valued at more than \$5,000		a contract with said	Amour	it of Conti	ibution
event reported in Section L1?    If yes, indic	ate which branch or	or or prospective state contractor  Executive Legisle	☑ Vo	Ē	:	\$100.00
Method of contribution:	yroll Deduction Money O	Date Received	Aggregate contributions \$100.00			
Cash Personal Check Credit/Debit Card Pa	SALE DEGREE TANGET AND THE OFFI		ψ100.00			M.I.
Last Name		First				
Subramanian		Ramya			1 5: 0 1	
Residential Street Address	City	200		State CT	Zip Code 06905-2	ona I
1 Megan Ln	Stamfe			01	00303-2	307
Principal Occupation Owner		Name of Employer Arka Information Syst	ems			İ
dependent child of a lobbyist?	ty does contributor or busines ty valued at more than \$5,000		a contract with said No	Amour	t of Contr	ibution
event reported in Section L1?    If yes, indic   V No   branches of	ate which branch or government the	or or prospective state contractor  Executive Legisla			\$1	,000.00
	ith:	Date Received	Aggregate contributions	2		- 1
Method of contribution:  Cash Personal Check Credit/Debit Card Page 1988	yroll Deduction Money Or	4	\$1,000.00			
	707	First				M.I.
Last Name		Carmela			-	
Florio	1 4	Carriera		State	Zip Code	
Residential Street Address	City Monro	Φ.		CT	06468-2	136
80 Woodlawn Rd	MONO	Name of Employer				
Principal Occupation Receptionist		City of Bridgeport	1			
dependent child of a lobbyist?	ty does contributor or busines ty valued at more than \$5,000		a contract with said	Amoun	it of Contr	ibution
event reported in Section L1?	ate which branch or	n or prospective state contractor	? ☐ Yes ☑ No			100.00
If yes, list Event # branches of contract is w	government the ith:	executive Legisla	ative	e e		
Method of contribution:  Cash Personal Check Credit/Debit Card Pa	yroll Deduction Money O	Date Received 09/27/2023	Aggregate contributions \$100.00			

\$1,200.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20	
Revised January 2015	

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Page	42	of	1114

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23				October 10 filing	October 10 filing		
A. Total Contributions from Small Contributors - Received the (See instructions for definition of Small Contributor)	is Period (	ONEY	Subtotal Section				\$0.00
CONTRACTOR OF THE PROPERTY OF	Contribut	tions f	rom Individuals	7603		S SOR ISSN	
Last Name	Dayler Charles	First	Company of Charles	AND THE PARTY OF THE PARTY OF		marriage conjust the	M.I.
Cortina		Pat	rizia				
Residential Street Address	City				State	Zip Code	
65 Lilac Ln	Easton	1			CT	06612-2	2065
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,000?	he/she i	s associated with have	e a contract with said	Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Yes   Is contributor a principal of a st	or	r or prosp recutive	_	☑ No		\$^	1,000.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ter	Date Received 09/16/2023	Aggregate contributions \$1,000.00			
Last Name	40225	First	44. 4	200			M.I.
Christoph Jr.		Rob	ert				
Residential Street Address	City			<del></del>	State	Zip Code	
1 Sturges Holw	Westpo	200.00	2.00	92	СТ	06880-2	851
Principal Occupation Management			of Employer Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amoun	it of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which branch of branches of government the	ог		ective state contractor	[] No		\$1	,000.00
If yes, list Event # contract is with:	LEX	ecutive		Aggregate contributions			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction   Payroll Deduction	Money Orde	ег	Date Received 09/21/2023	\$1,000.00	V.		- 1
Last Name Snyder		First Scot	t				MI
Residential Street Address	City	3000		10.8	State	Zip Code	-
438 Hoffman Station Rd	Monroe	Towns	ship		NJ	08831-38	502
Principal Occupation Retired		Name o Retire	f Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more than the contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contribution.	or business h				Amoun	t of Contri	bution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state which branch of branches of government the	r		- "	√N <sub>0</sub>		\$	500.00
types, list Event # contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution:  Cash	Money Orde		Date Received 09/27/2023	Aggregate contributions \$500.00			- 1

\$2,500.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$104,020.0C	(Enter total on Line 13, Column A of Summary Page

of 112

NAME OF COMMITTEE (Provide	Complete Nam	e as Registered with F	iling Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23	and Colympic roles	And the cold of the state of the state of	Control of the last	reserve.		October 10 filing	=0.755.0		-C124 46
A. Total Contributions from Sma	all Contribu	tors - Received this	Period (	DNLY					
(See instructions for definition of Small					Subtotal Section	A			\$0.00
Seemen S		B. Itemized	Göñ tribu	tions 1	rom Individuals		na e		
Last Name		No. of Control of Cont	A STATE OF THE STA	Firs		1123			M.I.
Roman				Jer	nipher				
Residential Street Address			City		<del></del>		State	Zip Code	
1450 Seaview Ave			Bridge	port			СТ	06607-	1041
Principal Occupation			(C) (B)	4	of Employer	1188			
Secretary				1 7	of Bridgeport				
1 day abild a Ca labbasian?	No mu	ontribution is in excess of nicipality does contributor nicipality valued at more	r or business than \$5,000?	he/she	is associated with have	a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yes	ributor a principal of a sta , indicate which branch of hes of government the act is with:	<b>о</b> г	or pros		√ No			\$500.00
Method of contribution:  Cash ✓ Personal Check Cred		Payroll Deduction	Money Ore	ier .	Date Received 09/27/2023	Aggregate contributions \$500.00			
Last Name				First	18 PE		FI - 67		M.I.
Ginnetti				Rad	quel				
Residential Street Address	V 10-10-1		City	-	2.53		State	Zip Code	
42 Jourmire Rd			Bridge	oort			СТ	06606-1	1101
Principal Occupation EMT	9955		16	AMF	The state of the s				
15 00000100001010003104 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No mur	ontribution is in excess of nicipality does contributor nicipality valued at more t	r or business than \$5,000?	he/she	s associated with have	a contract with said No	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	I CS   If yes	fibutor a principal of a sta indicate which branch of hes of government the	or			✓ No			\$100.00
If yes, list Event #		ect is with:	∐Вх	cecutiv			-		
Method of contribution:  Cash Personal Check Credi	it/Debit Card	Payroll Deduction	Money Ord	ler	Date Received 09/27/2023	Aggregate contributions \$100.00			
Last Name				First					MI
Amster				Bru	ce			5	0.00
Residential Street Address			City	-		100 10 10 10 10 10 10 10 10 10 10 10 10	State	Zip Code	
2475 Fairfield Ave			Bridger	oort			СТ	06605-2	648
Principal Occupation Owner					of Employer ine Restorations				
Is contributor a lobbyist, spouse, or	nur	ontribution is in excess of ucipality does contributor ucipality valued at more t	or business	he/she i	committee for a chief s associated with have	executive officer of a a contract with said	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yes,	ibutor a principal of a sta indicate which branch of hes of government the act is with:	or _	or pros		ative No		\$1	1,000.00
Method of contribution:  Cash Personal Check Credi	1000	Payroll Deduction	Money Ord	ier	Date Received 09/23/2023	Aggregate contributions \$1,000.00			

\$1,600.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with F	iling Repos	itory)	AND VOICE SALE	TYPE OF REPORT	View St		
Ganim for Bridgeport 23		Maria Carrier	mayora Co	CONTRACTOR OF THE OWNER, THE OWNE	October 10 filing			
A. Total Contributions from Small Con	Stributors - Received this	Period C	NLY		1			
(See instructions for definition of Small Cont				Subtotal Section	A			\$0.00
Dee indiractiona for definition by andir con-	B. Itemized (	Contribut	ions	irom Individüals		N. STATE		
Last Name		Carrier Constitution of the Constitution of th	Firs					M.I.
			Jol	n				1
Brannelly		City	300			State	Zip Code	
Residential Street Address		Fairfield	3			СТ	06824-	1861
1475 Burr St			Name	of Employer				
Principal Occupation Administrative		150		field County Med	WEST BOOK SING			<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more	r or business than \$5,000?	he/she	is associated with have	a contract with said	Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  You	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	or pro:		✓No			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit	contract is with:	Money Ord		Date Received 09/26/2023	Aggregate contributions \$100.00			
Last Name			Firs	11.72		-		M.I.
			Da	hill				
Donofrio		City		1.3-4-10		State	Zip Code	
Residential Street Address		Stratfor	d			СТ	06615-6	528
1869 Main St Principal Occupation		-	Name	of Employer				
Retired	-7.457900-15-15-10-10-10-1	10.5	Reti	Y				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	r or business than \$5,000?	he/she	is associated with have	No No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  No	Is contributor a principal of a sta  If yes, indicate which branch o  branches of government the	or	or pro:		No No		\$	1,000.00
If yes, list Event #	contract is with:			Date Received	Asuragate contributions	1		
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	_	09/26/2023	\$1,000.00			M.I.
Last Name			Firs					172.1.
Parisi		55	Ga	brielle		-		
Residential Street Address		City Bridgep	vort.			State	Zip Code 06604-1	707
151 Astoria Ave		Diager	_	of Employer			O - Y55	
Principal Occupation Accountant			City	of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	r or business i than \$5,000?	he/she	is associated with have	No No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	or	or pros		ative No			\$150.00
Method of contribution: Cash Personal Check Credit/Debit		Money Ord	ler	Date Received 09/26/2023	Aggregate contributions \$150.00	į		

\$1,250.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with I	Filing Repo.	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23	(A) (B) (C)				October 10 filing	October 10 filing		
A. Total Contributions from Small Co	ntributors - Received this	Period C	ONLY					
(See instructions for definition of Small Cont				Subtotal Section	A			\$0.0
		Contribut	tions	om Individuals		CONTRACTOR		A CALLERY
Last Name			First					M.I.
Vazzano			Johi	1				J
Residential Street Address		City			200	State	Zip Code	
1395 Huntington Tpke	100 - 200 - 20	Trumbu	ull			СТ	06611-	5318
Principal Occupation Principle				of Employer y's Restaurant				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	r or business than \$5,000?	he/she is	associated with bave	a contract with said No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  Yes  No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	ecutive	ective state contracto		√N <sub>0</sub>		\$500.00
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 09/26/2023	Aggregate contributions \$500.00			
Last Name	11911 - =		First	Jan 19				M.I.
Josef			Tiad	ora				
Residential Street Address		City	6	570.70		State	Zip Code	2044
925 Oronoke Rd, Unit 11B		Waterb		44		СТ	06708-	3941
Principal Occupation Director of Communications			10 (4) 20 (4)	f Employer f Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  V No	If contribution is in excess of municipality does contributor municipality valued at more t	or business l	ndidate co he/she is	ommittee for a chief associated with have Yes	executive officer of a a contract with said No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, list Event #	Is contributor a principal of a star If yes, indicate which branch o branches of government the contract is with:	r	or prospe	ctive state contractor	<u>~</u> 100			\$500.00
Method of contribution: Cash Personal Check Credit/Debit	90,151 57	Money Orde		Date Received 09/26/2023	Aggregate contributions \$500.00			
Last Name	5.00		First					MI
Hernandez			Juan			47		0
Residential Street Address		City		-100		State	Zip Code	244
2045 Park Ave		Bridgep		100		СТ	06604-1	911
Principal Occupation Owner				Employer Ingland Investm	ent, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h han \$5,000?	ne/she is a	ssociated with have	a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  You No	Is contributor a principal of a stat  If yes, indicate which branch of branches of government the contract is with:	r _	or prospe ecutive	ctive state contractor	☑No		\$	,000.00
Method of contribution:  Cash Personal Check Credit/Debit C			1	Date Received 09/15/2023	Aggregate contributions \$1,000.00			

\$2,000.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
ψ10+,020.00	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23				October 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period C	DNLY	Subtotal Section				\$0.00
B. Itemized C	ontribut	ions f	rom Individuals				
Last Name		First					M.I.
Calzone		Jos	eph				
Residential Street Address	City		V 100 100 100 100 100 100 100 100 100 10	- 0.74	State	Zip Code	
89 Tranquility Dr	Easton				СТ	06612-	1236
Principal Occupation Owner			of Employer one Case Co				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more than the contributor of the contrib	or business han \$5,000?	he/she i	s associated with have Yes	a contract with said	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the section L1?  No branches of government the	r _	or pros		☑No		\$	1,000.00
If yes, list Event # contract is with			Date Received	Aggregate contributions	1		
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ier	09/27/2023	\$1,000.00			
Last Name		First	7				M.I.
		Jose					
Ortiz	City	1 334	THE ST. S. S.		State	Zip Code	
Residential Street Address	Bridgep	oort			СТ	06606-1	1037
88 Raleigh Rd Principal Occupation		Name	of Employer			9 3	
Retired		Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is	associated with have	executive officer of a a contract with said  No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or branches of government the contract is with:	,	or prosp		√N <sub>0</sub>		\$	1,000.00
	7.73	- 1	Date Received	Aggregate contributions			
Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction	Money Ord	ler	09/14/2023	\$1,000.00	)		
Last Name		First			10.10		M.I.
		Con	stance				E
Vickers Residential Street Address	City		.w. = -1		State	Zip Code	
881 Lafayette Blvd, Unit 1B	Bridgep	ort		545 874 - A - D - CASA-	СТ	06604-4	723
Principal Occupation			of Employer				
Director of Legislative Affairs			of Bridgeport	evenutive officer of a			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more the	or business l han \$5,000?	he/she is	associated with have	a contract with said	Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L17  Yes Is contributor a principal of a stat  If yes, indicate which branch or branches of government the contract is with:	r	or prosp	_	ative No			\$500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ier	Date Received 09/14/2023	Aggregate contributions \$500.00	1		
			275 (V 10 - 5				

\$2,500.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME ()F (C)MMITTEE (Provide Complete Name as Registered with 1 stalls Reposition)			TYPE OF REPORT			200	
Ganim for Bridgeport 23			45.5	October 10 filing			
A. Total Contributions from Small Contributors - Received this	s Period C	DNLY	规则是这种				
(See instructions for definition of Small Contributor)		Sul	btotal Section	A			\$0.00
(See instructions for definition of Small Commission)  B. Itemized	Cantribut	tions from	Individuals		STATE OF		
	Continua	First	Complete Carlot All Carlot	PLANTED TO THE PARTY OF THE PAR			M.I.
Last Name			ı				
Pacacha		Ronald			State	Zip Code	
Residential Street Address	City Delray	Reach			FL	33446-	3314
7505 Mansfield Hollow Rd	Dellay	Name of E					
Principal Occupation			Pacacha				
Attorney					_	75 550	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business than \$5,000?	he/she is ass	Yes	No No	Amoui	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a st  If yes, indicate which branch branches of government the	ог	r or prospecti xecutive	ve state contracto	✓No			\$100.00
If yes, list Event # contract is with:  Method of contribution:		Da	te Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction			/25/2023	ψ100.00			M.I.
Last Name		First					
Gaudett		Thoma	S			1	J
Residential Street Address	City	24.00	1675-93		State	Zip Code 06604-	1525
1705 Capitol Ave	Bridge				CI_	00004-	1020
Principal Occupation Deputy Chief of Staff	4	1000	Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,000?	he/she is ass	Yes Yes	No No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a st  If yes, indicate which branch branches of government the	or	r or prospecti xecutive	ve state contracto	✓ No		\$	1,000.00
If yes, list Event # contract is with:			te Received	Aggregate contributions			
Method of contribution:  Cash  ✓ Personal Check Credit/Debit Card  Payroll Deduction	Money On		14/2023	\$1,000.00			
Cash Violent Control		First					M.I.
Last Name							
Saffan		Judith			State	Zip Code	L
Residential Street Address	City Westor	0			CT	06883-2	2936
9 Squires Ln	AAGSTO	Name of E	lover				
Principal Occupation Faculty	-0.09	Unniver	sity of Bridge				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,000	s he/she is ass ?	Yes	No No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a st  If yes, indicate which branch branches of government the	OF					\$	1,000.00
If yes, list Event # contract is with:	E	xecutive	Legis	The second secon	-		
Method of contribution:    Cash	Money Or		nte Received 9/14/2023	Aggregate contributions \$1,000.00			

\$2,100.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Ganim for Bridgeport 23  A. Total Contributions from Small Contributors - Received this Period ONLY  See instructions for definition of Small Contributor)  B. Itemized Contributions from Individuals  Last Name  Paniccia  Residential Street Address 25 Easton Rd  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No	NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repo	sitory)	TYPE OF REPORT			
A. Total Contributions from Small Contributions - Received this Period ONLY   Subinital Section A	The state of the s	77.1		October 10 filing			
Last Name		d this Period (	ONLY				
B. Itemized Contributions from Editividuals  Furt  Furt  First  Monroe  City Monroe  City Middlelown  First  Furt  First  First  Middle Contribution associated with an excess of \$400 to a sandblate committee for a chief executive officer of a manifolially valued at more than \$5,000?  Monroe  City Middle Countribution associated with an excess of \$400 to a sandblate committee for a chief executive officer of a manifolial value of a month of the Mayor of the contribution associated with an excess of \$400 to a sandblate committee for a chief executive officer of a manifolial value at a more than \$5,000?  Monroe  City Middle Countribution  City Middle Countribution  First  First  Middle Countribution  If contribution is in excess of \$400 to a sandblate committee for a chief executive officer of a manifolial value at a more than \$5,000?  Monroe  City Middle Countribution  City Middle Countribution  First  First  Middle Countribution  If contribution is in excess of \$400 to a sandblate committee for a chief executive officer of a manifolial value at a more than \$5,000?  Monroe  City Middle Countribution  If contribution is in excess of \$400 to a sandblate committee for a chief executive officer of a manifolial value at a more than \$5,000?  Monroe  City Middle Countribution  If contribution is in excess of \$400 to a sandblate committee for a chief executive of a manifolial value at a more than \$5,000?  If contribution is in excess of \$400 to a sandblate committee for a chief executive of a manifolial value at a more than \$5,000?  If contribution is in excess of \$400 to a sandblate committee for a chief executive with said manifolial value at a more than \$5,000?  If contribution is in excess of \$400 to a sandblate committee for a chief executive with an excent with said manifolial value at a more than \$5,000?  If contribution is in excess of \$400 to a candidate committee for a chief executive of a manifolial value at a more than \$5,000?  If contribution is in excess of \$400 to a candidate committee for a chief executiv				A			\$0.00
Lest Name   Particical   Part	B. Item	ized Contribu	tions from Individuals				
Periodical Street Address   City   Monroe	THE RESIDENCE OF THE PROPERTY						MI
Residential Street Address  State   St			Domenic				s
Season Rd		City	Domestic		State	Zip Code	
Retired Retire			e ::::::::::::::::::::::::::::::::::::		СТ	06468-	1502
Rediffered			Name of Employer				
dependent child of a folbytist?    No			Retired				
## Amount of Contribution   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Mosey Order   Date Received   Aggregate contributions   Op/27/2023   \$100.00	dependent child of a lobbyist?	tributor or business t more than \$5,000?	he/she is associated with hav	e a contract with said No	Amou	nt of Cont	ribution
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Mosey Order   Start Name   Payroll Deduction   Mosey Order   Start Name   Payroll Deduction   Mosey Order   Start Name   Payroll Deduction   Mosey Order   Principal Occupation   Payroll Deduction   Mosey Order   Payroll Deduction   Payroll Deduction   Mosey Order   Payroll Deduction   Mosey Order   Payroll Deduction   Mosey Order   Payroll Deduction   Mosey Order   Payroll Deduction   Mose	event reported in Section L1?    If yes, indicate which to branches of government   VNo   branches of government   VNo   branches of government   VNo    ranch or	85 <u> </u>	✓No			\$100.00	
State   Stat	Method of contribution	etion Money On					
Residential Street Address 740 Orchard St Principal Occupation Homemaker  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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:  Method of contribution:  Last Name  Jankovsky  Residential Street Address  Jankovsky  Residential Street Address  Jankovsky  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does on contributor or business helds is associated with have a contract with said municipality advand at more than 35,000?  The second of the contractor or prospective state contractor?  The second of the contract is with:  Method of contribution:  Last Name  Jankovsky  Residential Street Address  To contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution of principal of a state contractor?  The second of the	Last Name		First	A	TA .		M.I.
Residential Street Address 740 Orchard St 740 Orcha	Brand		Victoria				
Name of Employer   No   Name of Employer   Homemaker   Name of Employer   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality wheel at more than \$3,0007   Yes   No   No   If yes, indicate which branch or branches of government the contract is with:   No   No   No   No   No   No   No   N		City	1000000		1		
Principal Occupation HOMEMAKEr  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a sosciated with an event reported in Section L1?  Jyes, list Event #  Method of contribution  Last Name  Jankovsky  Residential Street Address  Jankovsky  Residential Street Address  123 College P  Principal Occupation  Assistant City Attorney  Is contributor a principal of a state contractor or prospective state contractor?  Jyes, list Event #  Michael  Name of Employer  Amount of Contribution  municipality valued at more than \$5,000?  Personal Check of Credit/Debit Card Payroll Deduction Money Order  Money Order  Michael  Name of Employer  Aggregate contributions  State  City  Fairfield  Name of Employer  Tyes  \$1,000.00  Aggregate contributions  State  City  Fairfield  Residential Street Address  123 College P  Principal Occupation  Assistant City Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contributor a principal of a state contractor or prospective state contractor?  Yes  Who  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  No  Is this contribution associated with an eminicipality valued at more than \$5,000?  Yes  Jone  Aggregate contributions  State  City of Bridgeport  Amount of Contribution  Plyes, indicate which branch or branches of government the contractor or prospective state contractor?  Yes  Jone  Jone  Jone  Aggregate contributions  Amount of Contribution  Determined the account of the contract with and municipality valued at more than \$5,000?  Yes  Jone		Middlet	town		NJ	07748-2	2522
Is this contribution associated with an	100 . 1		AVE - Lai				
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/20/2023 \$1,000.00  Last Name  Jankovsky  Residential Street Address 123 College Pl  Principal Occupation Assistant City Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a sessociated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract or prospective state contractor?  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions	dependent child of a lobbyist? Inunicipality does conmunicipality valued at	tributor or business more than \$5,000?	he/she is associated with have	e a contract with said	Amour	it of Cont	ribution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/20/2023 \$1,000.00  Last Name  Jankovsky  Residential Street Address 123 College Pl  Principal Occupation Assistant City Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  Method of contribution:  State City Fairfield  Name of Employer City of Bridgeport  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a chief executive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a municipality valued at more than \$5,000?  The state of the secutive officer of a chief executive office	event reported in Section L1?    If yes, indicate which because of government	ranch or		√ No		\$	1,000.00
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   09/20/2023   \$1,000.00		Ex			ļ		- 1
Jankovsky  Michael  C  Residential Street Address 123 College PI  Principal Occupation Assistant City Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Method of contribution:  Michael  C  City Fairfield  Name of Employer City of Bridgeport  Name of Employer City of Bridgeport  Amount of Contribution  Amount of Contribution  State CT  Ves Vino  State CT  Ves Vino Vino Vino Vino Vino Vino Vino Vino	Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduc	tion Money Ord					
Residential Street Address  123 College Pl  Principal Occupation Assistant City Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  City Fairfield  Name of Employer City of Bridgeport  Name of Employer City of Bridgeport  Amount of Contribution  Amount of Contribution  State CT 06824-6509  Amount of Contribution  Amount of Contribution  Executive Legislative  Date Received  Aggregate contributions	Last Name	11/7	First				1 1
Residential Street Address  123 College Pl  Principal Occupation Assistant City Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  City Fairfield  Name of Employer City of Bridgeport  Name of Employer City of Bridgeport  Amount of Contribution  Name of Employer City of Bridgeport  Amount of Contribution  State CT  Ves Upon Description  State CT  Ves Voes CT  Ves Voes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	Jankovsky		Michael				С
Principal Occupation   Name of Employer   City of Bridgeport	Residential Street Address	1 '			le i		E00
Assistant City Attorney  City of Bridgeport  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Vo  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Vo  Is contributor a principal of a state contractor or prospective state contractor?  Yes event reported in Section L1?  Vo  Vo  Vo  Specification  Amount of Contribution  Legislative  Specification  Amount of Contribution  Date Received  Aggregate contributions	123 College PI	Fairfield		7-1	UI	U0024-0	1309
dependent child of a lobbyist?  No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No  Is this contribution associated with an event reported in Section L1?  Yes If yes, list Event #  No Section L1?  Yes If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions							
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Method of contribution:  Date Received Aggregate contributions	dependent child of a lobbyist?Nomunicipality does conmunicipality valued at	tributor or business more than \$5,000?	he/she is associated with have	e a contract with said	Amoun	t of Cont	ribution
Method of contribution:  Date Received Aggregate contributions	event reported in Section L1?  If yes, indicate which b branches of government	ranch or		√ No			\$500.00
Method of contribution.							
		tion Money Ord					

\$1,600.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Ganim for Bridgeport 23  A. Total Contributions from Small Contributors - Received the (See instructions for definition of Small Contributor)  B. Itemized		ONL	V 10 10 10 10 10 10 10 10 10 10 10 10 10	October 10 filing			
(See instructions for definition of Small Contributor)		ONL	Y	10			
(See instructions for definition of Small Contributor)				(6)			
CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE	Contribut		Subtotal Section	A			\$0.00
<ul> <li>「人口ではおけるなどがなりに対してはない。」というでは、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ</li></ul>		tions	from Individuals	THE RESERVE OF THE PARTY	NIE ST		
Last Name		Fir	st				M.I.
Reynolds		Κe	evin		-		
Residential Street Address	City				State	Zip Code	
71 Sycamore Rd	West F	_			СТ	06117	-2845
Principal Occupation Attorney		Nam RS	e of Employer G				
	££400 to 0 00	andidat	e committee for a chief	everative officer of a	1.	- 20, 20	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she	is associated with have	a contract with said  No	Amou	at of Con	tribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a st event reported in Section L1?  If yes, indicate which branch		or pro	spective state contracto			\$	\$1,000.00
If yes, list Event # branches of government the contract is with:	Ex	cecutiv	veLegisl	ative No			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ier	Date Received 09/14/2023	Aggregate contributions \$1,000.00		36	
Last Name		Firs	t				M.I.
McMillan		To	m				T
Residential Street Address	City				State Zip Code		
224 Lyon Ter	Bridgep	ort			СТ	06604-	3624
Principal Occupation Contractor	1,8	1,00	of Employer (A Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to the contributor municipality valued at more to the contributor municipality valued at more to the contributor municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality does contribute to the contribution is in excess of municipality does contribute to the contribution is in excess of municipality does contribute to the contribution is in excess of municipality does contribute to the contribution is in excess of municipality does contribute to the contribute	r or business l	ndidate he/she	e committee for a chief of is associated with have Yes	executive officer of a a contract with said No	Amoud	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, list Event #  Is contributor a principal of a star of the section L1?  Yes  If yes, indicate which branches of government the contract is with:	or _	or pros		✓ No			\$500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	- 25		Date Received 09/27/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Coleman		Wil	liam				J
Residential Street Address	City Milford	_			State CT	Zip Code 06460-8	3088
20 Blackall Rd	Willord	Nome	of Employer		<u> </u>	00100	-
Principal Occupation Economic Development			of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h han \$5,000?	ne/she i	is associated with have	a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state contractor or prospective state contractor?  Yes   Is contributor a principal of a state contractor or prospective state contractor?  Yes   If yes, indicate which branch or branches of government the   If yes, indicate which branch or branches of government the   If yes, indicate which branch or   If yes, indicate which   If yes, indicate which   If yes, indicate which   If yes, indicate				\$	1,000.00		
If yes, list Event # branches of government the contract is with:	☐ Exe	ecutiv		tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	eT .	Date Received 09/24/2023	Aggregate contributions \$1,000.00			

\$2,500.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Revised	January	2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo.	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			- 1
A. Total Contributions from Small Contributors - Received the (See instructions for definition of Small Contributor)	is Period C	NLY Subtotal Section			18	\$0.0
Colored to the color of the colored to the colored	Contelbut	ions from Individuals	of the same contraction of the	2008.70		
Last Name	Contilibut	First	ACT HAS A SUBSTITUTE OF STREET			M.I.
Gill		Alexis				
Residential Street Address	City	7.307.00	0.00	State	Zip Code	-
335 Courtland Ave	Bridger	oort		СТ	06605-	
Principal Occupation		Name of Employer				
Executive Assistant		World Quart				
dependent child of a lobbyist?    No	or or business than \$5,000?	ndidate committee for a chief he/she is associated with have Yes	a contract with said No	Amoui	nt of Con	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Yes   Is contributor a principal of a st	or	or prospective state contractor ecutive Legisli				\$300.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received 09/26/2023	Aggregate contributions \$300.00			
Last Name		First	100			M.I.
Rahim Gil		Francisco				
Residential Street Address	City	- "OUT TO		State	Zip Code	
277 Grand St	Bridgep	ort		CT	06604-3	3307
Principal Occupation Unemployed		Name of Employer Unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more of the specific production.	r or business h	didate committee for a chief e le/she is associated with have Yes	executive officer of a a contract with said No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or branches of government the	ог		✓ No			\$200.00
If yes, list Event # contract is with:	Exe	cutive Legisla	tive	S.		- 1
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Received 09/27/2023	Aggregate contributions \$200.00		100.00	
Last Name		First				M.I.
Cooper		Jim				R
Residential Street Address	City			State	Zip Code	440
65 Edwin St	Bridgepo		1,375	СТ	06607-2	110
Principal Occupation Manager		Name of Employer Resource Services				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the second seco	or business h			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a star of the section L1?  If yes, indicate which branch of branches of government the contract is with:	or	r prospective state contractor?  cutive Legislat	✓ No		\$1	,000.000
Method of contribution:    Cash		Date Received	Aggregate contributions \$1,000.00			

\$1,500.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Comple	ete Name as Registered with I	Filmg Repo	sitory	)	TYPE OF REPORT			
Ganim for Bridgeport 23					October 10 filing			
A. Total Contributions from Small Con	ntributors - Received this	s Period (	DNL	Y				
(See instructions for definition of Small Conti	ribulor)			Subtotal Section	1A			\$0.0
	AND REAL PROPERTY OF THE PERSON NO. P. LEWIS CO. P. LEWIS	Contribu	tions	from Individual	s	115726		
Last Name	And the second s	4	Fir	st				M.I.
Klesyk			Jo	hn				1
Residential Street Address		City	1			State	Zip Code	
72 Noian Rd		Hamde	∍n			CT	06514-	1104
Principal Occupation		•	Nam	e of Employer				
Retired			Ret	ired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	r or business than \$5,000?	he/she	is associated with hav	e a contract with said No	Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L!?  Yes  Yes  Yes	Is contributor a principal of a sta  If yes, indicate which branch o  branches of government the	ог	or pro	_	. INo			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit of Contribution:	contract is with:	Money Ord		Date Received 09/27/2023	Aggregate contributions \$100.00			
Last Name			Firs	t n				M.I.
Passaretti	The second		Jos	seph	<u> </u>			
Residential Street Address		City				State	Zip Code	3447
5 Lincoln Dr		Walling				CI	06492-	0117
Principal Occupation Attorney			(m-6)	of Employer Itstream Law Gro	oup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate he/she	committee for a chief is associated with have Yes	e a contract with said  No	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, list Event #	Is contributor a principal of a stat  If yes, indicate which branch of branches of government the contract is with:		SE	_	✓ No		\$	1,000.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit C	1001	Money Orde	er	Date Received 09/27/2023	Aggregate contributions \$1,000.00			
Last Name			First				100	M.I.
Ortiz	250		Ver	ronica				
Residential Street Address	-	City				State	Zip Code	
88 Raleigh Rd		Bridgep	ort			CT	06606-1	037
Principal Occupation Mayor's Aide				of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  You No	s contributor a principal of a state  If yes, indicate which branch or branches of government the		or pros	_	✓ No		;	\$500.00
Method of contribution: Cash Personal Check Credit/Debit C	contract is with: ard Payroll Deduction			Date Received 09/26/2023	Aggregate contributions \$500.00			

\$1,600.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Revised	l January	2015

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NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repo	sitory)	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			
A. Total Contributions from Small Contributors - Received	this Period C	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section	Α			\$0.0
	ed Contribut	ions from Individual	s			
Last Name		First				M.I.
Moore		William				
Residential Street Address	City			State	Zip Code	
60 Lawn Ave, Apt 30	Stamfo			СТ	06902~	4125
Principal Occupation		Name of Employer				
Marketing Consultantant		PIM				
dependent child of a lobbyist?  No municipality does contri municipality valued at m	butor or business nore than \$5,000?	ndidate committee for a chie he/she is associated with hav Yes	e a contract with said No	Amou	at of Cont	ribution
event reported in Section L1?  If yes, indicate which branches of government the	nch or	or prospective state contract ecutive	<u> </u>			\$250,0
Method of contribution:  Cash Personal Check Credit/Debit Card Payrol! Deduction		Date Received	Aggregate contributions \$250.00		17.11	
Last Name		First				M.L
Scianna		John			G 10	
Residential Street Address	City	4. 16540		State	Zip Code	
31 Wildrose Ln	Trumbu	Hari	and	CT	06611-4	1068
Principal Occupation HVAC		Name of Employer Custom Air Systems				
	outor or business b	didate committee for a chief le/she is associated with have Yes		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which bran branches of government the	ch or		No   Γ		\$1	,000.00
If yes, list Event # contract is with:	Exe	cutive Legis	lative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	1 Money Orde	Date Received 09/22/2023	Aggregate contributions \$1,000.00			
Last Name	A PROPERTY	First	P. (2000)			M.I.
Gutierrez		Alina				
Residential Street Address	City			State	Zip Code	
2 Basking Brook Ln	Shelton			СТ	06484-38	892
Principal Occupation Realator		Name of Employer Exp Realty				
	utor or business he	didate committee for a chief e/she is associated with have Yes		Amoun	t of Contri	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a fyes, indicate which branches of government the contract is with:	ch or	r prospective state contractor	√No		\$	500.00
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction		Date Received 09/26/2023	Aggregate contributions \$500.00			

\$1,750.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

of 112

NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Rep	oository)	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			
A. Total Contributions from Small Contributors - Reco	eived this Period	ONLY				
(See instructions for definition of Small Contributor)		Subtotal Section	n A			\$0.0
B. I	temized Contrib	utions from Individua	ls	15 5 E E		
Last Name	and the second s	First				M.I.
Portanova		Daniel				
Residential Street Address	City			State	Zip Code	
95 Teller Rd	Trumi	bull		СТ	O6611-	1421
Principal Occupation	- 335	Name of Employer		200		
Attorney		Daniel D Portanova	, Atty LLC			
dependent child of a lobbyist?		candidate committee for a chi ss he/she is associated with ha 0? Yes		Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principle of the principle of th	ch branch or	or or prospective state contractive Legi	tor? Yes  No			\$350.0
Method of contribution:	eduction Money O	Date Received 09/27/2023	Aggregate contribution \$350.0	1		
Last Name		First		-		M.I.
Meehan		Michael			i i	s
Residential Street Address	City			State	Zip Code	10.000
113 Seaside Ave	Bridge	port	CRS —	СТ	06605-3	1529
Principal Occupation Attorney	48	Name of Employer Michael Meehan				
dependent child of a lobbyist? municipality does		andidate committee for a chie s he/she is associated with hav		Amoun	t of Contr	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a princip If yes, indicate which branches of government is with:	h branch or	r or prospective state contract xecutive Legis	∐ 165		:	\$100.00
Method of contribution.	11	Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll De	duction Money Or	der 09/27/2023	\$100.00			
Last Name	3	First	727 10 10 10 10 10 10 10 10 10 10 10 10 10	100		M.I.
Levin		Bruce				
Residential Street Address	City			State	Zip Code	
39 Avery Ave	Milford			СТ	06460-43	342
Principal Occupation Attorney		Name of Employer City of Bridgeport				
dependent child of a lobbyist?   municipality does of		andidate committee for a chief he/she is associated with have		Amoun	t of Contri	ibution
		or prospective state contracto	[_] 168		\$1,	,000.00
event reported in Section L1?  If yes, indicate which branches of government contract is with:	ent the	cecutive Legis	lative No			

\$1,450.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete N	ine as Registered with Fi	ling Reposito	ry)	TYPE OF REPORT			
Ganim for Bridgeport 23				October 10 filing		533	
A. Total Contributions from Small Contrib	CONTRACTOR IN CONTRACTOR OF THE PARTY OF THE	Period ON	ĹŶ	190			
(See instructions for definition of Small Contribut	er, incomplication desired about the		Subtotal Section	2040			\$0.
	B. Itemized C	ontribution	is from Individual	S			1/2 784
Last Name		]	First				M.I.
Malheiro		1	√irginia				
Residential Street Address		City			State	Zip Cod	
11 Botsford Pi	0.000	Trumbuli			CT	06611	-4702
Principal Occupation			me of Employer		871		-
Director of City Events		Ci	ity of Bridgeport				
dependent child of a lobbyist?	contribution is in excess of \$ unicipality does contributor o unicipality valued at more the	or business he/sl			Amou	nt of Con	tributio
event reported in Section L1?    Insert   ntributor a principal of a state s, indicate which branch or uches of government the tract is with:	contractor or p		∐ res		\$	\$1,000.0	
Method of contribution:  Cash Personal Check Credit/Debit Card		Money Order	Date Received 09/14/2023	Aggregate contributions \$1,000.00			
Last Name	= = = = = = = = = = = = = = = = = = = =	Fi	rst				M.I.
Pizarro		D	aniel				
Residential Street Address		City	Jul 19814		State	Zip Code	-
1491 Huntington Tpke		Trumbull			СТ	06611-	5341
Principal Occupation Special Projects Coordinator			ne of Employer y of Bridgeport				
dependent child of a lobbyist?	ontribution is in excess of \$4 nicipality does contributor or nicipality valued at more than	business he/sh			Amoui	it of Cont	ribution
event reported in Section L1?    If yes	ributor a principal of a state of, indicate which branch or thes of government the act is with:	contractor or pro	_	☑ res		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction M	Ioney Order	Date Received 09/14/2023	Aggregate contributions \$1,000.00			
Last Name		Fire	st				MI
Buckley		De	ennis				
Residential Street Address		City			State	Zip Code	
357 Commerce Dr, # 462		Fairfield	CD 1		СТ	06825-7	700
Retired	335374	4.0	e of Employer ired				
ependent child of a lobbyist?	ntribution is in excess of \$40 icipality does contributor or licipality valued at more than	business he/she			Amoun	t of Contr	ibution
vent reported in Section L1?	ibutor a principal of a state co indicate which branch or	ontractor or pro	spective state contractor	☐ Yes ☑ No		:	100.00
yes, ust event * contra	es of government the ct is with:	Executiv	re Legisla	tive Exists			
lethod of contribution:  Cash			Date Received	Aggregate contributions			

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$104,525.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$104,525.00

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NAME OF COMMITTEE (Provide Con	mplete Name as Registered with	Filing Repo	sitőry)	TYPE OF REPOR	Tarte		
Ganim for Bridgeport 23	E G			October 10 filing	1000 OF 100 Aug 100 Aug		Percussion and
A. Total Contributions from Small	Contributors - Received thi	s Period (	ONLY		2.5-7	9 00	
(See instructions for definition of Small C	Contributor)		Subtotal Secti	ion A			\$0.
	B. Itemized	Contribu	tions from Individu	als			
Last Name			First				M.I.
Carrena			Luis				
Residential Street Address		City		O - 100000 - 10 - 10000	State	Zip Cod	le
24 Tuckahoe Rd		Easton			CT	06612	-2052
Principal Occupation CEO			Name of Employer Carrena Property				S[6-1]
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		r or business	he/she is associated with h		Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes	Is contributor a principal of a sta  If yes, indicate which branch o  branches of government the  contract is with:	or	_	ictor? Yes  Zislative		\$	\$1,000.0
Method of contribution: Cash Personal Check V Credit/De		Money Ord	Date Received 09/20/2023	Aggregate contribution \$1,000.0			
Last Name Alam			First Nurul		Sec.		MI
Residential Street Address		City	1000		State	Zip Code	
5 Liberty HI		Wethers	sfield		СТ	06109-	3976
Principal Occupation Retired		1.0	Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	months of the days and the	or business h	didate committee for a chi le/she is associated with ha Yes	ef executive officer of a tive a contract with said  No	Amoun	t of Cont	ribution
s this contribution associated with an event reported in Section L1?  Yes  Yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:		_	Yes  V No		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Deb	(See 197 %)	Money Order	Date Received 09/22/2023	Aggregate contributions \$1,000.00			
ast Name	Market Mark		First				M.I.
Coplik		1	Jim				
esidential Street Address		City			State	Zip Code	
51 Dogwood Ln		Stamford			CT	06903-4	531
rincipal Occupation Concert Promoter			Name of Employer Live Nation Entertain	nment	9130	2	
contributor a lobbyist, spouse, or ependent child of a lobbyist?	If contribution is in excess of \$\sigma\$ municipality does contributor o municipality valued at more that	r business he			Amount	t of Contr	ibution
this contribution associated with an entreported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or branches of government the	_	_ =	∐ 1es	ķ.	\$1	,000.00
'yes, list Event#	contract is with:	Exec	cutive Legis	slative			li li

\$3,000.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Con	plete Name as Registered with	Filing Repo	sitory		TYPE OF REPORT			
Ganim for Bridgeport 23	2100701				October 10 filing			
A. Total Contributions from Small	ontributors - Received th	is Period	ONL	Ý				
(See instructions for definition of Small C	ontributor)			Subtotal Section	A			\$0.0
	the first bear and the second of the second	Contribu	tions	from Individual	S	THE COURSE	in the same of	50.619.570
Last Name	STATE OF THE PARTY OF STATE OF THE PARTY OF	ing to the orthogon to	Fi	Contract to the property of the second		950 mily 1941 m	the Bridge Action	M.I.
Sanchez			Si	imarie				
Residential Street Address		City	-			State	Zip Cod	e
114 Intervale Rd		Bridge	port			СТ	O6610	
Principal Occupation			Nam	e of Employer				
Student			Stu	dent				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	والمنافق وال	or or business	he/she			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No	Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	r or pro		✓ No		\$100.0	
Method of contribution:  Cash Personal Check Credit/De		_		Date Received 09/27/2023	Aggregate contributions \$100.00			
Last Name			Firs	1 0				M.I.
Nadrizny			Cn	aig				
Residential Street Address	0.5	City	-			State	Zip Code	-
65 Seabreeze Dr		Stratfor	ď			CT 06614-1727		
Principal Occupation Director of Public Facilities			17.0	of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	r or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta  If yes, indicate which branch o  branches of government the	or		_	<u>√</u> №			\$500.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	nt Card Payroll Deduction	Money Ord	er	Date Received 09/25/2023	Aggregate contributions \$500.00			
Last Name Genest		3	First Ma				-19	M.I.
Residential Street Address		City				State	Zip Code	
824 Saw Mill Rd		West Ha	aven			CT	06516-3	3922
Principal Occupation Manager				of Employer @ 350 LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business h han \$5,000?	e/she i	s associated with have	a contract with said  No	Amoun	t of Conti	ribution
Is this contribution associated with an Yes event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch or		or pros	pective state contractor	? ☐Yes ☑No		\$	1,000.00
ly yes, list Event #	branches of government the contract is with:	Exe	cutive		ative			
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	r	Date Received 09/26/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$104,525.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$104,525.00

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Revised Ja	nuary	201	S

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository,		TYPE OF REPORT	TYPE OF REPORT		
Ganim for Bridgeport 23		October 10 filing	October 10 filing			
A. Total Contributions from Small Contributors - F	Received this Period ONLY	7		0.000		
(See instructions for definition of Small Contributor)		Subtotal Section	A	\$0		
	B. Itemized Contributions	from Individual	s			41500
Last Name	Fire	st	Marie Control			M.I.
Gecewicz	Th	iomas				E
Residential Street Address	City			State	Zip Code	
3900 Park Ave, Unit 7E	Bridgeport			СТ	O6604-	1032
Principal Occupation Program Manager		e of Employer of Bridgeport				
dependent child of a lobbyist? No municipality municipality	n is in excess of \$400 to a candidate does contributor or business he/she valued at more than \$5,000?	is associated with hav	e a contract with said	Amoun	at of Cont	ribution
I I I I I I I I I I I I I I I I I I I			√N <sub>0</sub>		\$100	
Method of contribution:  Cash   Personal Check Credit/Debit Card Payro	oll Deduction Money Order	Date Received 09/27/2023	Aggregate contributions \$100.00	o le		
Last Name	First	385 V.				M.I.
Dorgan	Joh	nanna			Yana n	m.nee.j
Residential Street Address	City			State	Zip Code	
88 Lance Cir	Bridgeport			CT	06606-1	045
Principal Occupation Retired	Name Retir	of Employer red				
dependent child of a lobbyist? municipality d	is in excess of \$400 to a candidate loes contributor or business he/she i alued at more than \$5,000?			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, hist Event #  Is contributor a property of the section L1?  If yes, indicate branches of gow contract is with:	ernment the		✓No		:	\$100.00
Method of contribution	Deduction Money Order	Date Received 09/26/2023	Aggregate contributions \$100.00		15	
Last Name	First		9 107		77	M I
Pantalena	Ray	1				
Residential Street Address	City			State	Zip Code	
188 Bartlett Dr	Madison			СТ	06443-82	200
Principal Occupation Pharmacist		of Employer Services LLC				
dependent child of a lobbyist? municipality de	is in excess of \$400 to a candidate of the contributor or business he/she is alued at more than \$5,000?			Amoun	t of Contri	bution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a private the contributor a private the contributor aprivate th			√N₀		\$500.00	
Method of contribution  Cash Personal Check ✓ Credit/Debit Card Payroll		Date Received	Aggregate contributions			

\$700.00	SUBTOTAL Section B - This Page
\$104,525.00	TOTAL of Section B Pages
\$104,525.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$104,020.00	(Enter total on Line 13, Column A of Summary Page