NAME OF COMMITTEE (Provide Comp	lete Name as Registered with F	iling Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23					October 10 filing			
A. Total Contributions from Small Co	ontributors - Received this	Period (DNL	7				
(See instructions for definition of Small Con		904		Subtotal Section	A			\$0.0
A STATE OF THE STA		Contribut	tions	frőm Individuals				
Last Name		T. M. S.	Fire	The state of the s	CANADA PROPERTY AND ADDRESS OF THE PARTY AND A			MI
			Jo	hn				G
Norko Residential Street Address		City	100			State	Zip Code	
230 Holland Rd		Bridge	port			СТ	06610-	1041
Principal Occupation				e of Employer				2-1
Retired			Ret	ired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	r or business	he/she	e committee for a chief is associated with have Yes	e a contract with said	Amoui	it of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a sta	te contractor	or pro	spective state contracto	or? Yes		\$	1,000.00
event reported in Section L1?	If yes, indicate which branch of	or			√No		•	1,000.0
If yes, list Event #	branches of government the contract is with:	Ех	recutiv	e Legis	lative —			
Method of contribution: Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	ler	Date Received 09/26/2023	Aggregate contributions \$1,000.00			
Last Name	40		Firs	t 3. 9.				M.L
Tropicano			Ca	rissa				<u> </u>
Residential Street Address		City				State	Zip Code 06472-1	1500
8 Autumn Ct		Northfo	400	100 May 1997		CI	00472-	1020
Principal Occupation			W 100 TO	of Employer ssa & Co				
Owner	× 20.50		188					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No	municipality does contributor municipality valued at more t	or business i han \$5,000?	he/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? Yes Yes V No	Is contributor a principal of a state of the state of government the	r _	or pros		<u>√</u> №0	8		\$500.00
Method of contribution:	contract is with:	0		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Ord	er	09/26/2023	\$500.00			00
Last Name	34		Firs					MI.
Christoph			Ko	bert		Gua	7:- 0-1-	VV
Residential Street Address		City Miami E	Roach	,		State FL	Zip Code 33139-6	875
90 Alton Rd, Apt TH-6		IVIIAITII L	_				30100	
Principal Occupation Development / Mgmt.			1.5	of Employer Group	47			
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?	he/she	is associated with have	a contract with said	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros	—	√No		\$1	00.000,1
Method of contribution: Cash Personal Check Credit/Debi		Money Ord	er	Date Received 09/10/2023	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

NAME OF COMMITTEE (Provide Complete Name as R.	gistered with Filing Reposito	(ניו	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			
A. Total Contributions from Small Contributors -	Received this Period ON	LY			\$20E	- 3
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
The Control of the Control of Con	B. Itemized Contribution	CONTRACTOR SERVICE COMPANY AND ACCOUNT	100			No.
Last Name	the second second second in the second se	First				ML
		John				NJ.
Cotter Jr	City	301111		State	Zip Code	1 -
Residential Street Address	Milford			CT	06460-	6235
889 E Broadway Principal Occupation		ame of Employer				
Owner	- 1	lutmeg Adjusters In	С			
	on is in excess of \$400 to a candi	data anno in a face a chief	arrantive officer of a		-	
dependent child of a lobbyist? municipality	on is in excess of \$400 to a candi y does contributor or business he/s y valued at more than \$5,000?	she is associated with have	e a contract with said No	Amoui	at of Cont	ribution
Is this contribution associated with an Yes Is contributor a	principal of a state contractor or	prospective state contracto	or? Yes	1	•	4 000 0
event reported in Section L17	te which branch or		☑ No		\$	1,000.0
If yes, list Event # V No branches of g contract is wi	overnment the Execu	utive Legis	lative			
Method of contribution:	roll Deduction Money Order	Date Received 09/22/2023	Aggregate contributions \$1,000.00			
Last Name	I	First				M.I.
Buturla	1,	Richard				
Residential Street Address	City	tionard		State	Zip Code	
200 N Pasture Ln	Stratford			CT	06614-1	392
Principal Occupation	N _E	ame of Employer			-	-
Lawyer	Be	erchem Moses				
dependent child of a lobbyist? municipality	on is in excess of \$400 to a candid does contributor or business he/s valued at more than \$5,000?	late committee for a chief he is associated with have Yes	executive officer of a a contract with said No	Amour	t of Contr	ribution
1 1168 1	principal of a state contractor or p	prospective state contracto	r? Yes		\$1	,000.00
event reported in Section L1? If yes, indicat	e which branch or	\$ <u></u>	✓ No		Ψ,	,000.0
If yes, list Event # branches of go contract is with		tive Legisl	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payr	roll Deduction Money Order	Date Received 09/15/2023	Aggregate contributions \$1,000.00			
Last Name	F	irst	30.E			M.I.
Gill	137	Thomas				F
Residential Street Address	City			State	Zip Code	
244 Sailors Ln	Bridgeport			CT	06605-3	624
Principal Occupation		me of Employer		1962	10 8	
Director OPED	Ci	ty of Bridgeport				
dependent child of a lobbyist? municipality	n is in excess of \$400 to a candid does contributor or business he/sl valued at more than \$5,000?	ate committee for a chief he 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 Yes Is contributor a	principal of a state contractor or p	rospective state contractor	[?] ☐Yes		# 4	000.00
event reported in Section L1?	which branch or				\$ 1	,000.00
If yes, list Event # No branches of go contract is with		tive Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payr	oll Deduction Money Order	Date Received	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

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Revised	l January	2015

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NAME OF COMMITTEE (Provide Complete Name as Registered	l with Filing Repo	sitory)	TYPE OF REPORT	TYPE OF REPORT		
Ganim for Bridgeport 23			October 10 filing	October 10 filing		
A. Total Contributions from Small Contributors - Receive	ed this Period	ONLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A	\$0.		
	nized Contribu	tions from Individuals				
Last Name		First				M.I.
Stevens		Patricia				
Residential Street Address	City			State	Zip Code	
472 Old Post Rd	Fairfiel	d		СТ	06824-6	645
Principal Occupation		Name of Employer	- Af			
Office Management		G Pic & Sons Consti				
dependent child of a lobbyist? In municipality does communicipality valued a	ntributor or business at more than \$5,0007		e a contract with said No	Amoui	at of Conti	ribution
event reported in Section L1? If yes, indicate which branches of government branches of go	branch or	r or prospective state contractors recutive Legis			\$^	,000.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Dedu		Date Received	Aggregate contributions \$1,000.00			1
Last Name		First				MI
Shamas		Daniel				
Residential Street Address	City			State	Zip Code	
7 Buddington Park	Sheltor	A PART OF THE PART		СТ	06484-5	358
Principal Occupation Mayor's Office		Name of Employer City of Bridgeport	0.00			
dependent child of a lobbyist?	stributor or business t more than \$5,000?	10-20-0	a contract with said No	Amour	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which to branches of governmen	oranch or	or prospective state contracto	☑ 100 ☑ No		\$1	,000.00
If yes, list Event # contract is with:	Ex	ecutive Legisl	ative			
Method of contribution Cash ✓ Personal Check Credit/Debit Card Payroll Deduc	etion Money Ord	Date Received 6er 09/15/2023	Aggregate contributions \$1,000.00			
		First	ψ1,000.00			MI
Last Name		1				
Schneider	Low	Robert		State	Zip Code	
Residential Street Address	City Trumbu	ıN		CT	06611-20	042
120 Royals Ct Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in examinicipality does conmunicipality valued at	tributor 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
event reported in Section L1? If yes, indicate which b branches of government	ranch or	or prospective state contractor	✓ N ₀	Š	\$	100.00
Method of contribution:		Date Received	Aggregate contributions	ii.		
	tion Money Ord		\$100.00			

\$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)
\$104,525.00	(Enter total on Line 13, Column A of Summary Page

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Revised January	2015

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Page	61	of	112

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo.	sitory)	TYPE OF REPORT		4	
Ganim for Bridgeport 23			October 10 filing	- 83	Si	
A. Total Contributions from Small Contributors - Received th	is Period (ONLY		- 139		Sc Hely
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized	Contribut	tions from Individuals				
Last Name		First			3 %=====	M.L
Lesser		Stanton				Н
Residential Street Address	City			State	Zip Code 06890-1	266
85 Split Rock Rd	Southp			Çı	00090-1	200
Principal Occupation Attorney		Name of Employer Stanton H Lesser Atto	omey			
dependent child of a lobbyist?No	or or business e than \$5,000?		a contract with said No	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which branch branches of government the contract is with:	or	or prospective state contractor	√No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	Date Received 1er 09/20/2023	Aggregate contributions \$500.00			
Last Name		First				M.L
Aktar		Solina				
Residential Street Address	City	- E-1-		State CT	Zip Code 06109-3	076
5 Liberty HI	Wether			Ų,	00109-3	370
Principal Occupation Retired	76 76	Name of Employer Retired				
dependent child of a lobbyist? No municipality does contribute municipality valued at more	or or business: than \$5,000?		a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Yes Is contributor a principal of a st If yes, indicate which branch branches of government the	ог	or prospective state contractor?			\$1	,000.00
If yes, list Event # contract is with:	LIBA	Date Received	Aggregate contributions			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		\$1,000.00			
Last Name		First		- 10:18		M.I.
Тоггез		Stephany				
Residential Street Address	City			State	Zip Code	344
114 Intervale Rd	Bridgep			СТ	06610-10	714
Principal Occupation Finance		Name of Employer Illume Fertility				
dependent child of a lobbyist? No municipality valued at more	or or business i than \$5,000?	ndidate committee for a chief en he/she is associated with have a	No	Amoun	t of Contri	bution
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		√N ₀		\$	100.00
If yes, list Event # contract is with:						
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		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

NAME OF COMMITTEE (Provide Complete Name as R	egistered with F	iling Repo	sitory)		TYPE OF REPORT			Marie 1
Ganim for Bridgeport 23	T.B.SHOT	All the Total Print	Andreas Table		October 10 filing			
A3Total Contributions from Small Contributors -	Received this	Period C	NLY		1		10.000	=4.03
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
the was actional for adjunction of animal control of	B Itemized (Contribut	ions f	rom Individual				
Last Name	D. 1101112	ORD VICE	First	The second secon		IMI.		MI.
			loc	enh				
Deleone		T a:	308	eph		State	Zip Code	
Residential Street Address		City East Ha	aven			CT	06512-	
245 Dodge Ave		Lastri		of Employer		-	1 4 4 4 4	
Principal Occupation				i Enterprises				
Logistics		10.				_		
dependent child of a lobbyist?	ty does contributor ty valued at more t	r or business than \$5,000?	he/she i	s associated with hav	f executive officer of a contract with said No	Amou	nt of Cont	ribution
l les			or pros	pective state contract	or? ∐Yes		\$	1,000.00
	ate which branch o government the	or		_ 00	✓No		•	,
If yes, list Event # contract is wi		∐ Ex	ecutive	Legis	slative]		
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Page 1	yroll Deduction	Money Ord	er	Date Received 09/25/2023	Aggregate contributions \$1,000.00			-
Last Name			First	11.7%		7.700.000		MI
Joyner			Sha	mette				
Residential Street Address		City	-	- NO. 15		State	Zip Code	
10125 Chapel Oak Trl		Fort Wo	orth		100 1 100 100 100 100 100 100 100 100 1	TX 76116-1234		
Principal Occupation			Name	of Employer				
Owner		- V	Hand	to Hand				
Is contributor a lobbyist, spouse, or Yes If contribut	on is in excess of	\$400 to a car	ndidate	committee for a chief	f executive officer of a	A	t of Cont	ribution
dependent child of a lobbyist? municipality	y does contributor y valued at more t	or business l	he/she i:	associated with hav	e a contract with said No	Amoui	n or Cont	HUULIVII
Is this contribution associated with an Yes Is contributor a	principal of a stat	te contractor	or prosp	ective state contracto	or? Yes			\$300.00
event reported in Section L1?	ite which branch o	r			✓ No			Ψ000.00
If yes, list Event # V No branches of g	overnment the	Ex	ecutive	Legis	lative			
Method of contribution:	MARINE N			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Pay	roll Deduction	Money Orde	er	09/25/2023	\$300.00			
Last Name	100		First	78.				M.I.
Flatto			Ken	neth				
Residential Street Address		City				State	Zip Code	1400
3200 Park Ave, Unit 4D1		Bridgep	ort			СТ	06604-1	1108
Principal Occupation				of Employer				
Manager			City o	of Bridgeport				
dependent child of a lobbyist? V No municipality municipality	y does contributor y valued at more th	or business h han \$5,000?	ne/she is	associated with have	executive officer of a contract with said	Amour	it of Cont	ribution
event reported in Section L17 If yes, indication If yes, indication	principal of a stat te which branch or overnment the	r	or prosp ecutive	ective state contracto	V No			\$400.00
If yes, list Event # contract is with	th:	Ехі	T					
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Pay	roll Deduction	Money Orde	er	Date Received 09/26/2023	Aggregate contributions \$400.00			

\$1,700.00	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

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NAME OF COMMITTEE (Provide Complete Name as Registered	d with Filing Reposite	(ערוס	TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing			
A. Total Contributions from Small Contributors - Receive	ed this Period ON	ĽΥ	20			
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
	nized Contributio	ns from Individual	s			
Last Name	T	First				MI
Andrews		Cowlis				
Residential Street Address	City			State	Zip Code	
46 Jennifer Dr	Bridgepo	rt		СТ	06610-	1000
Principal Occupation		ame of Employer				
Project Manager	Is	state of Connecticu	t			
Is contributor a lobbyist, spouse, or Yes If contribution is in emunicipality does communicipality valued a	ntributor or business he/	date committee for a chie she is associated with hav Yes	ef executive officer of a we 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 If yes, indicate which to branches of government contract is with:	branch or	prospective state contract	∐ ĭ⇔			\$100.00
Method of contribution:	ction Money Order	Date Received 09/26/2023	Aggregate contributions \$100.00			
Last Name	1	First			19 1	M.I.
Neil		Chris				
Residential Street Address	City	RUAS .		State	Zip Code	
8 Rockyfield Rd	Westport	8 F - K		СТ	06880-2	201
Principal Occupation Retired		ame of Employer etired				
	tributor or business he/s	date committee for a chief the is associated with have Yes		Amoui	it of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of the section L1? If yes, indicate which be branches of government	oranch or	P	□ I Co		\$1	,000.00
If yes, list Event # contract is with:	Execu	itive Legis	lative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	tion Money Order	Date Received 09/27/2023	Aggregate contributions \$1,000.00			
Last Name	F	irst				M.I.
Baldwin	Ε [Ε	Betty	300		30	
Residential Street Address	City		222	State	Zip Code	
89 Cottage St	Bridgeport			СТ	06605-1	206
Principal Occupation Retired	100	me of Employer etired				
Is contributor a lobbyist, spouse, or Yes If contribution is in ex- dependent child of a lobbyist? In No municipality does cont municipality valued at	mbutor or business he/si	ate committee for a chief he is associated 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? If yes, list Event # Is contributor a principal of If yes, indicate which by branches of government contract is with:	ranch or		√N₀			\$40.00
Method of contribution:		Date Received	Aggregate contributions			- 1

\$1,140.00	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)
Ψ104,020.0	(Enter total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections	A-K)	Page	64	of	112	
ne as Registered with Filing Repository)	TYPEO	F REPORT				SACORE
CONTROL OF THE PROPERTY OF THE	Ontoba	- 40 Elina				7

NAME OF COMMITTEE Provide Compl	ete Name as Registered with I	iling Repo	sitory)		TYPE OF REPORT			
Ganim for Bridgeport 23				×	October 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period C	DNL	1	III		1000	110
(See instructions for definition of Small Con				Subtotal Section	A			\$0.00
	B. Itemized	Contribut	ions	from Individuals	BEATT AND STREET			
Last Name		of the same or delicated	Fire					M.I.
			Ri	30				
Ferrarese		City	1			State	Zip Code	
Residential Street Address		Cromw	ell			СТ	06416-	1526
5 Vincy Dr Principal Occupation			Nam	e of Employer		0000	77.00	17/3017
Manager			-	Services LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributed municipality valued at more	r or business than \$5,000?	he/she	is associated with have	a contract with said No	Amour	at of Cout	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			\$500.00
Method of contribution: Cash Personal Check Credit/Debit		Money Ord	ler	Date Received 09/28/2023	Aggregate contributions \$500.00			
Last Name			Firs	70. 5				M.I.
Criag			Oc	tavia	330			
Residential Street Address		City	-	A Victor of		State	Zip Code	
1020 Connecticut Ave		Bridgep	ort			СТ	06607-1	206
Principal Occupation Behavioral Aide	35 - 31% - 340	4.8	Full	of Employer Bloom				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business l han \$5,000?	he/she	is associated with bave	a contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes Yes	Is contributor a principal of a state of the state of government the contract is with:	r	or pros		✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit		Money Orde	er	Date Received 09/26/2023	Aggregate contributions \$25.00			
Last Name	10 July 10 Jul		First				W 18 110	M.I.
Veloz			Am	aury				
Residential Street Address		City	-	_		State	Zip Code	
114 Intervale Rd		Bridgep	ort			СТ	06610-1	014
Principal Occupation Student	50.0	400	Stud					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business b han \$5,000?	ne/she	s associated with have	a contract with said No	Amoun	it of Contr	ibution
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 _			√No		:	\$100.00
If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit	contract is with Card Payroll Deduction		ecutiv	Date Received 09/27/2023	Aggregate contributions \$100.00			

\$625.00	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 Repos	itory)	TYPE OF REPORT			
Ganim for Bridgeport 23	Section of the Parks		October 10 filing			
A. Total Contributions from Small Contributors - Received this	Pariod (NTV	18			
(See mstructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
B. Itemized C	Contribut	ions from Individuals				
Last Name		First				M.I.
Hinding		Thomas				
Residential Street Address	City			State	Zip Code	- 70
66 High St, Unit 40	Guilford	i		СТ	06437-3	3498
Principal Occupation		Name of Employer				
Owner		Hinding Tennis				
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 part of the spe	or business han \$5,000?	he/she is associated with have	a contract with said No	Amour	t of Conti	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 If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch of the branches of government the contract is with:	r	or prospective state contractor	.√No		\$^	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	- 200	Date Received	Aggregate contributions \$1,000.00			
Last Name		First			-	M.I.
		Robert				
Berchem	City	TROBUIL		State	Zip Code	
Residential Street Address	Milford			CT	06460-3	420
125 W River St Principal Occupation		Name of Employer				
Attorney	- 4	Bercham Moses				
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 specific property of the	or business l	ndidate committee for a chief he/she is associated with have	executive officer of a a contract with said	Amoun	t of Contr	ibution
		100	2			3
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the	[]				\$1	00.000,1
If yes, list Event # contract is with:	Ex	ecutive Legisl				
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received er 09/15/2023	Aggregate contributions \$1,000.00			
Cash Personal Check Credit/Debit Card Payroll Deduction	Jintono, ore	First	41,000.00			M.I.
Last Name						1 B. I
Holloway		James		Ctata	Zip Code	
Residential Street Address	City	and a		State	06610-2	926
171 Prince St	Bridgep			0.		-
Principal Occupation Retired		Name of Employer Retired				
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 committee for a chief he/she is associated with have Yes	executive officer of a a contract with said No	Amoun	it of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Yes Is contributor a principal of a state	r	or prospective state contracto	✓No		:	\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received 09/27/2023	Aggregate contributions \$100.00			

\$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

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

If yes, list Event#

Yes

√ No

Method of contribution:

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

SEEC FORM 20 Revised January 2015		I. MONETAR	Y RECE	IPT	S (Sections A-K) Pa	ige	66	of	112
NAME OF COMMITTEE (Pr	ovide Gomple	te Name as Registered with I	iling Repos	sitory)	TYPE OF REPORT	AREAS.			
Ganim for Bridgeport 23						October 10 filing				
A. Total Contributions from (See instructions for definition o			Period C)NL/	Y Subtotal Section	4				\$0.00
(Dec 17.55) action of		Commence of the second	Contribut	ions	from Individuals					Men al
Last Name				Fo	Appropriate the second		MUIDE 910			M.I.
D'Addario				1_{Ni}	cholas					
Residential Street Address			City	1			State	Zi	p Code	
65 Norton Rd			Easton				CT	0	6612-1	1539
Principal Occupation President			8:82		e of Employer Ho Energy Service	es	rå il			
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 t	or business	ndidat he/she	e committee for a chief is associated with have Yes	executive officer of a a contract with said No	Amou	nt 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 o branches of government the	or			✓ No				\$500.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit (contract is with:	Money Ord	ecutiv er	Date Received 09/14/2023	Aggregate contributions \$500.00				
Last Name				Firs	t (da 5)					M.I.
Root		- 9-		Та	mara					
Residential Street Address			City		725,33		State	Zij	Code	
955 Main St, Apt 412			Bridgep	ort	A.		CT	06	604-4	335
Principal Occupation Secretary			.4	100	of Employer of Bridgeport				and p	
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 h	ndidate ne/she	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said	Amou	nt of	Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☑ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:		or pro:		√ No			;	\$100.00
Method of contribution: Cash Personal Check	Credit/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 09/29/2023	Aggregate contributions \$100.00				
Last Name		103		Firs					1	MI
Cellar				Ric	hard					
Residential Street Address			City				State		Code	
93 Lawrence Rd			Fairfield				СТ	06	824-3	J39
Principal Occupation Owner				Rub	of Employer ys II					
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 h	didate e/she	committee for a chief e is associated with have a Yes	executive officer of a contract with said	Amou	nt of	Contr	ibution

\$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

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

09/21/2023

Legislative

Yes

✓ No

Aggregate contributions

\$1,000.00

\$1,000.00

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Re	pository)	TYPE OF REPORT	的問題		
Ganim for Bridgeport 23	Stephings of the Parish		***************************************	October 10 filing			
A. Total Contributions from Small Contributors - Receive	d this Period	ONL	Y	1000			
(See instructions for definition of Small Contributor)			Subtotal Sect	ion A			\$0.00
	ized Contrib	autions	from Individu	ıals		建筑级图	
Last Name		Fi	The second secon				M.I.
		l D	awn				
Culhane Residential Street Address	City				State	Zip Code	
9 Mink Ln		Setau	ket		NY	11733-	3507
Principal Occupation		Nan	ne of Employer				
CPA		1	wn Culhane				
dependent child of a lobbyist? No municipality does communicipality valued at	more than \$5,00	ess he/sh 00?	e is associated with Yes	hief executive officer of a have a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is a Contributor a principal of the section L1? No branches of government branches of government.	ranch or	Execut		ractor? Yes ✓ No egislative		\$	1,000.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduc		-	Date Received 09/14/2023	Aggregate contributions \$1,000.00			
Last Name		Fi	st				M.L.
		SI	ephen				
Eaton	City		*Santa Un		State	Zip Code	
Residential Street Address 331 Griffin Ave		eport			CT	06606-2	2428
Principal Occupation Developer	0.		e of Employer on Enterprises	LLC			
dependent child of a lobbyist? Mo municipality does cont municipality valued at	more than \$5,00	ess he/sho 107	is associated with	hief executive officer of a have a contract with said No	Amoui	at of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of If yes, indicate which by branches of government	ranch or		_	✓ No			\$100.00
If yes, list Event # contract is with:	W 100	Executi		gislative	-		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduct	tion Money	Order	Date Received 09/27/2023	Aggregate contributions \$100.00			
Last Name		Fir	st				M.I.
Ferrigno		R	obert				R
Residential Street Address	City		- W- W	Vi	State	Zip Code	
1000 Huntington Tpke	Bridg	eport			СТ	06610-1	246
Principal Occupation Owner		1.	eland inc	2 Mar 22			
Ves If contribution is in ex	ributor or busine	ess he/sho	te committee for a ce is associated with	hief executive officer of a have a contract with said No	Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which by branches of government contract is with	ranch or	tor or pro		actor?			\$750.00
Method of contribution	tion Money	Order	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

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Samim for Bridgeport 23 A. Total Contributions from Small Contributors Subtoal Section A Subtoal S	NAME OF COMMITTEE (Provide Complete Name as Registered with)	Filing Repo	sitory)		TYPE OF REPORT			
A. Total Centributions from Small Centributions See instructions for definition of Small Centributor)	The state of the s				October 10 filing		W	1000
Lest Name First Harry MI BoardSea State Exployer State Zip Code CT O6378-2638 Zip Code CT O6378-2638 Zip Code CT O6378-2638 Zip Code CT O6378-2638 CT O6378-2638 Zip Code C	A. Total Contributions from Small Contributors - Received this	s Përiod (DNLY	STATE OF THE PROPERTY OF THE PERSON NAMED IN				\$0.00
Residential Street Address 339 Storlington Rd State Storlington Rd Storlington State Storlington State Storlington Storlingto	B. Itemized	Contribut	ions	from Individuals				
Residential Street Address 339 Stornington Rd Name of Employer Bridgeport Boatworks Stornington Name of Employer Bridgeport Boatworks Stornington Name of Employer Bridgeport Boatworks Name of Employer Bridgeport Bridgeport Bridgeport Boatworks Name of Employer Bridgeport Bridgep	Last Name		Firs	t				MLL
Signington Rd Stonington Rd	Boardsen		Ha	rry				
Name of Employer State Agreegate contributions State Contributor a bobbysist, spouse, or dependent child of a lobbysist Personal Check Credit/Debit Card Payroll Deduction Money Order Mame of Employer State Contributor a stociated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$3,000? Yes No	Residential Street Address	City					61	
Secuributor a lobbyist, spouse, or dependent child of a lobbyist? Ves dependent child of a lobbyist pouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of contributors a lobbyist, spouse, or dependent child of contributors a lobbyist, spouse, or dependent child of a lobbyist, spouse, or Canb Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions Ves	339 Stonington Rd	Stoning	ton			CT	06378-2	2638
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 minicipality does contribution to business be/she is associated with have a contract with said minicipality does contribution associated with an event reported in Section L17	Principal Occupation				0194			
Sependent child of a lobbyist? No municipality valued at more than \$5,000? Yes No No No No No No No N	Owner		Bnd	geport Boatworks	JC - 0101 -	2000		
### Approached of Contribution:	dependent child of a lobbyist? No municipality valued at more	r or business than \$5,000?	he/she	is associated with have	a contract with said	Amou	nt of Cont	ribution
Method of contribution: Cats Mame	event reported in Section L1? Figure 1 Figure 1 Figure 2 Figure 2 Figure 3	or		_			\$	1,000.00
Stein Stein Cian Cian Cian Cian State	Method of contribution:	Money Ord	ier					
Residential Street Address 395 Eleven O Clock Rd Principal Occupation Sales Executive Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L.1? If contributor a principal of a state contractor or prospective state contractor? If sevent # Yes If contribution a state Yes	Last Name		First	Area Mar		1274		M.I.
Sales Sale	Stein		Cia	n		42 =		
Principal Occupation Sales Executive Name of Employer Harbor Yard Amphitheater	Residential Street Address	1 -			- C.A.C		1 '	700
Sales Executive Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event of the sevent 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: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O9/14/2023 \$1,000.00 Last Name England Residential Street Address S24 Saw Mill Rd Principal Occupation Executive Assistant 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 contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or prospective state contractor? Yes No Name of Employer Yes No Name of Employer Yes No Amount of Contribution or prospective state contractor? Yes No Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution is the exception of the state contractor? Yes No Contribution of Contribution is the exception of the state contractor? Yes No Contribution of Contribution is the exception of the state contractor? Yes No Contribution of Contribution is the exception of the state contractor? Yes No Contributor of Contribution is the exception of the state contractor? Contribution of the exception of the state contractor? Yes No Contribution of the exception o	395 Eleven O Clock Rd	Fairfield			3 170 2 7	CI	06824-1	728
dependent child of a lobbyist? The imministry of the period of the pe	,				eater			
State Stat	dependent child of a lobbyist?	r or business I than \$5,000?	he/she i	s associated with have	a contract with said No	Amour	nt of Conti	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/14/2023 \$1,000.00 Last Name First First M.I. England Residential Street Address 824 Saw Mill Rd Principal Occupation Executive Assistant Name of Employer Yellow Rose Inc. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? The state contractor or prospective state contractor? Aggregate contributions \$1,000.00 And I. Aggregate contributions \$1,000.00 M.I. Amount of Contributions or prospective state contractor or prospective state contractor? Amount of Contributions \$1,000.00	event reported in Section L1? If yes, indicate which branch o branches of government the	or					\$1	00.000,1
England Residential Street Address 824 Saw Mill Rd Principal Occupation Executive Assistant Name of Employer Yellow Rose Inc. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality 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 nexcess 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 Your 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 Yes Your 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 Yes Your 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 Yes Your 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 Yes Yes Yes	Method of contribution:			Date Received	Aggregate contributions			
Residential Street Address 824 Saw Mill Rd Vest Haven Name of Employer Yellow Rose Inc. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No Yes No Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Yes Yes No	Last Name		First			11.00		M.I.
Residential Street Address 824 Saw Mill Rd Vest Haven Name of Employer Yellow Rose Inc. State CT Zip Code 06516-3922 Name of Employer Yellow Rose Inc. 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 Volume of Employer Yellow Rose Inc. Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Volume of Employer Yellow Rose Inc.	England		Ran	di				
Principal Occupation Executive Assistant Name of Employer Yellow Rose Inc. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Who 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 Your No Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Your No	Residential Street Address	F.					1	922
Executive Assistant Yellow Rose Inc. 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 valued at more than \$5,000? Yes Yes Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Yes Yes Yes Yes		VVESTTI		-55		V 1	000.00	-
dependent child of a lobbyist? No municipality valued at more than \$5,000? Yes No It contributor a principal of a tests contractor or prospective state contractor?	Executive Assistant		Yello	w Rose Inc.				
Is contributor a principal of a state contractor or prospective state contractor?	dependent child of a lobbyist?	or business h han \$5,000?	ie/she is	associated with have	a contract with said No	Amoun	t of Contr	ibution
event reported in Section L1? If yes, indicate which branch or No.	event reported in Section L1?	т		_	[√]No		\$1	,000.00
If yes, list Event # contract is with: Executive Legislative	If yes, list Event # contract is with:	Ехе	cutive		tive			
Method of contribution: Cash		Money Orde	er					

\$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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Ganim for Bridgeport 23			STATISTICS SERVICES AND A SERVICE STATISTICS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS O		1000年100日 日本語の日本	SCHOOL STREET
			October 10 filing			
A. Total Contributions from Small Contributors - Receive	ed this Period	ONLY				
(See instructions for definition of Small Contributor)		Subtotal Se	ction A			\$0.0
B. Iten	nized Contribil	tions from Indivi	duals	10 Marie 17	CALCULATION OF THE PARTY OF THE	1000
Last Name	-	First				M.L
Rizio		Raymond		0. 2000		
Residential Street Address	City	- 112		State	Zip Code	
222 Willow St	South	oort		СТ	06890-	1430
Principal Occupation		Name of Employer	110			
Attorney		Russo & Rizio,	LLC			
	ntributor or business	he/she is associated wi	a chief executive officer of a th have 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 principal of yes, indicate which to branches of government contract is with:	branch or	_	ntractor? Yes VNo Legislative		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	ction Money Or	Date Receive	d Aggregate contributions			
Last Name		First	000			M.I.
Urena		Tatiana				
Residential Street Address	City	IN THEIR		State	Zip Code	
108 Stillman St, Apt 2L	Bridger	port		СТ	06608-1	1543
Principal Occupation Payroll Processor		Name of Employer City of Bridgepo	rt			0
Is contributor a lobby ist, spouse, or dependent child of a lobby ist? Yes If contribution is in examine pality does con municipality valued at	tributor or business	ndidate committee for a he/she is associated with Yes	chief executive officer of a h 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 the section L1? If yes, list Event # Is contributor a principal of the section L1? If yes, indicate which be because it with the section of government of the section L1?	oranch or		itractor?			\$50.00
Method of contribution:	tion Money Ord	Date Received	Aggregate contributions			
Last Name		First		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		MI.
Conine		Luann				
Residential Street Address	City			State	Zip Code	
63 Lobsterback Rd	Shelton			СТ	06484-5	715
Principal Occupation Superintendent of Recreation		Name of Employer City of Bridgepor	t			55
	tributor or business l		chief executive officer of a have a contract with said No	Amoun	t of Contr	ibution
Is this contribution associated with an Yes event reported in Section L1? Yes V No Is contributor a principal of If yes, indicate which by branches of government	ranch or	_	tractor? Yes Ves Ves Ves Ves		;	\$250.00
Contract is with:	tion Money Orde	Date Received	Aggregate contributions			

SUBTOTAL Section B - This Page	\$1,300.00
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	φ104,020.00

430 Brinsmayd Ave Principal Occupation Consultant 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	State CT	Zip Code 06614- t of Cont	M.I 1363
A. Total Contributions from Small Contributors - Received this Period ONLY Subtotal Section A B. Itemized Contributions from Individuals Last Name Greenfield Residential Street Address 430 Brinsmayd Ave Principal Occupation Consultant Contributor a lobbyist, spouse, or dependent child of a lobbyist? 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? Yes Who	СТ	06614-	M.I 1363
Subtotal Section A	СТ	06614-	1363
Last Name Greenfield Residential Street Address 430 Brinsmayd Ave Principal Occupation Consultant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Principal Occupation Consultant Name of Employer Leo Consulting LLC 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 Vol	СТ	06614-	1363
Greenfield Residential Street Address 430 Brinsmayd Ave Principal Occupation Consultant St contributor a lobbyist, spouse, or dependent child of a lobbyist? West and the street Address 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 Vo	СТ	06614-	1363
Residential Street Address 430 Brinsmayd Ave Stratford Name of Employer Leo Consulting LLC 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 You	СТ	06614-	1363
430 Brinsmayd Ave Principal Occupation Consultant 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	СТ	06614-	1363
Principal Occupation Consultant 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 Name of Employer Leo Consulting LLC And The 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
Consultant Leo Consulting LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves 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	Lmoun1	t of Cont	
dependent child of a lobbyist? No municipality valued at more than \$5,000? Yes No	kmoun	t of Cont	
			\$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 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: Executive Legislative			- 31
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O9/26/2023 \$100.00			
Last Name First	- Jeste		M.I.
Gaston			
Residential Silver Address	State	Zip Code	100
18 Main St	СТ	06470-2	2106
Principal Occupation Attorney Name of Employer Law Offices of James O. Gaston			
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	mount	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor? Yes If yes, indicate which branch or branches of government the			\$100.00
If yes, list Event # contract is with: Executive Legislative			
Method of contribution: Date Received O9/27/2023 Date Received O9/27/2023 Deduction Date Received O9/27/2023 Deduction O9/27/2023 Deduction Date Received O9/27/2023 Deduction O9/27/2023 Dedu			
Last Name First			MLL
Hosier John		120	
Kesticatian Suleet Address	tate	Zip Code	
1244 Capitol Ave Bridgeport CT	71	06606-5	207
Principal Occupation Nutrition Name of Employer St. Vincent's Medical Center			
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	mount	of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the Executive Legislative			\$100.00
Contract is with.			
Method of contribution: Cash Personal Check Credit/Debit Card Payroli Deduction Money Order Date Received 09/26/2023 Aggregate contributions 909/26/2023			

\$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 Registered with F	iling Repos	itorý)		TYPE OF REPORT			
Ganim for Bridgeport 23			October 10 filing				
A. Total Contributions from Small Contributors. Received the	s Period C	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	Α			\$0.00
B. Itemized	Contribut	ions f	rom Individuals				
Last Name		Firs					M.I.
Giacobbe		Rai	ph				- 98
Residential Street Address	City	1	- All Control of the		State	Zip Code	2720
7 Marsh Ct	Westpo		98 F - 405 - 97		СТ	06880-	0/30
Principal Occupation Retired		Reti	of Employer red				
	00100	ndidate	committee for a chief	executive officer of a		. 60	79 45
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of municipality does contributo 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 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 contribution is in excess of municipality does contribute to the contri	r or business	he/she	s associated with have	e a contract with said	Amour	it of Cont	ribucion
Is this contribution associated with an event reported in Section L1? Yes Yes Is contributor a principal of a state	or	or pros		[√] No			\$100.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 09/27/2023	Aggregate contributions \$100.00			
Last Name		First	100				M.I.
Frank		Bar	ту				
Residential Street Address	City				State	Zip Code	2052
549 Barr Ct	River V	-			NJ	07675-6	0052
Principal Occupation Retired	i i	Retir	of Employer ed		15-1		
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 l	ndidate he/she i	committee for a chief s associated with have Yes	executive officer of 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 sta If yes, indicate which branch of branches of government the contract is with:	or	or pros		ative No		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 09/28/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Burks		Kei	sha	9			
Residential Street Address	City Bridgep	ort			State CT	Zip Code 06606-3	074
677 Sylvan Ave, Apt 109 Principal Occupation			of Employer			-	
Admin		100	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	r or business l than \$5,000?	ne/she i	s associated with have	a contract with said	Amoun	t of Conti	ibution
Is this contribution associated with an Yes Is contributor a principal of a sta		or pros	pective state contracto	r? ☐ Yes			\$25.00
event reported in Section L1? [Pres. indicate which branch or branches of government the Executive Legislative							
Method of contribution: Wethod of contribution: Credit/Debit Card Payroll Deduction Payroll Deduc	Money Orde	er	Date Received 09/26/2023	Aggregate contributions \$25.00	5		

\$1,125.00	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 COMMITTHE (Provide Complete Name as Registered with Filing Repository)						
Ganim for Bridgeport 23				17000000		
A. Total Contributions from Small Contributors Received thi	is Period O	NLY				
See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
B, Itemized	Contribution	ons from Individual	s estate de la constant de la const			
Last Name		First				M.I.
Benson		Matthew				L.,
Residential Street Address 24 Regency St		ort		State CT	Zip Code 06610-1	308
Principal Occupation Driver		Name of Employer Marle Kalminidis				
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 he			Amoui	nt of Conti	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						\$100.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	Date Received 09/27/2023	Aggregate contributions \$100.00			

\$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)
\$104,020.00	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	Self-Market Self-Self-Self-Self-Self-Self-Self-Self-	
Ganim for Bridgeport 23					To be desired to the second	October 10 filing	
		C1. Cc	ntribut	ions from Othe	r Committees		
Name of Committee Committee To Elect Democrats			₩ 7	Name of	Treasurer ne Gallant		
Address 27 Tunxis Hill Rd				ontribution associate I in Section L1?	d with an event If yes, list Eve	Yes ✓No	Amount of Contribution
City Fairfield	State CT	Zip Cod 06825	144014			Contributions \$500.00	\$500.00
Name of Committee Rovette PAC				Name of Robert	Treasurer Ficeto		
Address 13 Diamond Rock Rd			Is this contribution associated with an event reported in Section L1? If yes, list Event #			Yes No	Amount of Contribution
City Wolcott	State CT	Zip Code 06716~		Date Received 09/27/2023	Aggregate C	Contributions \$1,000.00	\$1,000.00

SUBTOTAL Section C1 - This Page	\$1,500.00
TOTAL of Section C1 Pages	\$1,500.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page	\$1,500.00

I. MONETARY RECEIPTS (Sections A	-K)	Page	74	of	112
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF I	REPORT			
Ganim for Bridgeport 23	October 1	0 filing			
Summary of Other Monetary Receipts (Sections D-K)	A Light see				
Total Loans Received this Period (Section D)					\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+				\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+				\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

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II. EVENT ACTIVITY (Sections L1-L5)

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NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repository)	TYPE OF REP	ORT	
Ganim for Bridgeport 23		October 10 filing		COLOR DE LA COLOR
L1. Event In	formation			
Event # Description Date of Event Letter 09/10/2023 a Speech Event				Was this a fundraising event?
Location: Street Address 548 Central Ave	City Bridgeport		State CT	Zip Code 06607-1713
Subpart 1: (All Committees) Was this event hosted at a personal residence?		s Associated with a nation for any purcl	ı House Pai	not Considered rty and complete by host(s) for food,
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		ection L4 In-Kind and complete requ		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	□ Yes (<i>If yes</i> , enter T	otal Receipts here.)	
Subpart 2: (Party Committees, Municipal Candidates and Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Se	r than Explorator ection L3 Purchase tor on a Sign and o	s of Adver	tising Space in a
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	☐ Yes (If yes, enter To	otal Receipts here.)		

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

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Film	g Repository)	TYPE OF REPORT		No.
Ganim for Bridgepo	rt 23		October 10 filing		
	P. Expen	ses Paid by Comm	ittee		
Name of Payee Park City Consultin	ng LLC		Date of Payment 09/30/2023	☑ Che	of Payment * # 1023 it Card EFT
Street Address 1705 Capitol Ave		City Bridgeport		State CT	Zip Code 06604-1525
Purpose of Expenditure (by code) PRNT	Description Cost for Printing & Mail		Event #	V	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required is None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	or committee) Indepe			\$11,060.00
Name of Payee M & T Bank			Date of Payment 09/11/2023	Method of Check	
Street Address 1728 Park Ave		City Bridgeport		State CT	Zip Code 06604-2520
Purpose of Expenditure (by code) BNK	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Independent	ndeat		\$17.00
Name of Payee Panda Chinese Res	taurant	de la company	Date of Payment 09/11/2023	Method of Check	
Street Address 983 Main St		City Bridgeport	540000403-0	State CT	Zip Code 06604-4268
Purpose of Expenditure (by code) FOOD	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent		\$172.67
Name of Payee George Jordan			Date of Payment 09/22/2023	Method of Check Debit	# <u>1010</u>
Street Address 66 Poplar St, #1		City Bridgeport		State CT	Zip Code 06605-1973
Purpose of Expenditure by code) CNSLT	Description		Event #		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required unl None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contril	committee) Independ	lent		\$100.00

SUBTOTAL Section P - This Page	\$11,349.67
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	23			October 10 filing		
	P. Expens	es Paid by Commi	ttee			
Name of Payee NGP Van				Date of Payment 09/22/2023	Method of Check	
Street Address 1101 15th St NW, S	ste 500	City Washington		333	State DC	Zip Code 20005-5006
Purpose of Expenditure (by code) OVHD	Description		Even	LN		Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D						\$121.20
Name of Payee CVS Pharmacy				Date of Payment 09/12/2023	Method o	Card EFT
Street Address 1 Hawley Ln		City Stratford	-		State CT	Zip Code 06614-1200
Purpose of Expenditure (by code) OFFICE	Description		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	ked)		\$169,80
Name of Payee CVS Pharmacy				Date of Payment 09/12/2023	Method o Check	
Street Address 3710 Main St		City Bridgeport			State CT	Zip Code 06606-3613
Purpose of Expenditure (by code) OFFICE	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous)	committee) Indeper	adent	hed)		\$169.80
Name of Payee Crown Cafe				Date of Payment 09/12/2023	Method o Check	Card EFT
Street Address		City Bridgeport			State CT	Zip Code 06606-3237
2200 Madison Ave Purpose of Expenditure (by code) FOOD	Description		Event	#		Amount
Expenditure (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	ked)		\$202.26

\$663.06	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTE	BE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT		
Ganim for Bridgeport 23 October 10 filing							
B. C.	P. Expens	ses Paid by	Commi	ttee			
Name of Payee Park City Consulting	J LLC				Date of Payment 09/22/2023		of Payment k # 1014 t Card EFT
Street Address 1705 Capitol Ave	Bridgeport		State CT	Zip Code 06604-1525			
Purpose of Expenditure (by code) CNSLT	Description	1		Even	t#		Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D						\$3,000.00	
Name of Payee Elizabeth E Monks					Date of Payment 09/22/2023		of Payment c # 1016 Card EFT
Street Address 200 Holland Rd		City Bridgepo	ort	A		State CT	Zip Code 06610-1041
Purpose of Expenditure (by code) CNSLT	Description		AN A	Event	#	l	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind comb	r committee) re)	the below' Indepen Organiz	ident	ked) □A □B □C □D		\$440.00
Name of Payee Robert George			y de la companya de l		Date of Payment 09/22/2023	Method o	
Street Address 329 High Ridge Dr		City Bridgepo	rt			State CT	Zip Code 06606-4966
Purpose of Expenditure (by code) CNSLT	Description			Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re)	the below" Indepen Organiz	dent	med)		\$600.00
Name of Payee Lisa B Anderson		•			Date of Payment 09/22/2023	Method of Check	# <u>1015</u>
Street Address		City Bridgepo	rt			State CT	Zip Code 06606-3931
329 Saunders Ave Purpose of Expenditure (by code) CNSLT	Description			Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	committee)	the below" Independ	dent .	ed)		\$800.00

\$4,840.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Revised January 2015	IV. EXPENDI	TURES (Section	ns P-T)	Pag	e 79	of 1	12
NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing	g Repository)	TYPE OF	REPORT	and a		
Ganim for Bridgeport	123	60	October	10 filing			
	P. Expens	es Paid by Comm	ittee	49.2545			
Name of Payer Voice Broadcasting			Date of Paymen 09/13/2023	t	Method of ☐ Check ✓ Debit		_
Street Address		City Arlington			State TX	Zip Code 76010-410)5
1527 S Cooper St	7,82 0.03		I Proved H				
Purpose of Expenditure (by code) OVHD	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required is None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind compared to the continuated without reimbursement)	or committee) Indepe	endent]c		\$450	.00
Name of Payee In The City			Date of Payment 09/13/2023		Method of Check		-
Street Address 196 Fairfield Ave		City Bridgeport	<u>.</u>		State CT	Zip Code 06604-420	5
Purpose of Expenditure (by code) FOOD	Description		Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent]c 🗆 Þ		\$495.	.05
Name of Payee M & T Bank		A	Date of Payment 09/14/2023		Method of Check		
Street Address	4.77.19	City Bridgeport		2.7	State CT	Zip Code 06604-252	0
1728 Park Ave	eg dilem W		I P #				
Purpose of Expenditure (by code) BNK	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	re) Independent	ndent	c		\$133. 	27
Name of Payer Verizon Wireless			Date of Payment 09/04/2023		Method of Check	#	
Street Address 1201 Kings Hwy		City Fairfield			State CT	Zip Code 06824-5319	9
Purpose of Expenditure	Description		Event#		700	Amount	202

SUBTOTAL Section P - This Page	\$1,587.42
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

Organization: A B C D

\$509.10

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

| None of the below (does not involve another candidate or committee)
| Coordinated with reimbursement sought (joint expenditure)

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

Expenditure # (if applicable)

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NAME OF COMMIT	TEE (Providé Complete Name as Registered with Film	ng Repository)	TYPE OF REPORT	7	
Ganim for Bridgepo	ort 23		October 10 filing		No. of the least o
	P. Expeñ	ses Paid by Comin	ittee		
Name of Payee Margaret Joyce	·		Date of Payment 09/15/2023	✓ Che	of Payment ck # 1498 it CardEFT
Street Address 819 Connecticut A	ve	City Bridgeport	.got	State	Zip Code 06607-1128
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con	or committee) Indepo	•		\$1,000.00
Name of Payee Silvia Ramos		N	Date of Payment 09/15/2023	Chec	of Payment k# 1499 t Card EFT
Street Address 1845 Central Ave		City Bridgeport	-V.	State CT	Zip Code 06610-2720
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control of the control	r committee) Indepe	ndeat		\$1,000.00
Name of Payee Maria Garcia			Date of Payment 09/15/2023	Method of Check	f Payment # 1017 Card EFT
Street Address 55 Kossuth St		City Bridgeport		State CT	Zip Code 06608-2704
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent		\$125.00
Name of Payee Terrell Brantley			Date of Payment 09/15/2023	Method of Check	#_1021
Street Address 555 Union Ave		City Bridgeport		State CT	Zip Code 06607-1138
Purpose of Expenditure by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent		\$140.00

SUBTOTAL Section P - This Page	\$2,265.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMITT	BB (Provide Complete Name as Registered with Film	g Repository)	TYPE OF REPORT	12,623	
Ganim for Bridgepor	rt 23		October 10 filing		
	P. Expen	ses Paid by Comm	nittee		
Name of Payee Ethel Gray			Date of Payment 09/15/2023	Che	of Payment ck # 1020 it CardEFT
Street Address 480 FERRY St		City Bridgeport		State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	or committee) Indepe			\$140.00
Name of Payee Americo Santiago			Date of Payment 09/15/2023	Chec	of Payment k# 1012 t Card EFT
Street Address 135 Lee Ave		City Bridgeport		State CT	Zip Code 06605-1561
Purpose of Expenditure (by code) CNSLT	Description	1	Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndeat		\$1,500.00
Name of Payee Tabitha McNeil		n_i	Date of Payment 09/15/2023		f Payment t # 1300 Card EFT
Street Address 270 Norland Ave, FJ	1	City Bridgeport		State CT	Zip Code 06606-2818
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent		\$200.00
Name of Payee Shakia Askew			Date of Payment 09/15/2023	Method of Check	# 1378
Street Address 138 Connecticut Ave		City Bridgeport		State CT	Zip Code 06607-1089
Purpose of Expenditure by code) CNSLT	Description		Event #		Amount
expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent		\$200.00

\$2,040.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMIT	TEE (Provide Complete Name as Régiste ed with Fili	ng Repository)	TYPE OF REPORT	r	
Ganim for Bridgepo	ort 23		October 10 filing		
	P. Expe	nses Paid by Comm	ittee		
Name of Payee Rinnie Pettway			Date of Payment 09/15/2023	☑ Che	of Payment ck # 1375 sit Card EFT
Street Address 114 Elizabeth St		City Bridgeport		State CT	Zip Code 06610-3219
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind co	or committee) Indepe	•		\$210.00
Name of Payee Brooke Spellman			Date of Payment 09/15/2023	Chec	of Payment ik # 1374 t Card EFT
Street Address 141 Shelton St		City Bridgeport		State CT	Zip Code 06608-1521
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind continuated with reimbursement sought (in-kind c	or committee) Independent	adeat		\$210.00
Name of Payee Nathaniel Britton			Date of Payment 09/15/2023	Method of Check	fPayment k # 1434 Card EFT
Street Address 1205 Park Ave		City Bridgeport		State CT	Zip Code 06604-3411
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	deat		\$230.00
Name of Payee Emma Garner			Date of Payment 09/15/2023	Method of Check	# 1435
Street Address		City Bridgeport		State CT	Zip Code 06605-1542
Purpose of Expenditure by code) CNSLT	Description		Event#		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Independ	lent		\$240.00

\$890.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITT	personal to the analysis of the second of th	ig Repository)	TYPE OF REPOR	T Market	
Ganim for Bridgepo			October 10 filing		
	P. Expen	ses Paid by Comm	ittee		
Name of Payes Kelvin Oliver	- 2000		Date of Payment 09/15/2023	[] Che	of Payment ck # 1436 oit CardEFT
Street Address 789 Park Ave		City Bridgeport		State CT	Zip Code 06604-4649
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) Indepe	endent		\$240.00
Name of Payee Latefiah T Moore		100,000,000	Date of Payment 09/15/2023	✓ Chec	of Payment k # 1437 t Card EFT
Street Address 68 Highland Ave		City Bridgeport		State CT	Zip Code 06604-3512
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) re) Indeper	adent		\$250.00
Name of Payee Maria Melendez			Date of Payment 09/15/2023	Method of Check	of Payment k # 1438 Card EFT
Street Address 655 Palisade Ave, A	pt B13	City Bridgeport		State CT	Zip Code 06610-3462
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent		\$260.00
Name of Payee Fommika Leak			Date of Payment 09/15/2023	Method of Check	# 280
Street Address 19 Victory Dr		City New Haven		State CT	Zip Code 06515-1227
Purpose of Expenditure by code) CNSLT	Description		Event #		Amount
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un. None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee) Independ	lent		\$280.00

SUBTOTAL Section P - This Page	\$1,030.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

	EE (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPO	and display to locality		
Ganim for Bridgepo	t 23		October 10 filir	g		
	P. Expen	ses Paid by Comm	iittee			
Name of Payee Arnold Whitaker			Date of Payment 09/15/2023	Chec	of Payment & # 1439 it Card EFT	
Street Address 243 Sylvan St		City Bridgeport		State CT	Zip Code 06606-2564	
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	or committee) Indep	50]p	\$280.00	
Name of Payee Sandra Lemon			Date of Payment 09/15/2023		of Payment k # 1446 t Card EFT	
Street Address 246 Berkshire Ave		City Bridgeport	141	State CT	Zip Code 06608-1413	
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required)		y" is checked)		\$280.00	
(if applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con	re) Indepe	endent ization: A B C]0		
(if applicable) Name of Payee Ralsteeni Hall	Coordinated with reimbursement sought (joint expenditu	re) Indepe		Method o	f Payment 4 1445 Card EFT	
Name of Payee Ralsteeni Hall Street Address	Coordinated with reimbursement sought (joint expenditu	re) Indepe	Date of Payment	Method o	¢# <u>1445</u>	
Name of Payee	Coordinated with reimbursement sought (joint expenditu	re) Indeperior Indeper	Date of Payment	Method o	# 1445 Card	
Name of Payee Ralsteeni Hall Street Address 34 Richardson St Purpose of Expenditure (by code) CNSLT Expenditure #	Coordinated with reimbursement sought (joint expenditu	City Bridgeport committee) Independent of the below recommittee) Crean	Date of Payment 09/15/2023 Event #	Method o Check Debit State CT	Card EFT Zip Code 06610-1637 Amount \$280.00	
Name of Payee Ralsteeni Hall Street Address 34 Richardson St Purpose of Expenditure	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure)	City Bridgeport committee) Independent of the below recommittee) Crean	Date of Payment 09/15/2023 Event #	Method o	# 1445 Card	
Name of Payee Ralsteeni Hall Street Address 34 Richardson St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure)	City Bridgeport committee) Independent of the below recommittee) Crean	Date of Payment O9/15/2023 Event # "is checked) Indent Date of Payment Date of Payment	Method o	# 1445 Card	
Name of Payee Ralsteeni Hall Street Address 34 Richardson St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Michael Hall Street Address	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure)	City Bridgeport City Bridgeport City Bridgeport Committee) Committee Committee Committee Committee Committee Committee Committee City	Date of Payment O9/15/2023 Event # "is checked) Indent Date of Payment Date of Payment	Method of Check	# 1445 Card	

\$1,120.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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	TEE (Provide Complete Name as Registered with Filin	ig Repository)		TYPE OF REPOR	T	
Ganim for Bridgepo	rt 23	AND		October 10 filing		
CONTROL PORTED	P. Expen	ses Päid bỹ Comi	mittee			
Name of Payee Rashien Leak			Date of Payment 09/15/2023	Method of Payment Check # 1444 Debit Card EFT		
Street Address 350 Success Ave		City Bridgeport			State CT	Zip Code 06610-2440
Purpose of Expenditure (by code) CNSLT	e of Expenditure Description Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con	or committee) Indep	pendent)]a		\$280.00
Name of Payee Ligia Alverado			- 1	Date of Payment 09/15/2023	Che	of Payment ock # 1442 oit Card EFT
Street Address 90 Garfield Ave		City Bridgeport	The state of the s		State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate o		w" is checked,			\$280.00
(4 444	Coordinated with reimbursement sought (joint expenditured continuated without reimbursement sought (in-kind continuated without reimbursement sought (in-kind continuated without reimbursement sought)	re) Indepo	127.5	A B C D		
Name of Payee	Coordinated with reimbursement sought (joint expenditu	re) Indepo	nization.	A B C D Date of Payment 09/15/2023	Method Chec	of Payment &# 1441 t CardEFT</td></tr><tr><td>Name of Payee Kever Epps Street Address</td><td>Coordinated with reimbursement sought (joint expenditu</td><td>re) Indepo</td><td>nization.</td><td>Date of Payment</td><td>Method Chec</td><td>* # 1441</td></tr><tr><td>Name of Payee Kever Epps Street Address 264 Prince St, #2 Purpose of Expenditure (by code) CNSLT</td><td>Coordinated with reimbursement sought (joint expenditu</td><td>re) Indepering Organ</td><td>nization.</td><td>Date of Payment</td><td>Method Chec</td><td>t Card EFT Zip Code</td></tr><tr><td>Name of Payee Kever Epps Street Address 264 Prince St, #2 Purpose of Expenditure (by code) CNSLT Expenditure #</td><td>Coordinated with reimbursement sought (joint expenditu</td><td>City Bridgeport City Bridgeport Indepert In</td><td>Event #</td><td>Date of Payment</td><td>Method Chec</td><td>t Card EFT Zip Code 06610-2951</td></tr><tr><td>Name of Payee Kever Epps Street Address 264 Prince St, #2 Purpose of Expenditure</td><td>Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind continuous Coordinated without reimbursement sought (in-kind continuous Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure)</td><td>City Bridgeport City Bridgeport Indepert In</td><td>Event # "is checked) endent ization.</td><td>Date of Payment 19/15/2023</td><td>Method of Method of Method</td><td>2ip Code 06610-2951 Amount \$280.00</td></tr><tr><td>Name of Payee Kever Epps Street Address 264 Prince St, # 2 Purpose of Expenditure by code) CNSLT Expenditure # (if applicable)</td><td>Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind continuous Coordinated without reimbursement sought (in-kind continuous Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure)</td><td>City Bridgeport City Bridgeport Indepert In</td><td>Event # "is checked) endent ization.</td><td>A B C D</td><td>Method of Check</td><td>2ip Code 06610-2951 Amount \$280.00</td></tr><tr><td>Name of Payee Kever Epps Street Address 264 Prince St, # 2 Purpose of Expenditure by code) CNSLT Expenditure # if applicable) Name of Payee Gwendolyn Leak</td><td>Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind continuous Coordinated without reimbursement sought (in-kind continuous Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure)</td><td>City Bridgeport City Bridgeport Indepering the below committee City City City Committee City Committee Committee City City City</td><td>Event # "is checked) endent ization.</td><td>A B C D</td><td>Method of Check</td><td># # 1441 It Card</td></tr></tbody></table>

SUBTOTAL Section P - This Page	\$1,120.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

NAME OF COMMITT	EE (Provide Complete Name as Registered with Fili	ng Repository)	T	PE OF REPORT		
Ganim for Bridgepor	rt 23		O	ctober 10 filing		
	P. Exper	ases Paid by Como	nittee		经验证金	
Name of Payee Sarah Lewis			- 1	f Payment 5/2023	Che	of Payment ck # 1019 it CardEFT
Street Address 355 Remington St	S. (4)	City Bridgeport			State CT	Zip Code 06610-2212
Purpose of Expenditure (by code) CNSLT	pose of Expenditure Description Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit	or committee) Indep	w" is checked) endent nization: A]в		\$300.00
Name of Payee Francisca Laguerre			Date of 09/15	Payment /2023		of Payment k # 1449 Card EFT
Street Address 9 Hawkins Rd		City Ansonia	11		State CT	Zip Code 06401-1003
Purpose of Expenditure (by code) CNSLT	Description	-	Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	or committee) Indepe	endent]B	.E.	\$300.00
Name of Payee Doris Candelario	, view and the second s		Date of 1			f Payment # 1448 CardEFT
Street Address 487 Hallett St		City Bridgeport			State CT	Zip Code 06608-2030
Purpose of Expenditure (by code) CNTRB	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind control of the cont	r committee) Independent	ndent	в С Б		\$300.00
Name of Payee Alvin Manuel			Date of F 09/15/2	·	Method of Check	#_1450
Street Address		City Bridgeport	41		State CT	Zip Code 06607-1504
73 Alanson Rd Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control of the control o	re) Indepen	dent	в СС Д		\$320.00

SÚBTOTAL Section P - This Page	\$1,220.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	g Repository)	TYPE OF REPO	RT	
Ganim for Bridgepor	t 23		October 10 fili	ng	
	P. Expens	es Paid by Comm	riffee		
Name of Payee Shaquille Johnson			Date of Payment 09/15/2023	☑ Choo	of Payment k # 1451 t Card EFT
Street Address 175 Washington Av	ve	City Bridgeport		State CT	Zip Code 06604-3812
Purpose of Expenditure (by code) CNSLT	Description Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind con	r committee) Indep]p	\$320.00
Name of Payee Yasmin Scott			Date of Payment 09/15/2023		of Payment k # 1452 t Card EFT
Street Address 256 High Ridge Dr		City Bridgeport		State CT	Zip Code 06606-4914
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	re) Indepe]p	\$320.00
Name of Payee The Digital Chamele	oon LLC		Date of Payment 09/05/2023		of Payment s # 1299 Card EFT
Street Address		City Bridgeport		State CT	Zip Code 06606-5035
55 Hawley Ave Purpose of Expenditure (by code) PRNT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	e) Indepe	ndent]p	\$356.22
Name of Payer Troy Shipp			Date of Payment 09/15/2023	Method of ✓ Check Debit	-
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) CNSLT	Description	i i i i i i i i i i i i i i i i i i i	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	ndent]p	\$360.00

SUBTOTAL Section P - This Page	\$1,356.22	
TOTAL of Section P Pages	\$88,102.20	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20	

NAME OF COMMITTE	BE (Provide Complete Name as Registered with Filtr	ig Repository)		TYPE OF REPORT		
Ganim for Bridgepor	t 23			October 10 filing	2	
	P. Expen	ses Paid by Comi	äittee			
Name of Payee Dorca Hernandez				Date of Payment 09/15/2023	✓ Chec	of Payment # # 1454 t Card EFT
Street Address 1928 Seaview Ave		City Bridgeport			State CT	Zip Code 06610-2732
Purpose of Expenditure (by code) CNSLT	Description		Eve	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	or committee) Indep	w" is che endent nization:			\$380.00
Name of Payee Nilda Rodriguez			-0.7	Date of Payment 09/15/2023		of Payment k# 1455 Card EFT
Street Address 48 Amsterdam Ave		City Bridgeport	, (I	2018	State CT	Zip Code 06606-4549
Purpose of Expenditure (by code) CNSLT	Description		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	r committee) Indep		cked)		\$380.00
Name of Payee Kernuel Pierre-Louis				Date of Payment 09/15/2023	Method o ✓ Check Debit	f Payment # 1456 Card EFT
Street Address 439 Birmingham St		City Bridgeport			State CT	Zip Code 06606-3423
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	r committee) Indepe		cked)		\$400.00
Name of Payee Jeanette Watson		33 112 - 23		Date of Payment 09/15/2023	Method of Check	# 1457
Street Address 55 Shell St, Apt 613		City Bridgeport			State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description		Event	ü		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the con	committee) Indepe	ndent	ked)		\$420.00

\$1,580.00	SUBTOTAL Section P - This Page	
\$88,102.20	TOTAL of Section P Pages	是为是是国际政策的 ,是是国际政策
\$88,102.20	TEE (Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filip	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	1 23			October 10 filing		
	P. Expens	ses Paid by Comm	ittee			
Name of Payee Laura Giacobbe			Method of Payment ✓ Check # 1458 Debit Card EFT			
Street Address 34 Louisiana Ave		City Bridgeport			State CT	Zip Code 06610-1540
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a V None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control of the coordinated with reimbursement sought).	r committee) Indepe	v" is che endent ization	cked)		\$440.00
Name of Payee Tamika Rudd		×		Date of Payment 09/15/2023	Chec	of Payment k # 1459 t Card
Street Address 58 Waterman St		City Bridgeport	N.		State CT	Zip Code 06607-1538
Purpose of Expenditure (by code) CNSLT	Description		Even	1.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continued)	r committee) Indepe		cked)		\$440.00
Name of Pavee Tania Whitley				Date of Payment 09/15/2023	Chec	of Payment k # 1460 Card EFT
Street Address 1372 Kossuth St		City Bridgeport			State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepe	ndent	ked)		\$440.00
Name of Payee Debbie Bowens				Date of Payment 09/15/2023		f Payment 1461 Card EFT
Street Address	.0	City Bridgeport			State CT	Zip Code 06604-3028
64 Rosedale St, # B- Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contra	e) Independent	ndent	ked)		\$480.00

\$1,800.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT		
Ganim for Bridgepo	rt 23		n 55 182.00	October 10 filing		
	P. Expen	ses Paid by	Commit	ee		
Name of Payee Steve Weaver				Date of Payment 09/15/2023	Chec	of Payment k # 1462 t Card EFT
Street Address 76 Red Oak Rd		City Bridgepo	rt		State CT	Zip Code 06606-1429
Purpose of Expenditure (by code) CNSLT	Description			Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con	or committee)	the below" i	ent .		\$480.00
Name of Payee Diego Felipe				Date of Payment 09/15/2023		of Payment k # 1011 Card EFT
Street Address 69 Ellsworth St		City Bridgepor	t		State CT	Zip Code 06605-3167
Purpose of Expenditure (by code) CNSLT	Description			Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind company)	r committee)	the below" is Independent Organizat	aut .		\$500.00
Name of Payee William Barnum				Date of Payment 09/15/2023		f Payment # 1465 Card EFT
Street Address 248 4th St		City Bridgepor	t .		State CT	Zip Code 06607-1033
Purpose of Expenditure (by code) CNSLT	Description		1	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemstation in Addendum P Required used of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continued).	re)	he below" is Independe Organizati	at C C C		\$520.00
Name of Payee Margaret Kelly				Date of Payment 09/15/2023	Method of Check	# 1464
Street Address 340 Trumbull Ave, A	vot E	City Bridgeport			State CT	Zip Code 06606-2457
Purpose of Expenditure (by code) CNSLT	Description		E	ivent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee)	e below" is Independent Organizati	.		\$520.00

\$2,020.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with F	iling Repository)		TYPE OF REPOR	Table	
Ganim for Bridgepo	rt 23			October 10 filing		
	P. Exp	enses Paid by Com	mittee			
Name of Payee Jonathan Macley				Date of Payment 09/15/2023		d of Payment eck # 1463 bit Card EFT
Street Address 655 Park Ave		City Bridgeport			State CT	Zip Code 06604-4634
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expension). Coordinated without reimbursement sought (in-kind	ate or committee) Inde	low" is checked, ependent anization:) A		\$520.00
Name of Payee Jose Melendez				Pate of Payment 09/15/2023	Che	of Payment ck # 1466 it Card EFT
Street Address 392 Prospect St		City Bridgeport	7.		State CT	Zip Code 06604-4625
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candidat Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind of Coordinated with reimbursement sought (in-kind	te or committee) Indep	pendent	A		\$530.00
Name of Payee Beverly Bowens			11	ate of Payment 9/15/2023	Chec	of Payment k # 1467 t Card EFT
Street Address		City Bridgeport			State	Zip Code 06604-3028
O4 Rosedale St Purpose of Expenditure by code) CNSLT	Description		Event #			Amount
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	or committee) Indepo	w" is checked) endent nization:	л □в □с □р		\$540.00
Tame of Payee Beverly Bowens			- 1	te of Payment 0/15/2023		f Payment 4 1467 Card EFT
treet Address 4 Rosedale St		City Bridgeport	2 107102		State CT	Zip Code 06604-3028
urpose of Expenditure by code) CNSLT	Description		Event #	32-921) 191-		Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	or committee) Indepe	endent	_B _C _D		\$540.00

SUBTOTAL Section P - This	Page \$2,13
TOTAL of Section P F	Pages \$88,10
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page To	otals) \$88,10

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fili	ng Repository)	TYPE OF REPOR	r .	
Ganim for Bridgepo	rt 23		October 10 filing		
	P. Expen	ses Paid by Comn	rittee		
Name of Payee Alveta Taylor			Date of Payment 09/15/2023		of Payment ck # 1468 nit Card EFT
Street Address 511 Pembroke St		City Bridgeport		State CT	Zip Code 06608-2606
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	or committee) Indep	•		\$590.00
Name of Payee Lawerence Houston	1		Date of Payment 09/15/2023	Chec	of Payment ck # 1474 t Card EFT
Street Address 210 Washington Av	e. Apt 322	City Bridgeport		State CT	Zip Code 06604-3817
Purpose of Expenditure (by code) CNSLT	Description	1	Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind com	r committee) Indepe			\$600.00
Name of Payee Deborah Camp	-74		Date of Payment 09/15/2023	Checi	of Payment k# 1472 Card EFT
Street Address 66 Elmwood Ave		City Bridgeport		State CT	Zip Code 06605-1401
Purpose of Expenditure (by code) CNSLT	Description		Event #	3-20	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent		\$600.00
Name of Payee Francisco Pinerio	•		Date of Payment 09/15/2023	Method o	
Street Address 291 Nichols St		City Bridgeport		State CT	Zip Code 06608-2708
Purpose of Expenditure by code) CNSLT	Description		Event #		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	committee) Indepen	dent		\$600.00

\$2,390.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with File	ing Repository)	TYPE OF REPOR	T	4
Ganim for Bridgepo	ort 23		October 10 filing	l	THE STREET STREET, STR
	P. Expe	nses Paid by Comn	nittee		
Name of Payee David Kiefer			Date of Payment 09/15/2023	[√] Che	of Payment ck # 1471 it CardEFT
Street Address 655 Park St		City Bridgeport		State CT	Zip Code 06608-1113
Purpose of Expenditure (by code) CNSLT	Description	22	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	or committee) Indep	w is checked) endent ization: A B C 1		\$600.00
Name of Payee Christina Jimenez			Date of Payment 09/15/2023	Method Chec	of Payment k # 1470 t Card EFT
Street Address 291 Nichols St		City Bridgeport	d.	State CT	Zip Code 06608-2708
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con	or committee) Indepe	ndent		\$600.00
Name of Payee William Hernandez			Date of Payment 09/15/2023	Method o	f Payment # 1475 Card EFT
Street Address 30 Stevens St		City Bridgeport		State CT	Zip Code 06606-4362
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind continue)	r committee) Indepen	dent		\$600.00
Name of Payee Theresa Alhers			Date of Payment 09/15/2023	Method of Check	# 1469
Greet Address	=35.0	City Bridgeport		State CT	Zip Code 06607-2305
hupose of Expenditure by code) CNSLT	Description		Event #		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Independ	dent		\$600.00

SUBTOTAL Section P - This Page	\$2,400.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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Revised Issue	ry 2014

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fi	ling Repository)		TYPE OF REPORT		
Ganim for Bridgepo	ort 23		500FCUII -	October 10 filing		
	P, Expe	nses Paid by Cor	nmittee			
Name of Payee Kevin Leon				Date of Payment 09/15/2023	_ \sqr	d of Payment eck # 1477 bit Card EFT
Street Address 224 Seaview Ave		City Bridgeport			State CT	Zip Code 06607-2449
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	e or committee) Inc	elow" is check dependent ganization: [ed)		\$640.00
Name of Payee Yoloundito Diaz				Date of Payment 09/15/2023	Che	of Payment ck # 1477 it CardEFT
Street Address 194 Arctic St		City Bridgeport	2.		State CT	Zip Code 06608-1828
Purpose of Expenditure (by code) CNSLT	Description		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	or committee) Inde	ependent	d)]a		\$640.00
Name of Payee Elsie Mercado				Date of Payment 09/15/2023	Chec	of Payment k # 1478 t Card EFT
Street Address 269 Barnum Ave, A	nt 2B	City Bridgeport			State CT	Zip Code 06608-2261
hurpose of Expenditure by code) CNSLT	Description		Event #			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con	or committee)	ow" is checked pendent anization:)]A		\$660.00
ame of Payee Rirella Villacres			1	Date of Payment 09/15/2023		f Payment # 1479 Card EFT
reet Address O Garfield Ave		City Bridgeport		20 00.00.	State CT	Zip Code 06606-5267
urpose of Expenditure y code) CNSLT	Description	1	Event#		ý G	Amount
genditure # 'applicable')	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind cont	r committee) [Indep	endent	A B C D		\$660.00

\$2,600.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	(Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITT	BE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	rt 23			October 10 filing		
	P. Expen	ses Paid by Comm	uttee			
Name of Payee Samaris Rose				Date of Payment 09/15/2023	Cho	of Payment ck # 1481 it CardEFT
Street Address 67 Cottage St	Mis - 83 - 1 232,000	City Bridgeport			State CT	Zip Code 06605-1206
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continue)	or committee) Indepo		ked)		\$680.00
Name of Payee Susana Franco		(F		Date of Payment 09/15/2023	Method of Chec	of Payment k # 1485 t Card
Street Address 98 Lakeview Ave	in	City Bridgeport	W.,		State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) re) Indepe	ndent	ted)		\$690.00
Name of Payee Jazmine Inoa		A P		Date of Payment 09/15/2023	Method o	of Payment of # 1482 Card EFT
Street Address 115 Holly St		City Bridgeport			State CT	Zip Code 06607-1036
Purpose of Expenditure (by code) CNSLT	Description		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Independent	ndent	ed)		\$690.00
Name of Payee Sofia Franco				Date of Payment 09/15/2023	Method of Check	# 1484
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contrast)	committee) Indepen	ıdent	ad)		\$690.00

SUBTOTAL Section P - This Page	\$2,750.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMITT	TEB (Provide Complete Name as Registered with Fil	ling Repository)	TYPE OF REP	ORT	
Ganim for Bridgepo	rt 23		October 10 fil	ing	
	P. Expe	nses Paid by Comn	iittee		
Name of Payee Shellay Ebron			Date of Payment 09/15/2023	<u> </u>	d of Payment eck # 1483 bit Card EFT
Street Address 285 Maplewood Av		City Bridgeport		State CT	Zip Code 06605-1334
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind or	e or committee)	,	⊒Þ	\$690.00
Name of Payee Elaine Govia			Date of Payment 09/15/2023	Che	of Payment ck # 1486 it Card EFT
Street Address 54 Manhattan Ave		City Bridgeport	- A	State CT	Zip Code 06606-4672
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	or committee) Indepe	ndent]p	\$693.00
Name of Pavee Jose Valentin			Date of Payment 09/15/2023	Method Chec	of Payment k # 1488 t CardEFT
Street Address 575 Maple St		City Bridgeport		State CT	Zip Code 06608-2036
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con	or committee) Indepen	dent]p	\$700.00
Name of Payee Crystal Edwards			Check	Method of Payment Check # 1487 Debit Card EFT	
treet Address O Yaremich Dr. Apt	12	City Bridgeport		State CT	Zip Code 06606-2584
urpose of Expenditure by code) CNSLT	Description		Event#		Amount
xpenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required u V None of the below (does not involve another candidate or		- 83		\$700.00

SUBTOTAL Section P - This Page	\$2,783.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	ng Repository)	TYPE OF REPORT		
Ganim for Bridgepor	t 23		October 10 filing		
	P. Expen	ses Paid by Comm	ittee		
Name of Payer Darius Miller			Date of Payment 09/15/2023	☑ Ch•	of Payment ck # 1489 it Card EFT
Street Address 1649 Reservoir Ave	3	City Bridgeport		State CT	Zip Code 06606-1528
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) Indepe			\$700.00
Name of Payee Monica Jackson			Date of Payment 09/15/2023	Chec	of Payment ck # 1491 t Card
Street Address 207 Smith St		City Bridgeport	8_	State CT	Zip Code 06607-2220
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the Coordinated with reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Co	r committee) Indeper	adent		\$700.00
Name of Payee Dwayne Boykin			Date of Payment 09/15/2023	Method o	f Payment k # 1490 Card EFT
Street Address 405 Clinton Ave		City Bridgeport		State CT	Zip Code 06605-1742
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required ut None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous)	committee) Independent	dent		\$700.00
Name of Payee Talitha C Frazier			Date of Payment 09/15/2023	Method of Check	# 1492
Street Address 295 Putnam St, Apt 1	В	City Bridgeport	oranida yil esa sir	State CT	Zip Code 06608-1433
Purpose of Expenditure by code) CNSLT	Description		Event#		Amount
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contra	committee) Independ	lent		\$740.00

SUBTOTAL Section P - This Page	\$2,840.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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Revised January 2013				
NAME OF COMMIT	EE (Provide Complete Name as Registered with Fili	ng Repository)	TYPE OF REI	PORT
Ganim for Bridgepo	rt 23		October 10 f	iling
	P. Exper	uses Paid by Comm	ittee	
Name of Payee Courtney Hagler			Date of Payment 09/15/2023	Method of Payment ✓ Check # 1493 Debit Card EFT
Street Address		City New Haven	· · · · · · · · · · · · · · · · · · ·	State Zip Code CT 06511-189
72 Shelton Ave Purpose of Expenditure	Description	1/2	Event#	
(by code) CNSLT	резсприон		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	or committee) Indepe	ndent	\$750.
Name of Payee Robert Anderson			Date of Payment 09/15/2023	Method of Payment Check # 1494 Debit Card EFT
Street Address 185 Alpine St		City Bridgeport	8V	State Zip Code CT 06610-1759
Purpose of Expenditure (by code) CNSLT	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude of Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sought	or committee) Independent	ndent	\$760.6
Name of Payee Marcos Lugo-Busan	et		Date of Payment 09/15/2023	Method of Payment Check # 1495 Debit Card EFT
Street Address 392 Prospect St		City Bridgeport		State Zip Code CT 06604-4625
Purpose of Expenditure (by code) CNSLT	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	dent	\$810.0
Name of Payee Twana Johnson			Date of Payment 09/15/2023	Method of Payment ✓ Check # 1480 Debit Card EFT
Street Address 185 Palisade Ave		City Bridgeport		State Zip Code CT 06610-2242
Purpose of Expenditure by code) CNSLT	Description		Event #	Amount
ixpenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Independ	lent	\$910.00

SUBTOTAL Section P - This Page	\$3,230.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPORT		
Ganim for Bridgepo	ort 23		October 10 filing		
	P. Expen	ses Paid by Como	nittee		
Name of Payee Diana Zapata	4		Method of Payment Check # 1496 Debit Card EFT		
Street Address 262 Harral Ave		City Bridgeport		T. E.	Zip Code 06604-3004
Purpose of Expenditure (by code) CNSLT	Description	7617025	Event #	Aı	nount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditing Coordinated without reimbursement sought (in-kind continued)	or committee) Indepo	v" is checked) endent uzation: A B C D		\$940.00
Name of Payer Nancy Baez		ni	Date of Payment 09/15/2023	Method of Pay Check # 1	497
Street Address 540 Ogden St		City Bridgeport	Į.		ip Code 6608-1731
Purpose of Expenditure (by code) CNSLT	Description	1	Event #	Aπ	nount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) Indepe			\$960.00
Name of Payee Boca Oyster Bar			Date of Payment 09/26/2023	Method of Payer Check # ☐ Debit Card	
Street Address 10 E Main St		City Bridgeport			p Code 6608-2700
Purpose of Expenditure (by code) FNDR	Description Fundraiser		Event #	Am	ount
Expenditure # (if applicable)	Type of Expenditure (Itemisation in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indeper	ndent		\$1,490,51
Name of Pavee Park City Consulting	LLC		Date of Payment 09/07/2023	Method of Payr ✓ Check # 13 Debit Card	
Street Address 1705 Capitol Ave		City Bridgeport			Code 604-1525
Purpose of Expenditure (by code) PRNT	Description Cost for Printing & Mail		Event #	Amo	ount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent		\$7,512.72

SUBTOTAL Section P - This Page	
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	t 23			October 10 filing		
	P. Expen	ses Paid by Comm	ittee			
Name of Payee David Kiefer		, A		Date of Payment 09/08/2023		of Payment k # 1392 t Card EFT
Street Address 655 Park St		City Bridgeport			State CT	Zip Code 06608-1113
Purpose of Expenditure (by code) CNSLT	Description	Yu	Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continue)	or committee) Indepe	endent	cked)		\$100.00
Name of Payee Lawerence Houston	1			Date of Payment 09/08/2023	Method o	f Payment # 1391 Card EFT
Street Address 210 Washington Ave	e Ant 322	City Bridgeport			State CT	Zip Code 06604-3817
Purpose of Expenditure (by code) CNSLT	Description		Event	L#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind continued)	r committee) re) Indepe	ndent	ked)		\$100.00
Name of Payee Courtney Hagler				Date of Payment 09/08/2023	Method of Payment Check # 1393 Debit Card EFT	
Street Address 72 Shelton Ave		City New Haven			State Zip Code CT 06511-1894	
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	committee) Indeper	ndent	ked)		\$100.00
Name of Payee Mustafa Seyal		A. 4020		Date of Payment 09/08/2023	Method of ✓ Check Debit (# 1384
Street Address 185 Hunyadi Ave		City Fairfield			State CT	Zip Code 06824-4119
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	eed)		\$100.00

SUBTOTAL Section P - This Page	\$400.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with File	ng Repository)	TYPE OF REPO	RT	54
Ganim for Bridgepo	nim for Bridgeport 23 October 10 filing		g		
	P. Expe	oses Paid by Com	mittee	6 A 1 2 3	
Name of Payee Park City Consultin	ng LLC		Date of Payment 09/08/2023	<u> </u> <u> </u>	od of Payment neck # 1422 obit Card EFT
Street Address 1705 Capitol Ave		City Bridgeport	1200000	State CT	Zip Code 06604-1525
Purpose of Expenditure (by code) CNSLT	Description	Event#			Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	or committee) Inde	ow" is checked) pendent nization: A B C]p	\$1,500.00
Name of Payee Kirk Wesley		NO. 2 10.40	Date of Payment 09/08/2023	☑ Che	of Payment eck # 1423 bit Card EFT
Street Address 3336 Fairfield Ave		City Bridgeport		State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con	or committee) Indep	endent	D	\$1,500.00
Name of Payee Kernuel Pierre-Louis			Date of Payment 09/08/2023	Chec	of Payment ck # 1382 it Card EFT
Street Address 439 Birmingham St		City Bridgeport		State Zip Code CT 06606-3423	
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control of the control of	r committee) Indepe	adent		\$160.00
Name of Payee Maria Garcia			Date of Payment 09/08/2023		of Payment k# 1396 Card EFT
treet Address		City Bridgeport	,	State CT	Zip Code 06608-2704
55 Kossuth St harpose of Expenditure by code) CNSLT	Description		Event #	-	Amount
ixpenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indeper	adent		\$180.00

SUBTOTAL Section P - This Page	\$3,340.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMITT	BE (Provide Complete Name as Registered with Film	ng Repository)		TYPE OF REPORT		
Ganim for Bridgepo	rt 23			October 10 filing		
	Р. Ехреп	ses Paid by Comb	uittée			
Name of Payee Stop & Shop				Date of Payment 09/08/2023	Method of Payment Check # Debit Card EFT	
Street Address 4531 Main St		City Bridgeport			State CT	Zip Code 06606-1846
Purpose of Expenditure (by code) OFFICE	Description	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) Indep		ked)		\$189.60
Name of Payee Tania Whitley		20 t - 11 112		Date of Payment 09/08/2023	Chec	of Payment k # 1420 t Card EFT
Street Address 1372 Kossuth St		City Bridgeport	3.		State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind con	or committee) Indepe		ied)		\$190.00
Name of Payee Tamika Rudd	Tr.			Date of Payment 09/08/2023	Method of Payment ✓ Check # 1421 Debit Card	
Street Address 58 Waterman St		City Bridgeport			State CT	Zip Code 06607-1538
Purpose of Expenditure (by code) CNSLT	Description		Event #	*		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to V None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contr	r committee) Indepe		ed)		\$190.00
Name of Payee Rosalind Mallory	500			Date of Payment 09/18/2023	Method o	
Street Address		City Ansonia			State CT	Zip Code 06401-3017
35 Johnson St Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the coordinated with reimbursement sought).	re) Indepen	ndent	ad)		\$200.00

\$769.60	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPORT		
Ganim for Bridgepor	t 23		October 10 filing		
	P. Expens	ses Paid by Gomm	ittee		
Name of Payee Hector Crespo-Ros	ario		Date of Payment 09/08/2023	Che	of Payment k # 1385 it Card EFT
Street Address 153 Sage Ave		City Bridgeport		State CT	Zip Code 06610-3008
Purpose of Expenditure (by code) CNSLT	Description	Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) Indepe			\$200.00
Name of Payee Twana Johnson			Date of Payment 09/08/2023	Chec	of Payment k # 1415 Card EFT
Street Address 185 Palisade Ave		City Bridgeport	W	State CT	Zip Code 06610-2242
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	re) Independent	ndent		\$200.00
Name of Payee Robert George			Date of Payment 09/08/2023	Method of Payment Check # 1427 Debit Card EFT	
Street Address		City Bridgeport		State CT	Zip Code 06606-4966
329 High Ridge Dr Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepen	ident		\$200.00
Name of Payee Marlene Ruiz		19	Date of Payment 09/18/2023	Method of Check	# 6957
Street Address		City Stratford		State CT	Zip Code 06615-6942
79 Mcgrath Ct Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent		\$240.00

\$840.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPORT		
Ganim for Bridgeport	23		October 10 filing		
	P. Expen	ses Paid by Comm	ittee		
Name of Payer Crystal Edwards			Date of Payment 09/08/2023	Check	of Payment k # 1414 Card EFT
Street Address 70 Yaremich Dr, Ap	112	City Bridgeport		State CT	Zip Code 06606-2584
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	or committee) Indepe			\$240.00
Name of Payee Beverly Gill			Date of Payment 09/18/2023	Method of Check	
Street Address 202 Noble Ave, Apt	1	City Bridgeport		State	Zip Code 06608-2264
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Independent	odent .		\$240.00
Name of Payee George Thompson			Date of Payment 09/18/2023	Method of Check	# <u>6961</u>
Street Address 151 Wessels Ave		City Bridgeport		State CT	Zip Code 06610-2339
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent		\$240.00
Name of Payee Anthony Meliow-Valle		200, 19 5 4 5 4	Date of Payment 09/08/2023	Method of I	1380
Street Address 561 Brooks St		City Bridgeport	100	State CT	Zip Code 06608-1302
Purpose of Expenditure (by code) CNSLT	Description		Event#	1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent		\$240.00

SUBTOTAL Section P - This Page	\$960.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMITTE	BE (Provide Complete Name as Registered with Filing	g Répository)		TYPE OF REPORT		
Ganim for Bridgepor	im for Bridgeport 23 Octobe			October 10 filing	2:00	
3512000000000000000000000000000000000000	P. Expens	es Paid by Comn	nittee			
Name of Payee Raisteeni Hali				Date of Payment 09/08/2023		of Payment ck # 1432 it Card EFT
Street Address 34 Richardson St		City Bridgeport			State CT	Zip Code 06610-1637
Purpose of Expenditure (by code) CNSLT	Description		Ever	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) Indep	w" is che endent nization:	cked)		\$250.00
Name of Payee Crystal Edwards				Date of Payment 09/08/2023	Chec	of Payment k # 1390 Card EFT
Street Address 70 Yaremich Dr. Apt	12	City Bridgeport			State CT	Zip Code 06606-2584
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur	re) Indep	endent	cked)		\$260.00
Name of Payer Kenneth Beasley				Date of Payment 09/18/2023	Check	f Payment 4 6960 Card EFT
Street Address 157 Eagle St		City Bridgeport			State CT	Zip Code 06607-1619
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepe	endent	ked)		\$280.00
Name of Payer Mercedes Bowman			8	Date of Payment 09/18/2023	Method o	
Street Address 1042 Pembroke St		City Bridgeport			State CT	Zip Code 06608-2099
Purpose of Expenditure (by code) CNSLT	Description	· · · · · · · · · · · · · · · · · · ·	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee) Indepe	ndent	ked)		\$280.00

SUBTOTAL Section P - This Page	\$1,070.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	ng Repository)		TYPE OF REPORT		
Ganim for Bridgepo	rt 23			October 10 filing		
	Р. Ехрел	ses Paid by Comn	nittee			
Name of Payee William Hernandez	:		-	Date of Payment 09/08/2023	Chec	of Payment ck # 1389 ct Card EFT
Street Address 30 Stevens St		City Bridgeport			State CT	Zip Code 06606-4362
Purpose of Expenditure (by code) CNSLT	Description		Even	ıt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit	or committee) Indep	w" is chec endent nization:	ched)		\$300.00
Name of Payee Jazmine Inoa		AT FEBRUAR		Date of Payment 09/08/2023	Method of Check	of Payment k # 1418 Card EFT
Street Address 115 Holly St		City Bridgeport	Ø.		State CT	Zip Code 06607-1036
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind con	or committee) Indepe		ked) .		\$300.00
Name of Payee Nancy Baez				Date of Payment 09/08/2023	Method o	f Payment # 1394 Card EFT
Street Address 540 Ogden St		City Bridgeport		105.75	State CT	Zip Code 06608-1731
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind control of the Coordinated with reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coo	r committee) Indepe	ndent	aed)		\$340.00
Name of Payee Sofia Franco				Date of Payment 09/08/2023	Method of Check	# 1416
Street Address 98 Lakeview Ave		City Bridgeport			State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description		Event i	4		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) [Independent committee]	ndent	ed)		\$350.00

\$1,290.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

Remarkan Helitary Schools	BE (Provide Complete Name as Registered with File	ng Kepository)		TYPE OF REPOR		CTUSES OF LOS
Ganim for Bridgepor	rt 23			October 10 filing	7	
	P. Exper	ses Paid by Comm	ittee			
Name of Payee Alveta Taylor				Date of Payment 09/08/2023	[√] Clre	of Payment ock # 1406 oit Card EFT
Street Address 511 Pembroke St		City Bridgeport			State CT	Zip Code 06608-2606
Purpose of Expenditure (by code) CNSLT	Description		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendidate) Coordinated without reimbursement sought (in-kind co	or committee) Indep		ABC	D	\$390.0
Name of Payee Darius Miller				Date of Payment 09/08/2023	✓ Chec	of Payment ck # 1430 t Card
Street Address 1649 Reservoir Ave		City Bridgeport	- 6		State CT	Zip Code 06606-1528
Purpose of Expenditure (by code) CNSLT	Description	- P	Event	t #		Amount
Service Artists					-	£400.00
•	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind con	or committee) Indepe		ked)		\$400.00
(if applicable) Name of Payee	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending	or committee) Indepe	ndent	α	Method o	of Payment k # 1381
(if applicable) Name of Payce Monica Jackson Street Address	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending	or committee) Indepe	ndent	Date of Payment	Method o	of Payment k # 1381
Expenditure # (if applicable) Name of Payee Monica Jackson Street Address 207 Smith St Purpose of Expenditure (by code) CNSLT	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending	or committee) Indepering Indepering Indepering Indepering Indepering Indepering Indepering Indepering Independent	ndent	Date of Payment 09/08/2023	Method o	k# 1381 Card EFT
(if applicable) Name of Payee Monica Jackson Street Address 207 Smith St Purpose of Expenditure by code) CNSLT Expenditure #	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con	City Bridgeport Indeper City Bridgeport Indeper Committee) Indeper City City City City City City City Cit	Event	Date of Payment 09/08/2023	Method of Check	of Payment k # 1381 Card EFT Zip Code 06607-2220
(if applicable) Name of Payee Monica Jackson Street Address 207 Smith St Purpose of Expenditure		City Bridgeport Indeper City Bridgeport Indeper Committee) Indeper City City City City City City City Cit	Event	Date of Payment 09/08/2023	Method of Check	of Payment k # 1381 Card
(if applicable) Name of Payee Monica Jackson Street Address 207 Smith St Purpose of Expenditure by code) CNSLT Expenditure # if applicable) Name of Payee Lisa B Anderson street Address		City Bridgeport Indeper City Bridgeport Indeper Committee) Indeper City City City City City City City Cit	Event	Date of Payment 09/08/2023 # A B C I	Method of Debit State CT Method of Check	of Payment k # 1381 Card
(if applicable) Name of Payee Monica Jackson Street Address 207 Smith St Purpose of Expenditure by code) CNSLT Expenditure # if applicable)		City Bridgeport City Bridgeport Indeper City Bridgeport Indeper Committee) Tommittee	Event	Date of Payment 09/08/2023 # Led) Date of Payment 09/08/2023	Method o	of Payment k # 1381 Card

SUBTOTAL Section P - This Page	\$1,590.00
TOTÁL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

	TEE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPOR		COLUMN TO SERVICE STREET
Ganim for Bridgepo	rt 23			October 10 filing	J	
	P. Expen	ses Påid by Comp	nittee			
Name of Payee Laura Giacobbe				Date of Payment 09/08/2023		of Payment ck # 1419 it CardEFT
Street Address 34 Louisiana Ave		City Bridgeport			State CT	Zip Code 06610-1540
Purpose of Expenditure (by code) CNSLT	Description		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D			D	\$420.00	
Name of Payee Doris Candelario				Date of Payment 09/08/2023		of Payment k# 1397 t Card EFT
Street Address 487 Hallett St		City Bridgeport	es a		State CT	Zip Code 06608-2030
Purpose of Expenditure (by code) CNSLT	Description		Event	t#		Amount
			0 10 11 11		⊣ :	\$440.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) [Indepe		(ked))	Ψ1.0.00
(if applicable) Name of Payee	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	r committee) [Indepe	endent	37	Method o	fPayment
(if applicable) Name of Payee Courtney Hagler Street Address	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	r committee) [Indepe	endent	A B C 1	Method o	fPayment
	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	r committee) re) Indeper ribution) Organ	endent	Date of Payment 09/08/2023	Method o	f Payment # 1386 Card EFT Zip Code
Name of Payee Courtney Hagler Street Address 72 Shelton Ave Purpose of Expenditure (by code) CNSLT Expenditure #	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	City New Haven ladepe ladepe lates "None of the below committee) ladepe l	Event "is check	Date of Payment 09/08/2023	Method o	f Payment # 1386 Card EFT Zip Code 06511-1894
Name of Payee Courtney Hagler Street Address 72 Shelton Ave Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	✓ None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont Coordinated without reimbursement sought (in-kind cont Coordinated without reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated with reimbursement Coordinated with	City New Haven ladepe ladepe lates "None of the below committee) ladepe l	Event "is check	Date of Payment 09/08/2023	Method o	f Payment # 1386 Card
Name of Payee Courtney Hagler Street Address 72 Shelton Ave Purpose of Expenditure	✓ None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont Coordinated without reimbursement sought (in-kind cont Coordinated without reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated with reimbursement Coordinated with	City New Haven ladepe ladepe lates "None of the below committee) ladepe l	Event "is check	Date of Payment 09/08/2023 # ked) Date of Payment	Method o	f Payment # 1386 Card
Name of Payee Courtney Hagler Street Address 72 Shelton Ave Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Susana Franco	✓ None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont Coordinated without reimbursement sought (in-kind cont Coordinated without reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated without reimbursement sought (joint expenditure Coordinated with reimbursement Coordinated with	committee) Independent Indepen	Event "is check	Date of Payment 09/08/2023 # ked) Date of Payment 09/08/2023	Method of Check Debit State CT Method of Check Debit of Check CT	f Payment # 1386 Card EFT Zip Code 06511-1894 Amount \$450.00 F Payment # 1417 Card EFT Zip Code

SUBTOTAL Section P - This Page	\$1,760.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102,20

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fili	ng Repository)	TYPE OF REPOR	T	
Ganim for Bridgepo	rt 23		October 10 filing		
	P.Exper	ises Paid by Com	nittee		
Name of Payee Tommika Leak			Date of Payment 09/08/2023		d of Payment eck # 1379 bit Card EFT
Street Address 19 Victory Dr		City New Haven	1	State	Zip Code 06515-1227
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit	or committee) Indep	w ⁱⁿ is checked) endent nization: ABC I		\$480.00
Name of Payee Elsie Mercado			Date of Payment 09/08/2023	✓ Che	of Payment ck # 1398 it Card EFT
Street Address 269 Barnum Ave, A	pt 2B	City Bridgeport		State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	-	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	or committee) Indepe			\$540.00
Name of Payee Margaret Kelly	-		Date of Payment 09/08/2023	Chec	of Payment k # 1413 t Card EFT
Street Address 340 Trumbull Ave, A	upt E	City Bridgeport		State CT	Zip Code 06606-2457
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	r committee) re) Indepe	adent		\$580.00
Name of Payee Jazmin Cooper			Date of Payment 09/08/2023	Check	of Payment k # 1428 Card EFT
Street Address 581 Waterview Ave,	Ant 404	City Bridgeport		State CT	Zip Code 06608-2529
Purpose of Expenditure by code) CNSLT	Description		Event #		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) Indepen	dent		\$600.00

SUBTOTAL Section P - This Page	\$2,200.00
TOTAL of Section P Pages	\$88,102.20
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fili	ng Repository)	TYPE OF REPORT		
Ganim for Bridgepo	rt 23		October 10 filing		
ROLL STREET	P. Expen	ses Paid by Comn	nittee		
Name of Payee Jimesha Cooper			Date of Payment 09/08/2023	✓ Che	of Payment ck # 1429 it Card EFT
Street Address 65 Radel St		City Bridgeport		State CT	Zip Code 06607-2114
Purpose of Expenditure (by code) CNSLT	of Expenditure Description Event #			Amount	
Expenditure (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) Indep	w" is checked) endent nization: A B C L		\$600.00
Name of Payee Nilda Rodriguez			Date of Payment 09/08/2023		of Payment k # 1399 t Card EFT
Street Address 48 Amsterdam Ave		City Bridgeport	- 0%	State CT	Zip Code 06606-4549
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	r committee) Indepe			\$620.00
Name of Payee Elaine Govia			Date of Payment 09/08/2023	Method o	f Payment # 1387 Card EFT
Street Address 54 Manhattan Ave		City Bridgeport		State CT	Zip Code 06606-4672
Purpose of Expenditure (by code) CNSLT	Description		Event#	- Archair.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	committee) Independent	ndent		\$660.00
Name of Payee Robert Anderson			Date of Payment 09/08/2023	Method of Check	# <u>1395</u>
Street Address 185 Alpine St		City Bridgeport		State CT	Zip Code 06610-1759
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un volve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent		\$700.00

SUBTOTAL Section P - This Page	\$2,580.00	
TOTAL of Section P Pages	\$88,102.20	
TOTAL OF ALL EXPÊNSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20	

SEEC FORM 20
Revised January 2015

IV. EXP

PAIDITIDES	(Cootions D T	Рада	111	of	112
ENDITURES (Sections P-1	rage	111	OI	112

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filir	ig Repository)	TYPE OF REPOR	T		
Ganim for Bridgepo	ort 23		October 10 filing	1		
	P. Expen	ses Paid by Comn	nittee	1		
Name of Payee George Jordan			Date of Payment 09/08/2023	Che	of Payment ck # 1431 it Card EFT	
Street Address 66 Poplar St, # 1		City Bridgeport		State CT	Zip Code 06605-1973	
Purpose of Expenditure (by code) CNSLT	Description	scription Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continued)	or committee) Indep	w" is checked) endent nization: A B C	D	\$75.00	
Name of Payee Margaret Joyce		522	Date of Payment 09/08/2023	Method of Checo	of Payment k # 1412 t Card EFT	
Street Address 819 Connecticut Av	e	City Bridgeport	A	State CT	Zip Code 06607-1128	
Purpose of Expenditure (by code) CNSLT	Description	- 3	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continued)	r committee) Indepe	ndent		\$800.00	
Name of Payer Silvia Ramos			Date of Payment 09/08/2023		f Payment # 1410 Card EFT	
Street Address 1845 Central Ave		City Bridgeport		State CT	Zip Code 06610-2720	
Purpose of Expenditure (by code) CNSLT	Description		Event#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Indepen	ndent		\$800.00	
Name of Payee George Jordan			Date of Payment 09/08/2023	Method of Check	# <u>1411</u>	
Street Address S6 Poplar St, #1		City Bridgeport		State CT	Zip Code 06605-1973	
hupose of Expenditure by code) CNSLT	Description		Event #		Amount	
ixpenditure # f applicable	Type of Expenditure (Itemization in Addendum P Required unity) None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	Indepen	dent		\$840.00	

SUBTOTAL Section P - This Page	\$2,515.00	
TOTAL of Section P Pages	\$88,102.20	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$88,102.20	

SEEC	FORM	20
Revised	Iamuary	2015

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	ng Repository)	TYPE OF REPO)RT	
Ganim for Bridgeport 23		October 10 fili	October 10 filing		
	Р. Ехреп	ses Paid by Comm	ittee		
Name of Payee Marcos Lugo-Busanet		Date of Payment 09/08/2023	✓ Che	Method of Payment Check # 1409 Debit Card EFT	
Street Address 392 Prospect St	Bridgeport		State CT	Zip Code 06604-4625	
Purpose of Expenditure (by code) CNSLT	Description Event # Amount		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	or committee) Indepe	ndent] p	\$920.00
Name of Payee Diana Zapata	100 100 100 100 100 100 100 100 100 100		Date of Payment 09/08/2023		of Payment k # 1408 Card EFT
Street Address 262 Harral Ave		City Bridgeport	d.	State CT	Zip Code 06604-3004
Purpose of Expenditure (by code) CNSLT	Description	ala.	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate c Coordinated with reimbursement sought (joint expenditt Coordinated without reimbursement sought (in-kind con	or committee) Independent	adeat] []	\$960.00

\$1,880.00	SUBTOTAL Section P - This Page
\$88,102.20	TOTAL of Section P Pages
\$88,102.20	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)