

# SEEC FORM 20

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

RECEIVED FOR RECORD  
BRIDGEPORT CT.



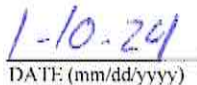
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TOWH CLERK

Page 1 of 83

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## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Ganim for Bridgeport 23			
<b>2. TREASURER NAME</b>			
First	MI	Last	Suffix
Anthony		Paoletto	
<b>3. TREASURER ADDRESS</b>			
Street Address	City		State Zip Code
321 Lynne Place	Bridgeport		CT 06610
<b>4. ELECTION/REFERENDUM DATE</b>	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i>		<b>6. DISTRICT NUMBER</b>
(mm/dd/yyyy)			<i>(if applicable)</i>
01/23/2024	Mayor		0
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Joseph	P.	Ganim	
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input checked="" type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		
<input type="checkbox"/> Primary <input type="checkbox"/> Election			
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
10/30/2023		thru 12/31/2023	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
			
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

**SEEC FORM 20****Itemized Campaign Finance Disclosure Statement****CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Revised January 2015

Page 2 of 85

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Ganim for Bridgeport 23	January 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$578,970.00
12. Balance on hand at the beginning of Reporting Period	\$59,232.21	
13. Contributions received from Individuals (Section A and B)	\$66,060.00	\$619,280.00
14. Receipts from Other Committees (Sections C1 and C2)	\$3,000.00	\$18,200.00
15. Other Monetary Receipts (Sections D through K)	\$1,390.00	\$1,390.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$10,550.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$70,450.00	\$649,420.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$129,682.21	\$649,420.00
19. Expenditures Paid by Committee (Section P)	\$44,883.84	\$565,121.63
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$84,798.37	\$84,798.37
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-kind Contributions Received (Section M)	\$450.00	\$7,999.06
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Ferrigno		First Robert	M.I. R
Residential Street Address 1000 Huntington Tpke		City Bridgeport	State CT
		Zip Code 06610-1246	
Principal Occupation Owner		Name of Employer Treeland Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/12/2023	Aggregate contributions \$500.00
Last Name Lyons		First Thomas	M.I.
Residential Street Address 91 Jewett Ave		City Bridgeport	State CT
		Zip Code 06606-2825	
Principal Occupation Sales		Name of Employer Hummel Bros	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/17/2023	Aggregate contributions \$100.00
Last Name Brand		First Vincent	M.I.
Residential Street Address 740 Orchard St		City Middletown	State NJ
		Zip Code 07748-2522	
Principal Occupation Owner		Name of Employer The Stress Factory	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/29/2023	Aggregate contributions \$500.00

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Garskof		Deborah	
Residential Street Address		City	State Zip Code
87 Sachem Rd		Fairfield	CT 06825-1830
Principal Occupation		Name of Employer	
Attorney		City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023	\$100.00
Last Name		First	M.I.
McBride-Lee		Mary	A
Residential Street Address		City	State Zip Code
125 Hillcrest Rd		Bridgeport	CT 06606-3124
Principal Occupation		Name of Employer	
Teacher		City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023	\$100.00
Last Name		First	M.I.
Lea		Judy	
Residential Street Address		City	State Zip Code
373 High St		Coventry	CT 06238-3340
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/14/2023	\$1,000.00

SUBTOTAL Section B - This Page		\$1,200.00
TOTAL of Section B Pages		\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>		\$66,060.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Mallory		Rosalind	
Residential Street Address		City	
35 Johnson St		Ansonia	
State		Zip Code	
CT		06401-3017	
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023	
		Aggregate contributions	
		\$50.00	
Last Name		First	
Reale		Matthew	
Residential Street Address		City	
34 Brewster Pl		Trumbull	
State		Zip Code	
CT		06611-3023	
Principal Occupation		Name of Employer	
Attorney		Anthony & Reale	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/08/2023	
		Aggregate contributions	
		\$300.00	
Last Name		First	
Mauzerall		Michael	
Residential Street Address		City	
95 Copper Kettle Rd		Stratford	
State		Zip Code	
CT		06614-1411	
Principal Occupation		Name of Employer	
Contractor		M&M Fence & Works Inc	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/18/2023	
		Aggregate contributions	
		\$500.00	

SUBTOTAL Section B - This Page		\$825.00
TOTAL of Section B Pages		\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Hernandez		Sandra			
Residential Street Address		City		State	Zip Code
44 Elmwood Pl		Bridgeport		CT	06605-1406
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L.1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$1,000.00	
Last Name		First		M.I.	
Veloz		Amaury			
Residential Street Address		City		State	Zip Code
114 Intervale Rd		Bridgeport		CT	06610-1014
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L.1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$100.00	
Last Name		First		M.I.	
Hernandez		Juan		O	
Residential Street Address		City		State	Zip Code
2045 Park Ave		Bridgeport		CT	06604-1911
Principal Occupation		Name of Employer			
Owner		New England Investment, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L.1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/27/2023		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Calzone		First Joseph M.I.	
Residential Street Address 89 Tranquility Dr		City Easton State CT Zip Code 06612-1236	
Principal Occupation Owner		Name of Employer Calzone Case Co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023 Aggregate contributions \$250.00	
Last Name Angelo		First Johanna D. M.I.	
Residential Street Address 40 Bluebird Dr		City Naugatuck State CT Zip Code 06770-5103	
Principal Occupation Police Officer		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023 Aggregate contributions \$150.00	
Last Name LaConte Jr.		First Lawrence M.I. J	
Residential Street Address 389 Booth Hill Rd		City Trumbull State CT Zip Code 06611-4942	
Principal Occupation Resturant Owner		Name of Employer Vazzano Four Seasons	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/12/2023 Aggregate contributions \$800.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	M.I.
Taylor-Moye		Denese	
Residential Street Address		City	State Zip Code
272 West Ave, # 211		Bridgeport	CT 06604-4607
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$50.00
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? If yes, indicate which branch or branches of government the contract is with:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023	\$50.00
Last Name		First	M.I.
Brand		Victoria	
Residential Street Address		City	State Zip Code
740 Orchard St		Middletown	NJ 07748-2522
Principal Occupation		Name of Employer	
Homemaker		Homemaker	
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?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$500.00
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? If yes, indicate which branch or branches of government the contract is with:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/29/2023	\$500.00
Last Name		First	M.I.
Lavoie		Richard	
Residential Street Address		City	State Zip Code
25 Highfield Ln		North Branford	CT 06471-1436
Principal Occupation		Name of Employer	
Manager		Inframark	
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?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$150.00
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? If yes, indicate which branch or branches of government the contract is with:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/02/2023	\$150.00

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Esteves		Alfredo			
Residential Street Address		City		State	Zip Code
5 Kimberly Dr		Shelton		CT	06484-5774
Principal Occupation		Name of Employer			
Owner		Madison Auto Sales & Service			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$500.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/13/2023		\$500.00	
Last Name		First		M.I.	
Gaglio		Caroline			
Residential Street Address		City		State	Zip Code
75 Haviland Rd		Stamford		CT	06903-3328
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/20/2023		\$1,000.00	
Last Name		First		M.I.	
Gibson		Wilene		W	
Residential Street Address		City		State	Zip Code
355 Carroll Ave		Bridgeport		CT	06607-1842
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$20.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$20.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,520.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Giacobbe		First Ralph M.I.	
Residential Street Address 7 Marsh Ct		City Westport State CT Zip Code 06880-6738	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023 Aggregate contributions \$500.00	
Last Name Koplik		First Jim M.I.	
Residential Street Address 251 Dogwood Ln		City Stamford State CT Zip Code 06903-4531	
Principal Occupation Concert Promoter		Name of Employer Live Nation Entertainment	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/13/2023 Aggregate contributions \$1,000.00	
Last Name Borer		First Richard M.I.	
Residential Street Address 78 Hawley Ave		City Milford State CT Zip Code 06460-8142	
Principal Occupation CEO		Name of Employer Goodwill of Southern New England	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023 Aggregate contributions \$200.00	

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>Subtotal Section A</b>	
				<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Stuchkus		Georgine			
Residential Street Address		City		State	Zip Code
730 Palisade Ave, Apt G14		Bridgeport		CT	06610-3474
Principal Occupation			Name of Employer		
Secretarial Assistant			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$50.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$50.00	
Last Name		First		M.I.	
Austin		Vernon		I	
Residential Street Address		City		State	Zip Code
4 Fleet St		Waterbury		CT	06704-2909
Principal Occupation			Name of Employer		
Owner/President			CMSA		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$250.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$250.00	
Last Name		First		M.I.	
Vermont		Carolyn			
Residential Street Address		City		State	Zip Code
90 Dodd Ave		Bridgeport		CT	06606-3029
Principal Occupation			Name of Employer		
CEO			Habitat For Humanity CFC		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/21/2023	\$100.00	

<b>SUBTOTAL Section B - This Page</b>	<b>\$400.00</b>
<b>TOTAL of Section B Pages</b>	<b>\$66,060.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	<b>\$66,060.00</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DiLuca		First Sylvia		M.I.	
Residential Street Address 1415 Wood Ave		City Bridgeport		State CT	Zip Code 06604-1426
Principal Occupation Program Coordinator		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L.17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/17/2023	Aggregate contributions \$25.00		
Last Name Woodson		First Andre		M.I. L	
Residential Street Address 231 Smith St		City Bridgeport		State CT	Zip Code 06607-2220
Principal Occupation Maintenance		Name of Employer Inframark			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L.17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/17/2023	Aggregate contributions \$100.00		
Last Name Levin		First Debra		M.I.	
Residential Street Address 49 PERRY Ln		City Woodbridge		State CT	Zip Code 06525
Principal Occupation RN		Name of Employer City of Milford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L.17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$100.00		

<b>SUBTOTAL Section B - This Page</b>	\$225.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$66,060.00



NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Angelo		First Johanna D.	
Residential Street Address 40 Bluebird Dr		City Naugatuck	
Principal Occupation Police Officer		Name of Employer City of Bridgeport	
State CT		Zip Code 06770-5103	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/21/2023	Aggregate contributions \$150.00
Last Name Coleman		First William	
Residential Street Address 20 Blackall Rd		City Milford	
Principal Occupation Economic Development		Name of Employer City of Bridgeport	
State CT		Zip Code 06460-8088	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$1,000.00
Last Name Gado		First Edward	
Residential Street Address 33 Lookout Lndg		City Bolton	
Principal Occupation Retired		Name of Employer Retired	
State CT		Zip Code 06043-7560	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/14/2023	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Christoph Jr.		Robert	
Residential Street Address		City	
1 Sturges Holw		Westport	
State		Zip Code	
CT		06880-2851	
Principal Occupation		Name of Employer	
Management		RCI Group	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/06/2023	
Aggregate contributions		\$1,000.00	
Last Name		First	
Dorgan		Johanna	
Residential Street Address		City	
88 Lance Cir		Bridgeport	
State		Zip Code	
CT		06606-1045	
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023	
Aggregate contributions		\$100.00	
Last Name		First	
August		Jon	
Residential Street Address		City	
15 Soundview Dr		Easton	
State		Zip Code	
CT		06612-1945	
Principal Occupation		Name of Employer	
Attorney		Miller, Rosnick, D'Amarco, August, & Butler	
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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/21/2023	
Aggregate contributions		\$250.00	

SUBTOTAL Section B - This Page		\$1,350.00
TOTAL of Section B Pages		\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Khan		First Mohammed M.I.	
Residential Street Address 50 Woodward Ln		City Stamford	State CT Zip Code 06903
Principal Occupation Doctor		Name of Employer Harvest Healthcare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/08/2023	Aggregate contributions \$500.00
Last Name Spadaro		First George M.I.	
Residential Street Address 47 Terry Dr		City Sag Harbor	State NY Zip Code 11963-3241
Principal Occupation Lawyer		Name of Employer CSG Law	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L.17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/18/2023	Aggregate contributions \$500.00
Last Name Mercado		First Elsie M.I.	
Residential Street Address 269 Barnum Ave, Apt 2B		City Bridgeport	State CT Zip Code 06608-2261
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L.17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$25.00

SUBTOTAL Section B - This Page	\$1,025.00
TOTAL of Section B Pages	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Flatto		Kenneth			
Residential Street Address		City		State	Zip Code
3200 Park Ave, Unit 4D1		Bridgeport		CT	06604-1108
Principal Occupation		Name of Employer			
Manager		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$200.00	
Last Name		First		M.I.	
Kascak		Richard		G	
Residential Street Address		City		State	Zip Code
660 White Plains Rd		Trumbull		CT	06611-4860
Principal Occupation		Name of Employer			
Attorney		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/27/2023		\$1,000.00	
Last Name		First		M.I.	
Papa		Tammy		L	
Residential Street Address		City		State	Zip Code
223 Algonquin Trl		Trumbull		CT	06611-4580
Principal Occupation		Name of Employer			
Part Time Clerical Asst		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$250.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,450.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00



NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Guedes		Eleanor			
Residential Street Address		City		State	Zip Code
78 Teller Rd		Trumbull		CT	06611-1448
Principal Occupation		Name of Employer			
Business Manager		Primrose Companies Inc			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/21/2023		\$100.00	
Last Name		First		M.I.	
Cronin		Linda			
Residential Street Address		City		State	Zip Code
62 Burr St		Easton		CT	06612-1616
Principal Occupation		Name of Employer			
Attorney		Cronin & Byczek LLP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/02/2023		\$350.00	
Last Name		First		M.I.	
Ortega		Adrian			
Residential Street Address		City		State	Zip Code
1415 Wood Ave		Bridgeport		CT	06604-1426
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023		\$25.00	

SUBTOTAL Section B - This Page	\$375.00
TOTAL of Section B Pages	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	<b>\$66,060.00</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Nelson		Stephen		M	
Residential Street Address		City		State	Zip Code
24 A Stone Ridge Rd		Bridgeport		CT	06606-2576
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$50.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023		\$50.00	
Last Name		First		M.I.	
Jankovsky		Michael		C	
Residential Street Address		City		State	Zip Code
123 College Pl		Fairfield		CT	06824-6509
Principal Occupation		Name of Employer			
Assistant City Attorney		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$100.00	
Last Name		First		M.I.	
Pabon		Carlos			
Residential Street Address		City		State	Zip Code
556 Huntington Rd		Bridgeport		CT	06610-1709
Principal Occupation		Name of Employer			
Police Officer		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/26/2023		\$200.00	

<b>SUBTOTAL Section B - This Page</b>	\$250.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Martinez		Lydia			
Residential Street Address		City		State	Zip Code
92 Grant St		Bridgeport		CT	06610-2708
Principal Occupation		Name of Employer			
City Clerk		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$50.00	
Last Name		First		M.I.	
Rizio		Raymond			
Residential Street Address		City		State	Zip Code
222 Willow St		Southport		CT	06890-1430
Principal Occupation		Name of Employer			
Attorney		Russo & Rizio, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/14/2023		\$1,000.00	
Last Name		First		M.I.	
Duban-Shipel		Loretta			
Residential Street Address		City		State	Zip Code
200 Woodmont Ave		Bridgeport		CT	06606-2753
Principal Occupation		Name of Employer			
Phlebotomist		Quest			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$100.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Ganim, Jr.		George	
Residential Street Address		City	State Zip Code
57 Melba St		Milford	CT 06460-7438
Principal Occupation		Name of Employer	
Attorney		Attorney George W. Ganim Jr. P.C	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/18/2023	\$500.00
Last Name		First	
Saffan		Judith	
Residential Street Address		City	State Zip Code
9 Squires Ln		Weston	CT 06883-2936
Principal Occupation		Name of Employer	
Faculty		University of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/12/2023	\$1,000.00
Last Name		First	
Figueroa		Wynne	
Residential Street Address		City	State Zip Code
2410 Main St		Bridgeport	CT 06806-5323
Principal Occupation		Name of Employer	
Student		Student	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023	\$100.00

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00



I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>Subtotal Section A</b> \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Chapatwala		First Hiren	
Residential Street Address 370 Highland St		City West Haven	State CT
		Zip Code 06516-3522	
Principal Occupation Manager		Name of Employer Jai Mata Di LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$850.00
Last Name Sisco		First Brenda	
Residential Street Address 10 Brockway Rd		City Ellington	State CT
		Zip Code 06029-2100	
Principal Occupation Consultant		Name of Employer RSG	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$250.00
Last Name Rosado		First Mayra	
Residential Street Address 2045 Park Ave		City Bridgeport	State CT
		Zip Code 06604-1911	
Principal Occupation Manager		Name of Employer Sikorsky Credit Union	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$100.00

<b>SUBTOTAL Section B - This Page</b>	\$450.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Washington		Derek			
Residential Street Address		City		State	Zip Code
9 Tashua Pkwy		Trumbull		CT	06611-1026
Principal Occupation		Name of Employer			
Property Management		DLW Properties LLC			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$250.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/02/2023		\$250.00	
Last Name		First		M.I.	
Marks		Sam			
Residential Street Address		City		State	Zip Code
2677 Main St		Bridgeport		CT	06606-5309
Principal Occupation		Name of Employer			
Clerk Assistant		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$50.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023		\$50.00	
Last Name		First		M.I.	
Balducci		Richard		J	
Residential Street Address		City		State	Zip Code
245 River Rd		Deep River		CT	06417-2117
Principal Occupation		Name of Employer			
Attorney		Doyle, D'Amore & Balducci			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$200.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/22/2023		\$200.00	

<b>SUBTOTAL Section B - This Page</b>	\$500.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Ouellette		First Lawrence M.I. A	
Residential Street Address 11 Fernwood Ln		City Clinton	State CT Zip Code 06413-1250
Principal Occupation Associate City Attorney		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$100.00
Last Name Urena		First Tatiana M.I.	
Residential Street Address 108 Stillman St, Apt 2L		City Bridgeport	State CT Zip Code 06608-1543
Principal Occupation Payroll Processor		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/26/2023	Aggregate contributions \$100.00
Last Name Reynolds		First Kevin M.I.	
Residential Street Address 71 Sycamore Rd		City West Hartford	State CT Zip Code 06117-2845
Principal Occupation Attorney		Name of Employer RSG	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/14/2023	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b>	<b>\$66,060.00</b>
(Enter total on Line 13, Column A of Summary Page)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Capozziello		Russell			
Residential Street Address		City		State	Zip Code
469 Brooklawn Ave		Fairfield		CT	06825-1805
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/07/2023	\$1,000.00	
Last Name		First		M.I.	
Romero		Carlos			
Residential Street Address		City		State	Zip Code
602 E Main St		Bridgeport		CT	06608-2330
Principal Occupation			Name of Employer		
Barber			Karlitos Barber Shop		
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?		<b>Amount of Contribution</b>  \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$100.00	
Last Name		First		M.I.	
Garcia		Edna		I	
Residential Street Address		City		State	Zip Code
38 Siemon St		Bridgeport		CT	06605-2224
Principal Occupation			Name of Employer		
Teacher			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/16/2023	\$100.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,200.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$66,060.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Lesser		First Stanton M.I. H	
Residential Street Address 85 Split Rock Rd		City Southport	State CT Zip Code 06890-1266
Principal Occupation Attorney		Name of Employer Stanton H Lesser Attorney	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$250.00
Last Name Saffan		First Howard M.I. S	
Residential Street Address 9 Squires Ln		City Weston	State CT Zip Code 06883-2936
Principal Occupation Owner		Name of Employer Sports Center of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/12/2023	Aggregate contributions \$1,000.00
Last Name Chase		First Rita M.I.	
Residential Street Address 2410 Main St		City Bridgeport	State CT Zip Code 06606-5323
Principal Occupation HR		Name of Employer Beyond Homecare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Ortiz		First Jose M.I.	
Residential Street Address 88 Raleigh Rd		City Bridgeport	State CT Zip Code 06606-1037
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$500.00
Last Name Glass		First Hillary M.I.	
Residential Street Address 168 Hendley St		City Middletown	State CT Zip Code 06457-3522
Principal Occupation Consultant		Name of Employer Reynolds Strategy Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$100.00
Last Name Moran		First Marlon M.I.	
Residential Street Address 2425 NICHOLS Ave		City Bridgeport	State CT Zip Code 06606
Principal Occupation Manager		Name of Employer Moran Agencies	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/17/2023	Aggregate contributions \$200.00

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Gonzalez		Joel			
Residential Street Address		City		State	Zip Code
347 Lenox Ave		Bridgeport		CT	06605-1632
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$100.00	
Last Name		First		M.I.	
Pabon		Carlos			
Residential Street Address		City		State	Zip Code
556 Huntington Rd		Bridgeport		CT	06610-1709
Principal Occupation		Name of Employer			
Police Officer		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$200.00	
Last Name		First		M.I.	
Brathwaite		Lee			
Residential Street Address		City		State	Zip Code
21 Jared Dr		White Plains		NY	10605-3411
Principal Occupation		Name of Employer			
Developer/General Contractor		Apex Building Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			11/02/2023	\$500.00	

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>Subtotal Section A</b> \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Peck		First Arnold	
Residential Street Address 680 Boston Post Rd		City Milford	State CT
		Zip Code 06460-2684	
Principal Occupation Developer		Name of Employer Arnold Peck Realty	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/14/2023	Aggregate contributions \$500.00
Last Name Candee		First Scott	
Residential Street Address 87 Sport Hill Rd		City Redding	State CT
		Zip Code 06896-3016	
Principal Occupation Construction		Name of Employer SHR Candee Construction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/12/2023	Aggregate contributions \$500.00
Last Name Larracuenta		First Raymond	
Residential Street Address 318 Dover St		City Bridgeport	State CT
		Zip Code 06610-2209	
Principal Occupation Deputy Sealer Weights and Measures		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/17/2023	Aggregate contributions \$50.00

<b>SUBTOTAL Section B - This Page</b>	\$1,050.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$66,060.00



NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>Subtotal Section A</b>	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Nunuez		Soledad			
Residential Street Address		City		State	Zip Code
780 Seaview Ave, Unit 6		Bridgeport		CT	06607-1633
Principal Occupation		Name of Employer			
Manager		Power Humanity LLC			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/06/2023		\$650.00	
Last Name		First		M.I.	
Suliman		Samia			
Residential Street Address		City		State	Zip Code
481 Success Ave		Bridgeport		CT	06610-2418
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$100.00	
Last Name		First		M.I.	
Chapatwala		Hiren			
Residential Street Address		City		State	Zip Code
370 Highland St		West Haven		CT	06516-3522
Principal Occupation		Name of Employer			
Manager		Jai Mata Di LLC			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?		\$750.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/06/2023		\$850.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,350.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Adams		Edward		M	
Residential Street Address		City		State	Zip Code
2 Blake Dr		Fairfield		CT	06824-5602
Principal Occupation			Name of Employer		
Attorney			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/16/2023		\$1,000.00	
Last Name		First		M.I.	
Newton-Foster		Patricia			
Residential Street Address		City		State	Zip Code
70 Stuyvesant Ave		New Haven		CT	06512-3619
Principal Occupation			Name of Employer		
Owner			Newton-Foster Homecare		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$100.00	
Last Name		First		M.I.	
Kilian		Jozef			
Residential Street Address		City		State	Zip Code
185 Anton Driver		Bridgeport		CT	06606
Principal Occupation			Name of Employer		
Painter			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/22/2023		\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$2,100.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Johnson		First Althea	
Residential Street Address 28 Lagana Ln		City Fairfield	
		State CT	
		Zip Code 06824-4770	
Principal Occupation Nurse		Name of Employer Elara Caring	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	
		Aggregate contributions \$100.00	
Last Name Cubero		First Marisol	
Residential Street Address 266 Pennsylvania Ave		City Bridgeport	
		State CT	
		Zip Code 06610-1820	
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	
		Aggregate contributions \$100.00	
Last Name Aurilio		First James	
Residential Street Address 97 Northwood Dr		City Easton	
		State CT	
		Zip Code 06612-1351	
Principal Occupation Owner		Name of Employer Jim's Auto Body	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	
		Aggregate contributions \$100.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Costello		Domenic			
Residential Street Address		City		State	Zip Code
6 Richard Pl		Trumbull		CT	06611-3815
Principal Occupation			Name of Employer		
Deputy Director of Labor Relations			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$150.00	
Last Name		First		M.I.	
Monks		Elizabeth		E	
Residential Street Address		City		State	Zip Code
200 Holland Rd		Bridgeport		CT	06610-1041
Principal Occupation			Name of Employer		
Art Teacher			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			11/17/2023	\$50.00	
Last Name		First		M.I.	
Amster		Bruce			
Residential Street Address		City		State	Zip Code
2475 Fairfield Ave		Bridgeport		CT	06605-2648
Principal Occupation			Name of Employer		
Owner			Redline Restorations		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$1,000.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$66,060.00



NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Nunuez		Soledad			
Residential Street Address		City		State	Zip Code
780 Seaview Ave, Unit 6		Bridgeport		CT	06607-1633
Principal Occupation		Name of Employer			
Manager		Power Humanity LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$650.00	
Last Name		First		M.I.	
Christoph		Robert		W	
Residential Street Address		City		State	Zip Code
90 Alton Rd, Apt TH-6		Miami Beach		FL	33139-6875
Principal Occupation		Name of Employer			
Development / Mgmt.		RCI Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/21/2023		\$1,000.00	
Last Name		First		M.I.	
Buturla		Richard			
Residential Street Address		City		State	Zip Code
200 N Pasture Ln		Stratford		CT	06614-1392
Principal Occupation		Name of Employer			
Lawyer		Berchem Moses			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/20/2023		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,150.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
DeAngelis		Lawrence			
Residential Street Address		City		State	Zip Code
20 Southfield Rd		Easton		CT	06612-1737
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/12/2023		\$1,000.00	
Last Name		First		M.I.	
Sampieri		Matthew			
Residential Street Address		City		State	Zip Code
59 Purdy Hill Rd		Monroe		CT	06468-2242
Principal Occupation		Name of Employer			
Anti-Blight Technician		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L.1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023		\$50.00	
Last Name		First		M.I.	
Hodges		Fransica			
Residential Street Address		City		State	Zip Code
636 W Jackson Ave		Bridgeport		CT	06604-1612
Principal Occupation		Name of Employer			
Attorney		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L.1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/06/2023		\$500.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,550.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Rosnick		Harold			
Residential Street Address		City		State	Zip Code
25 Riverside Ln		Easton		CT	06612-2056
Principal Occupation		Name of Employer			
Attorney		Miller, Rosnick, D'Amarco, August, & Butler			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$500.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$500.00	
Last Name		First		M.I.	
Ortiz		Lillian			
Residential Street Address		City		State	Zip Code
109 Magnolia St		Bridgeport		CT	06610-1719
Principal Occupation		Name of Employer			
Occupancy Specialist		City of Norwalk Housing Authority			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$50.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/17/2023		\$50.00	
Last Name		First		M.I.	
Marini		Gaetano			
Residential Street Address		City		State	Zip Code
5 Asbury Rd		Trumbull		CT	06611-1821
Principal Occupation		Name of Employer			
Owner		M & L Construction			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$250.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$250.00	

<b>SUBTOTAL Section B - This Page</b>	\$800.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>Subtotal Section A</b>	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Grosso		Joseph			
Residential Street Address		City		State	Zip Code
625 Tahmore Dr		Fairfield		CT	06825-2515
Principal Occupation			Name of Employer		
Managing Member			Regemly Home's LLC		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/13/2023	\$1,000.00	
Last Name		First		M.I.	
Vazzano		John		J	
Residential Street Address		City		State	Zip Code
1395 Huntington Tpke		Trumbull		CT	06611-5318
Principal Occupation			Name of Employer		
Principle			Vazzy's Restaurant		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$750.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/28/2023	\$750.00	
Last Name		First		M.I.	
Torres		Stephany			
Residential Street Address		City		State	Zip Code
114 Intervale Rd		Bridgeport		CT	06610-1014
Principal Occupation			Name of Employer		
Finance			Illume Fertility		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$200.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,850.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Shamas		Daniel			
Residential Street Address		City		State	Zip Code
7 Buddington Park		Shelton		CT	06484-5358
Principal Occupation		Name of Employer			
Mayor's Office		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			12/19/2023	\$1,000.00	
Last Name		First		M.I.	
Vaz		Antonio			
Residential Street Address		City		State	Zip Code
47 Coe Rd		Wolcott		CT	06716-2511
Principal Occupation		Name of Employer			
Office Manager		Orchard Hill Develo. LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			12/19/2023	\$200.00	
Last Name		First		M.I.	
Cotter Jr		John		J	
Residential Street Address		City		State	Zip Code
889 E Broadway		Milford		CT	06460-6235
Principal Occupation		Name of Employer			
Owner		Nutmeg Adjusters Inc			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			12/12/2023	\$1,000.00	

SUBTOTAL Section B - This Page	\$2,200.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Berchem		Robert	
Residential Street Address		City	State Zip Code
125 W River St		Milford	CT 06460-3420
Principal Occupation		Name of Employer	
Attorney		Berchem Moses	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/20/2023	\$1,000.00
Last Name		First	
Wiggins		Larry	
Residential Street Address		City	State Zip Code
1769 Watertown Ave		Waterbury	CT 06708-1072
Principal Occupation		Name of Employer	
CFO		Hispanic Health Council	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023	\$100.00
Last Name		First	
Ravenstine		Geof	
Residential Street Address		City	State Zip Code
5 Anchorage Ln		Old Saybrook	CT 06475-1401
Principal Occupation		Name of Employer	
CFO		Corvas Capital Partners LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/06/2023	\$1,000.00

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Frank		Barry	
Residential Street Address		City	M.I.
549 Barr Ct		River Vale	
		State	Zip Code
		NJ	07675-6052
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L.1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/15/2023	\$1,000.00
Last Name		First	
Pacacha		Ronald	
Residential Street Address		City	M.I.
7505 Mansfield Hollow Rd		Delray Beach	
		State	Zip Code
		FL	33446-3314
Principal Occupation		Name of Employer	
Attorney		Ronald Pacacha	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$250.00
Is this contribution associated with an event reported in Section L.1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/19/2023	\$250.00
Last Name		First	
Norko		John	
Residential Street Address		City	M.I.
230 Holland Rd		Bridgeport	G
		State	Zip Code
		CT	06610-1041
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L.1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023	\$1,000.00

<b>SUBTOTAL Section B - This Page</b>	\$2,250.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Ganim		Paul J.			
Residential Street Address		City		State	Zip Code
7 Battery Park Dr		Bridgeport		CT	06605-3604
Principal Occupation		Name of Employer			
Attorney		Ganim Legal			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$1,000.00	
Last Name		First		M.I.	
Antonucci		Paula			
Residential Street Address		City		State	Zip Code
32 Justine Dr		North Haven		CT	06473-3553
Principal Occupation		Name of Employer			
Office Manager		Lourary Disposal			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$500.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/21/2023		\$500.00	
Last Name		First		M.I.	
Hernandez		Orlando			
Residential Street Address		City		State	Zip Code
44 Elmwood Pl		Bridgeport		CT	06605-1406
Principal Occupation		Name of Employer			
Animal Control Officer		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$2,500.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00



I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	M.I.
Torres		Stephany	
Residential Street Address		City	State Zip Code
114 Intervale Rd		Bridgeport	CT 06610-1014
Principal Occupation		Name of Employer	
Finance		Illume Fertility	
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?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$100.00
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023	\$200.00
Last Name		First	M.I.
Levin		Bruce	
Residential Street Address		City	State Zip Code
39 Avery Ave		Milford	CT 06460-4342
Principal Occupation		Name of Employer	
Attorney		City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$1,000.00
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023	\$1,000.00
Last Name		First	M.I.
Williams		Keith	
Residential Street Address		City	State Zip Code
92 Waterman St		Bridgeport	CT 06607-1538
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$25.00
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023	\$25.00

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Brathwaite		Lee			
Residential Street Address		City		State	Zip Code
21 Jared Dr		White Plains		NY	10605-3411
Principal Occupation			Name of Employer		
Developer/General Contractor			Apex Building Group		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$500.00	
Last Name		First		M.I.	
Stallworth		Charles			
Residential Street Address		City		State	Zip Code
35 Wickcliffe Ct		Bridgeport		CT	06606
Principal Occupation			Name of Employer		
Senior Pastor			East End Baptist Church		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			11/17/2023	\$200.00	
Last Name		First		M.I.	
Cronin		Linda			
Residential Street Address		City		State	Zip Code
62 Burr St		Easton		CT	06612-1616
Principal Occupation			Name of Employer		
Attorney			Cronin & Byczek LLP		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$350.00	

<b>SUBTOTAL Section B - This Page</b>	\$550.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Boardsen		Harry			
Residential Street Address		City		State	Zip Code
339 Stonington Rd		Stonington		CT	06378-2638
Principal Occupation		Name of Employer			
Owner		Bridgeport Boatworks			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L.1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/26/2023	\$1,000.00		
Last Name		First		M.I.	
DeAngelo		Dr. William C.			
Residential Street Address		City		State	Zip Code
66 Riverford Rd		Brookfield		CT	06804-1323
Principal Occupation		Name of Employer			
Dr. of Chiropractic		New Spinal Center			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L.1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/13/2023	\$1,000.00		
Last Name		First		M.I.	
Giacobbe		Marilla			
Residential Street Address		City		State	Zip Code
250 Cutlers Farm Rd		Monroe		CT	06468-2116
Principal Occupation		Name of Employer			
Special Project Coordinator		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L.1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$250.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023	\$250.00		

<b>SUBTOTAL Section B - This Page</b>	\$2,250.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	<b>\$66,060.00</b>

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Maye		James			
Residential Street Address			City	State	Zip Code
9 Hillcrest Pl			Norwalk	CT	06850-1304
Principal Occupation			Name of Employer		
Attorney			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with.			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$100.00	
Last Name		First		M.I.	
DeVuono		Giuliana			
Residential Street Address			City	State	Zip Code
294 Bronxville Rd			Bronxville	NY	10708-2850
Principal Occupation			Name of Employer		
Stylist			John Barrett		
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with.			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			11/06/2023	\$1,000.00	
Last Name		First		M.I.	
Paoletto		Anthony		R	
Residential Street Address			City	State	Zip Code
321 Lynne Pl			Bridgeport	CT	06610-1233
Principal Occupation			Name of Employer		
Special Projects Manager			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with.			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			11/17/2023	\$25.00	

<b>SUBTOTAL Section B - This Page</b>	\$1,125.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Gonzalez		Barbara			
Residential Street Address		City		State	Zip Code
114 Intervale Rd		Bridgeport		CT	06610-1014
Principal Occupation		Name of Employer			
Owner		Beyond Homecare			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/06/2023	\$1,000.00	
Last Name		First		M.I.	
Coward		Terri		D	
Residential Street Address		City		State	Zip Code
73 Pine Ridge Rd		Fairfield		CT	06825-1238
Principal Occupation		Name of Employer			
City Treasurer		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$100.00	
Last Name		First		M.I.	
Dippolito		Charles			
Residential Street Address		City		State	Zip Code
35 Black Rock Rd		Stamford		CT	06903-1430
Principal Occupation		Name of Employer			
Administrator		Approved Medical Waste			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/18/2023	\$500.00	

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Meyer		First R. Christopher	
Residential Street Address 435 Midland St		City Bridgeport	State CT
		Zip Code 06605-3346	
Principal Occupation Attorney		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/16/2023	Aggregate contributions \$1,000.00
Last Name Urena		First Taliana	
Residential Street Address 108 Stillman St, Apt 2L		City Bridgeport	State CT
		Zip Code 06608-1543	
Principal Occupation Payroll Processor		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$100.00
Last Name Dwyer		First Philip	
Residential Street Address 2607 Congress St		City Fairfield	State CT
		Zip Code 06824-7118	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$250.00

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Mallory		Rosalind			
Residential Street Address		City		State	Zip Code
35 Johnson St		Ansonia		CT	06401-3017
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$25.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023		\$50.00	
Last Name		First		M.I.	
Monks		Kevin			
Residential Street Address		City		State	Zip Code
200 Holland Rd		Bridgeport		CT	06610-1041
Principal Occupation		Name of Employer			
Painter		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$175.00	
Last Name		First		M.I.	
Josef		Tiadora			
Residential Street Address		City		State	Zip Code
925 Oronoke Rd, Unit 11B		Waterbury		CT	06708-3941
Principal Occupation		Name of Employer			
Director of Communications		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$100.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$100.00	

<b>SUBTOTAL Section B - This Page</b>	\$225.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Stowell		Mark			
Residential Street Address		City		State	Zip Code
45 Bennetts Bridge Rd		Sandy Hook		CT	06482-1440
Principal Occupation		Name of Employer			
Owner		Hilltop Painting Services LLC			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$250.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$250.00	
Last Name		First		M.I.	
Ferrigno		Anthony		R	
Residential Street Address		City		State	Zip Code
1000 Huntington Tpke		Bridgeport		CT	06610-1246
Principal Occupation		Name of Employer			
Owner		Treeland Inc			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$500.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/12/2023		\$500.00	
Last Name		First		M.I.	
Owen		Darren			
Residential Street Address		City		State	Zip Code
4 Whipoorwill Ln		Stratford		CT	06614-2470
Principal Occupation		Name of Employer			
Builder		EO Builders LLC			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<b>\$50.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023		\$50.00	

<b>SUBTOTAL Section B - This Page</b>	\$800.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00



I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	M.I.
Kligerman		Robert	M
Residential Street Address		City	State Zip Code
37 Eames Blvd		Bridgeport	CT 06605-3606
Principal Occupation		Name of Employer	
Real Estate		Connecticut Realty Trust	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/28/2023	Aggregate contributions \$1,000.00
Last Name		First	M.I.
Silva		Carla	
Residential Street Address		City	State Zip Code
66 Cleveland Ave		Bridgeport	CT 06606-5209
Principal Occupation		Name of Employer	
Homemaker		Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/17/2023	Aggregate contributions \$100.00
Last Name		First	M.I.
Mitola		John	R
Residential Street Address		City	State Zip Code
21 Surrey Ln		Fairfield	CT 06824-7149
Principal Occupation		Name of Employer	
Attorney		City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$100.00

<b>SUBTOTAL Section B - This Page</b>	\$1,200.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport 23	January 10 filing
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b> \$0.00

**B. Itemized Contributions from Individuals**

Last Name Roach	First Daniel	M.I.
Residential Street Address 19 Quinlan Ave	City Bridgeport	State CT Zip Code 06605-3527
Principal Occupation Government Operations	Name of Employer City of Bridgeport	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$1,000.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/18/2023
		Aggregate contributions \$1,000.00

Last Name Sanchez	First Alanis	M.I.
Residential Street Address 114 Intervale Rd	City Bridgeport	State CT Zip Code 06610-1014
Principal Occupation Student	Name of Employer Student	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023
		Aggregate contributions \$100.00

Last Name Stafstrom	First John	M.I. F
Residential Street Address 105 Battery Park Dr	City Bridgeport	State CT Zip Code 06605-3604
Principal Occupation Attorney	Name of Employer Pullman & Comley LLC	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$1,000.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/11/2023
		Aggregate contributions \$1,000.00

<b>SUBTOTAL Section B - This Page</b>	\$2,100.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			January 10 filing		
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)					Subtotal Section A \$0.00
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Alam		Nurul			
Residential Street Address		City		State	Zip Code
5 Liberty HI		Wethersfield		CT	06109-3976
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/16/2023	\$1,000.00	
Last Name		First		M.I.	
Lindsay		Michelle			
Residential Street Address		City		State	Zip Code
110 Asylum St		Bridgeport		CT	06610-2104
Principal Occupation		Name of Employer			
Administrator		Dress for Success			
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?		<b>Amount of Contribution</b>  \$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/19/2023	\$30.00	
Last Name		First		M.I.	
Keyes		John		A	
Residential Street Address		City		State	Zip Code
63 Marvel Rd		New Haven		CT	06515-2117
Principal Occupation		Name of Employer			
Attorney		John Keyes			
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?		<b>Amount of Contribution</b>  \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			12/08/2023	\$1,000.00	

<b>SUBTOTAL Section B - This Page</b>	\$2,030.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Dippolito		First Joseph M.I.	
Residential Street Address 881 Long Ridge Rd		City Stamford	State CT Zip Code 06902-1103
Principal Occupation Mechanic		Name of Employer Approved Storage & Waste Hauling	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/18/2023	Aggregate contributions \$500.00
Last Name Yu		First Kaicheng M.I.	
Residential Street Address 20 Linden St		City Norwalk	State CT Zip Code 06851-1527
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$300.00
Last Name Grosso		First Kimberly M.I.	
Residential Street Address 625 Tahmore Dr		City Fairfield	State CT Zip Code 06825-2515
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/13/2023	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page	\$1,800.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00



I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>A. Total Contributions from Small Contributors - Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>Subtotal Section A</b>	
				\$0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		M.I.	
Martinez		Eneida			
Residential Street Address		City		State	Zip Code
PO Box 55052		Bridgeport		CT	06610-5052
Principal Occupation		Name of Employer			
Unemployed		Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$250.00	
Last Name		First		M.I.	
Mappa		Lauren			
Residential Street Address		City		State	Zip Code
20 Aspen Wood Ln		Fairfield		CT	06825-3620
Principal Occupation		Name of Employer			
WPCA Manager		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		12/19/2023		\$250.00	
Last Name		First		M.I.	
Monks		Kevin			
Residential Street Address		City		State	Zip Code
200 Holland Rd		Bridgeport		CT	06610-1041
Principal Occupation		Name of Employer			
Painter		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$75.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		11/17/2023		\$175.00	

<b>SUBTOTAL Section B - This Page</b>	\$575.00
<b>TOTAL of Section B Pages</b>	\$66,060.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Portanova		First Daniel	M.I.
Residential Street Address 95 Teller Rd		City Trumbull	State CT
		Zip Code 06611-1421	
Principal Occupation Attorney		Name of Employer Daniel D Portanova, Atty LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$350.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2023	Aggregate contributions \$350.00
Last Name Kolakowski		First Michael	M.I.
Residential Street Address 3 Turnberry Rd		City Wallingford	State CT
		Zip Code 06492-2743	
Principal Occupation Commercial Contractor		Name of Employer KBE Building Corporation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$1,000.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/21/2023	Aggregate contributions \$1,000.00
Last Name Costello		First Domenic	M.I.
Residential Street Address 6 Richard Pl		City Trumbull	State CT
		Zip Code 06611-3815	
Principal Occupation Deputy Director of Labor Relations		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$50.00	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/17/2023	Aggregate contributions \$150.00

SUBTOTAL Section B - This Page	\$1,400.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		January 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Pivrotto		First Elaine M.I.	
Residential Street Address 396 A Ottawa Ln		City Stratford State CT Zip Code 06614-8121	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/17/2023	Aggregate contributions \$60.00
Last Name Carrena		First Luis M.I.	
Residential Street Address 24 Tuckahoe Rd		City Easton State CT Zip Code 06612-2052	
Principal Occupation CEO		Name of Employer Carrena Property	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/28/2023	Aggregate contributions \$500.00

SUBTOTAL Section B - This Page	\$560.00
TOTAL of Section B Pages	\$66,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$66,060.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
Ganim for Bridgeport 23					January 10 filing	
<b>C1. Contributions from Other Committees</b>						
Name of Committee Bricklayers & Allied Craf				Name of Treasurer John Chandler		
Address 17 N Plains Industrial Rd			Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Amount of Contribution	
City Wallingford	State CT	Zip Code 06492-5841	Date Received 12/19/2023	Aggregate Contributions \$1,500.00		\$1,500.00
Name of Committee Committee To Elect Dernocr				Name of Treasurer Rosanne Gallant		
Address 527 Tunxis Hill Rd			Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Amount of Contribution	
City Fairfield	State CT	Zip Code 06825-4473	Date Received 12/19/2023	Aggregate Contributions \$1,000.00		\$1,000.00
Name of Committee IUPAT - International Uni				Name of Treasurer Jason Werthman		
Address 1492 Berlin Tpke			Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Amount of Contribution	
City Berlin	State CT	Zip Code 06037-3230	Date Received 10/31/2023	Aggregate Contributions \$500.00		\$500.00

SUBTOTAL Section C1 - This Page	\$3,000.00
TOTAL of Section C1 Pages	\$3,000.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) <i>(Enter total on Line 14, Column A of Summary Page)</i>	\$3,000.00



NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
133 For The People			12/05/2023		
Street Address		City	State	Zip Code	
42 Morgan Ave		Bridgeport	CT	06606-5518	\$1,390.00
Description					
Cost Share for Workers					

<b>TOTAL SECTION K</b>	<b>\$1,390.00</b>
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**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
Ganim for Bridgeport 23		January 10 filing
<b>Summary of Other Monetary Receipts (Sections D-K)</b>		
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)	+	\$1,390.00

Total of Other Monetary Receipts (Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)* \$1,390.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				January 10 filing	
<b>M. In-Kind Contributions</b>					
Name Nancy Baez					
Street Address 540 Ogden St			City Bridgeport	State CT	Zip Code 06608-1731
Type of Contributor: <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other	Date Received 12/23/2023	Aggregate Contributions \$450.00	Description of In-Kind Contribution Food for various events held.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Fair Market Value of this Contribution  \$450.00	
Is this contribution associated with an event reported in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				

SUBTOTAL Section M - This Page	\$450.00
TOTAL of Section M Pages	\$450.00
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	\$450.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Kemuel Pierre-Louis		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 439 Birmingham St		City Bridgeport	State CT	Zip Code 06606-3423
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$100.00
Name of Payee Naima West		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1152 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 702 Central Ave		City Bridgeport	State CT	Zip Code 06607-1701
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$100.00
Name of Payee Jennifer Nappi		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1173 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Circular Ave		City Bridgeport	State CT	Zip Code 06605-3050
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00
Name of Payee Neil Williamson		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1172 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Princeton St		City Bridgeport	State CT	Zip Code 06605-2962
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00

SUBTOTAL Section P - This Page	\$440.00
TOTAL of Section P Pages	\$44,883.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$44,883.84



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Peter Suchocki		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1171 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Shell St, Apt 103		City Bridgeport	State CT	Zip Code 06605-2767
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00
Name of Payee Jon Maclay		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1153 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 695 Park Ave		City Bridgeport	State CT	Zip Code 06604-4636
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$125.00
Name of Payee Alejandro Ramos		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1138 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 621 Capitol Ave		City Bridgeport	State CT	Zip Code 06606-5203
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$140.00
Name of Payee Yolandita Diaz		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1157 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 194 Arctic St		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$160.00

SUBTOTAL Section P - This Page	\$545.00
TOTAL of Section P Pages	\$44,883.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$44,883.84

**IV. EXPENDITURES (Sections P-T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Jeanette Watson		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1133 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Shell St, Apt 613		City Bridgeport	State CT	Zip Code 06605-2751
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$160.00
Name of Payee Helen Witkoski		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1170 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Shell St		City Bridgeport	State CT	Zip Code 06605-2766
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$180.00
Name of Payee Antonio Mercano		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1165 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Deforest Ave		City Bridgeport	State CT	Zip Code 06607-2411
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$20.00
Name of Payee Mirella Villacres		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1168 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$20.00

<b>SUBTOTAL Section P - This Page</b>	\$380.00
<b>TOTAL of Section P Pages</b>	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$44,883.84

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Michael Hall			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1122 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 39 Richardson St		City Bridgeport		State CT      Zip Code 06610-1636
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee George Jordan			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 66 Poplar St, # 1		City Bridgeport		State CT      Zip Code 06605-1973
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Ralsteeni Hall			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 34 Richardson St		City Bridgeport		State CT      Zip Code 06610-1637
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Tornmika Leak			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1124 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 19 Victory Dr		City New Haven		State CT      Zip Code 06515-1227
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00

SUBTOTAL Section P - This Page	\$800.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	<b>\$44,883.84</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Dorca Hernandez		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1136 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1928 Seaview Ave		City Bridgeport	State CT	Zip Code 06610-2732
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Arthey Shaw		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1156 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 259 Yaremich Dr		City Bridgeport	State CT	Zip Code 06606-2555
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Francisco Pinerio		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1125 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Carla Gonzalez		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1137 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Grant St		City Bridgeport	State CT	Zip Code 06610-2708
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00

SUBTOTAL Section P - This Page	\$800.00
TOTAL of Section P Pages	\$44,883.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$44,883.84



IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Christina Jimenez		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1126 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 291 Nichols St		City Bridgeport	State CT	Zip Code 06608-2708
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Antonio Mercano		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1158 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Deforest Ave		City Bridgeport	State CT	Zip Code 06607-2411
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Linda Manuel		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 73 Alanson Rd		City Bridgeport	State CT	Zip Code 06607-1504
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Tharon Smith		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1150 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 175 Whittier St		City Bridgeport	State CT	Zip Code 06605-2561
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section P - This Page	\$800.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)	<b>\$44,883.84</b>

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Anthony Williams			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1149 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 223 Parrott Ave		City Bridgeport	State CT	Zip Code 06606-5424
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Nancy Sanchez			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 279 William St		City Bridgeport	State CT	Zip Code 06608-2144
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Alvin Manuel			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1178 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 73 Alanson Rd		City Bridgeport	State CT	Zip Code 06607-1504
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Anthony Ettison			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 50 Ridgefield Ave, Unit 204		City Bridgeport	State CT	Zip Code 06610-3105
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00

<b>SUBTOTAL Section P - This Page</b>	\$800.00
<b>TOTAL of Section P Pages</b>	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$44,883.84

**IV. EXPENDITURES (Sections P-I)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Crystal Edwards		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1131 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 Yaremich Dr, Apt 12		City Bridgeport	State CT	Zip Code 06606-2584
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Kathy Santos		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1141 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Truman St, Apt 110		City Bridgeport	State CT	Zip Code 06606-4956
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Dwight Walker		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1151 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 183 Livingston Pl, Unit 17		City Bridgeport	State CT	Zip Code 06610-1746
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee David Kiefer		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1132 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 655 Park St		City Bridgeport	State CT	Zip Code 06608-1113
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section P - This Page	\$800.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	<b>\$44,883.84</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Nancy Melendez		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1142 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 525 Palisade Ave, Apt 1005		City Bridgeport	State CT	Zip Code 06610-3431
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00
Name of Payee Samantha Cheatham		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1175 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Terrace Cir, Apt C		City Bridgeport	State CT	Zip Code 06606-2474
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$220.00
Name of Payee Bianca Lane		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Terrace Cir, Apt D		City Bridgeport	State CT	Zip Code 06606-2403
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$220.00
Name of Payee Theresa Alhers		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1160 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00

SUBTOTAL Section P - This Page	\$880.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	<b>\$44,883.84</b>



IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee George Thompson			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1163 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 151 Wessels Ave		City Bridgeport	State CT	Zip Code 06610-2339
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00
Name of Payee Elaine Govia			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1147 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 54 Manhattan Ave		City Bridgeport	State CT	Zip Code 06606-4672
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00
Name of Payee Nilda Rodriguez			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1155 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 48 Amsterdam Ave		City Bridgeport	State CT	Zip Code 06606-4549
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00
Name of Payee Shelley Ebron			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1164 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 285 Maplewood Ave		City Bridgeport	State CT	Zip Code 06605-1334
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00

SUBTOTAL Section P - This Page	\$960.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)	<b>\$44,883.84</b>

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee George Jordan		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1167 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Poplar St, # 1		City Bridgeport	State CT	Zip Code 06605-1973
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00
Name of Payee Crystal Edwards		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1161 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 Yaremich Dr, Apt 12		City Bridgeport	State CT	Zip Code 06606-2584
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00
Name of Payee Ruthie Vines		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1179 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 385 Platt St		City Bridgeport	State CT	Zip Code 06606-2981
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00
Name of Payee Elizabeth E Monks		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1144 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Holland Rd		City Bridgeport	State CT	Zip Code 06610-1041
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00

SUBTOTAL Section P - This Page	\$1,100.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	<b>\$44,883.84</b>

IV. EXPENDITURES (Sections P-1)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Lilia E Figueroa			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 666 Iranistan Ave		City Bridgeport		State CT      Zip Code 06605-1220
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$320.00
Name of Payee Susana Franco			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1128 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 98 Lakeview Ave		City Bridgeport		State CT      Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$360.00
Name of Payee Jazmine Inoa			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1130 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 115 Holy St		City Bridgeport		State CT      Zip Code 06607-1036
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$360.00
Name of Payee Sofia Franco			Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1129 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 98 Lakeview Ave		City Bridgeport		State CT      Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$360.00

SUBTOTAL Section P - This Page	\$1,400.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)	<b>\$44,883.84</b>

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Laura Giacobbe		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1146 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Louisiana Ave		City Bridgeport	State CT	Zip Code 06610-1540
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$380.00
Name of Payee Mirella Villacres		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1134 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$420.00
Name of Payee Talitha C Frazier		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1145 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 295 Putnam St, Apt 1B		City Bridgeport	State CT	Zip Code 06608-1433
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$480.00
Name of Payee Twana Johnson		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1162 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 905 South Ave		City Bridgeport	State CT	Zip Code 06604-5244
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$480.00

SUBTOTAL Section P - This Page	\$1,760.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	<b>\$44,883.84</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Nancy Baez		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608-1731
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$500.00	
Name of Payee Frank Santos		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1139 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave, # A-46		City Bridgeport	State CT	Zip Code 06608-2149
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$60.00	
Name of Payee Lilia E Figueroa		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1169 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 666 Iranistan Ave		City Bridgeport	State CT	Zip Code 06605-1220
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$60.00	
Name of Payee April Barron		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 N Bishop Ave, Apt 16		City Bridgeport	State CT	Zip Code 06610-2450
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$60.00	

SUBTOTAL Section P - This Page	\$680.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	<b>\$44,883.84</b>



NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Robert Anderson		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1148 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Alpine St		City Bridgeport	State CT	Zip Code 06610-1759
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$600.00	
Name of Payee Diana Zapata		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1154 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 262 Harral Ave		City Bridgeport	State CT	Zip Code 06604-3004
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$640.00	
Name of Payee Nancy Baez		Date of Payment 11/10/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608-1731
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$820.00	
Name of Payee Anthony R Paoletto		Date of Payment 11/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1187 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Lynne Pl		City Bridgeport	State CT	Zip Code 06610-1233
Purpose of Expenditure (by code) RMB	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$200.00	

SUBTOTAL Section P - This Page	\$2,260.00
TOTAL of Section P Pages	\$44,883.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$44,883.84

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee The Digital Chameleon LLC			Date of Payment 11/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 55 Hawley Ave		City Bridgeport		State CT Zip Code 06606-5035
Purpose of Expenditure (by code) PRNT	Description	Event #		<b>Amount</b>  \$2,280.78
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Uniform Proz			Date of Payment 11/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1183 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 71 Woodcrest Ave		City Stratford		State CT Zip Code 06614-4837
Purpose of Expenditure (by code) OVHD	Description	Event #		<b>Amount</b>  \$3,750.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Virginia Malheiro			Date of Payment 11/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1191 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 11 Botsford Pl		City Trumbull		State CT Zip Code 06611-4702
Purpose of Expenditure (by code) FOOD	Description	Event #		<b>Amount</b>  \$65.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Laura Giacobbe			Date of Payment 11/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1186 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 34 Louisiana Ave		City Bridgeport		State CT Zip Code 06610-1540
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>  \$680.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$6,775.78
TOTAL of Section P Pages	\$44,883.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$44,883.84

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Elizabeth E Monks		Date of Payment 11/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1184 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Holland Rd		City Bridgeport	State CT	Zip Code 06610-1041
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$680.00
Name of Payee 930 Main Street Associates LLC		Date of Payment 11/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Hosley Ave		City Branford	State CT	Zip Code 06405-2523
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$7,500.00
Name of Payee Virginia Malheiro		Date of Payment 11/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Botsford Pl		City Trumbull	State CT	Zip Code 06611-4702
Purpose of Expenditure (by code) RMB	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$93.06
Name of Payee Laura Giacobbe		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1116 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Louisiana Ave		City Bridgeport	State CT	Zip Code 06610-1540
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$150.00

SUBTOTAL Section P - This Page	\$8,423.06
TOTAL of Section P Pages	\$44,883.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$44,883.84

**IV. EXPENDITURES (Sections P-T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			January 10 filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee Laura Giacobbe			Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1116 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Louisiana Ave		City Bridgeport		State CT	Zip Code 06610-1540
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>  \$150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Sofia Franco			Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1118 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport		State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>  \$200.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Susana Franco			Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport		State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>  \$200.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Sofia Franco			Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1119 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport		State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>  \$200.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

<b>SUBTOTAL Section P - This Page</b>	\$750.00
<b>TOTAL of Section P Pages</b>	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	\$44,883.84

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee George Jordan		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1120 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Poplar St, # 1		City Bridgeport	State CT	Zip Code 06605-1973
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount  \$200.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Jazmine Inoa		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1119 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 115 Holly St		City Bridgeport	State CT	Zip Code 06607-1036
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount  \$200.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Talitha C Frazier		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 295 Putnam St, Apt 1B		City Bridgeport	State CT	Zip Code 06608-1433
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount  \$230.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Elsie Mercado		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 2B		City Bridgeport	State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount  \$240.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

SUBTOTAL Section P - This Page	\$870.00
TOTAL of Section P Pages	\$44,883.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$44,883.84



IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Nilda Rodriguez		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 11109 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Amsterdam Ave		City Bridgeport	State CT	Zip Code 06606-4549
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>  \$240.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Lilia E Figueroa		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 666 Iranistan Ave		City Bridgeport	State CT	Zip Code 06605-1220
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>  \$260.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Elizabeth E Monks		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1112 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Holland Rd		City Bridgeport	State CT	Zip Code 06610-1041
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>  \$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Theresa Alhers		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>  \$400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

SUBTOTAL Section P - This Page	\$1,200.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	<b>\$44,883.84</b>

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Robert Anderson		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1108 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Alpine St		City Bridgeport	State CT	Zip Code 06610-1759
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$400.00
Name of Payee Robert Anderson		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1108 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Alpine St		City Bridgeport	State CT	Zip Code 06610-1759
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$400.00
Name of Payee Theresa Alhers		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$400.00
Name of Payee Crystal Edwards		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 Yaremich Dr, Apt 12		City Bridgeport	State CT	Zip Code 06606-2584
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$400.00

SUBTOTAL Section P - This Page	\$1,600.00
TOTAL of Section P Pages	\$44,883.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$44,883.84

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Twana Johnson		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1111 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 905 South Ave		City Bridgeport	State CT	Zip Code 06604-5244
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>  \$400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Nancy Baez		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608-1731
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>  \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Diana Zapata		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 262 Herral Ave		City Bridgeport	State CT	Zip Code 06604-3004
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>  \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Mirella Villacres		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>  \$660.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$2,060.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	<b>\$44,883.84</b>

IV. EXPENDITURES (Sections P-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			January 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Jazmin Cooper		Date of Payment 11/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 581 Waterview Ave, Apt 404		City Bridgeport	State CT	Zip Code 06608-2529
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$800.00
Name of Payee Danielle Wilken		Date of Payment 12/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1193 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 301 Northington Dr		City Avon	State CT	Zip Code 06001-2387
Purpose of Expenditure (by code) REF	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$1,000.00
Name of Payee Dinormous		Date of Payment 12/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1194 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 180 Post Rd E, Ste 201		City Westport	State CT	Zip Code 06880-3414
Purpose of Expenditure (by code) A-WEB	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$2,500.00
Name of Payee Park City Consulting LLC		Date of Payment 12/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1195 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1705 Capitol Ave		City Bridgeport	State CT	Zip Code 06604-1525
Purpose of Expenditure (by code) CNSLT	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$4,500.00

SUBTOTAL Section P - This Page	\$8,800.00
TOTAL of Section P Pages	\$44,883.84
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	<b>\$44,883.84</b>

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			January 10 filing		
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant Malheiro		First Virginia		MI	Date of Payment to Vendor, Person or Entity 11/01/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Testo's Pizzeria				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1191 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1023 Brooklawn Ave		City Fairfield		State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$65.00	
Last Name of Worker/Consultant Malheiro		First Virginia		MI	Date of Payment to Vendor, Person or Entity 11/04/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Vazzy's Brick Oven				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 513 Broadbridge Rd		City Bridgeport		State CT	Zip Code 06610-1240
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$93.06	
Last Name of Worker/Consultant Paoletto		First Anthony		MI R	Date of Payment to Vendor, Person or Entity 11/07/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Voice Broadcasting				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1187 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1527 S Cooper St		City Arlington		State TX	Zip Code 76010-4105
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$200.00	

SUBTOTAL Section T - This Page	\$358.06
TOTAL of Section T Pages	\$358.06
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>	<b>\$358.06</b>