

SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE			
Ganim for Bridgeport 23			
2. TREASURER NAME			
First	MI	Last	Suffix
Anthony		Paoletto	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
321 Lynne Place	Bridgeport	CT	06610
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>	6. DISTRICT NUMBER <i>(if applicable)</i>	
02/27/2024	Mayor	0	
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Joseph	P.	Ganim	
8. TYPE OF REPORT <i>(Check One Box)</i>			
<input 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 checked="" type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		
<input type="checkbox"/> Primary	<input type="checkbox"/> Election		
9. PERIOD COVERED			
Beginning Date	Ending Date		
02/19/2024	thru	03/31/2024	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)	
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

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

Revised January 2015

Page 2 of 85

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ganim for Bridgeport 23	April 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	\$89,968.83	
13. Contributions received from Individuals (Section A and B)	\$35,895.00	\$805,081.00
14. Receipts from Other Committees (Sections C1 and C2)	\$500.00	\$25,200.00
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$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 1.2. removed</i>		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$13,625.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$36,395.00	\$845,296.00
18. Subtotals (add totals in Line 12 + 17 in Column A, and in Line 11 + 17 in Column B)	\$126,363.83	\$845,296.00
19. Expenditures Paid by Committee (Section P)	\$119,685.95	\$839,108.12
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$6,677.88	\$6,677.88
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-kind Contributions Received (Section M)	\$0.00	\$8,999.06
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		April 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 Riccio		First Victor	
Residential Street Address 13837 Via Flora		City Delray Beach	State FL
		Zip Code 33484-1901	
Principal Occupation Title Searcher		Name of Employer Black Rock Title	
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 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 02/23/2024	Aggregate contributions \$100.00
Last Name Vazzano		First John	
Residential Street Address 1395 Huntington Tpke		City Trumbull	State CT
		Zip Code 06611-5318	
Principal Occupation Principle		Name of Employer Vazzy's Restaurant	
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 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 03/27/2024	Aggregate contributions \$250.00
Last Name Kascak		First Richard	
Residential Street Address 660 White Plains Rd		City Trumbull	State CT
		Zip Code 06611-4860	
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 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/19/2024	Aggregate contributions \$500.00

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Ettison		First Anthony M.I.	
Residential Street Address 50 Ridgefield Ave, Unit 204		City Bridgeport	State CT Zip Code 06610-3105
Principal Occupation Custodian		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 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 03/27/2024	Aggregate contributions \$50.00
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.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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024	Aggregate contributions \$100.00
Last Name Khan		First Omar M.I.	
Residential Street Address 156 Brunst Ave		City Newark	State NJ Zip Code 07112
Principal Occupation Lawyer		Name of Employer Omar Khan	
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024	Aggregate contributions \$500.00

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Piccirillo		First Jason M.I.	
Residential Street Address 712 Madison Ave		City Bridgeport State CT Zip Code 06606-5511	
Principal Occupation Owner		Name of Employer Micilizzi's	
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 03/27/2024	
		Aggregate contributions \$300.00	
Last Name Anastasi		First Mark M.I. T	
Residential Street Address 25 Sullivan Pl		City Bridgeport State CT Zip Code 06610-1026	
Principal Occupation Attorney		Name of Employer Independent Contractor - Mark Anastasi	
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024	
		Aggregate contributions \$100.00	
Last Name Ambrifi		First Ryan M.I.	
Residential Street Address 13 Burnham Hl		City Westport State CT Zip Code 06880-6607	
Principal Occupation Car Dealer		Name of Employer Jaguar Land Rover	
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 03/27/2024	
		Aggregate contributions \$250.00	

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

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				April 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.	
Esteves		Cristina			
Residential Street Address		City		State	Zip Code
124 Morningside Ct		Shelton		CT	06484-4344
Principal Occupation			Name of Employer		
Computer 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		\$200.00	
Is this contribution associated with an event reported in Section I.17?		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 <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				03/27/2024	\$200.00
Last Name		First		M.I.	
Gasuk		Sheils			
Residential Street Address		City		State	Zip Code
280 France St		Rocky Hill		CT	06067-2900
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		\$500.00	
Is this contribution associated with an event reported in Section I.17?		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 <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				02/27/2024	\$500.00
Last Name		First		M.I.	
Mouta		Carlos			
Residential Street Address		City		State	Zip Code
235 E River Dr, Apt 1701		East Hartford		CT	06108-5024
Principal Occupation			Name of Employer		
Real Estate Developer			PKV		
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 I.17?		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 <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				02/23/2024	\$500.00

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		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?		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 \$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 <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		03/27/2024		\$1,000.00	
Last Name		First		M.I.	
Sampieri		Nicholas			
Residential Street Address		City		State	Zip Code
1208 Broad St, Apt 304		Bridgeport		CT	06604-4107
Principal Occupation		Name of Employer			
Zoning Inspector		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 \$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 L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<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		03/27/2024		\$100.00	
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?		Amount of Contribution \$60.00	
<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 <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		03/27/2024		\$60.00	

SUBTOTAL Section B - This Page	\$1,160.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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.	
Gottesman		Abraham			
Residential Street Address		City		State	Zip Code
7 Rita Ave, Apt H		Monsey		NY	10952-6602
Principal Occupation			Name of Employer		
Owner			Blue Garden Management		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				03/27/2024	\$500.00
Last Name		First		M.I.	
Piccirillo		Jason			
Residential Street Address		City		State	Zip Code
712 Madison Ave		Bridgeport		CT	06606-5511
Principal Occupation			Name of Employer		
Owner			Micilizzi's		
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?		\$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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				03/27/2024	\$300.00
Last Name		First		M.I.	
Moran		Jonue			
Residential Street Address		City		State	Zip Code
95 Marion St		Bridgeport		CT	06606-4678
Principal Occupation			Name of Employer		
Insurance			Moran Agency		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				02/24/2024	\$500.00

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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.	
DeAngelis		Marie			
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 \$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		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				03/27/2024	\$1,000.00
Last Name		First		M.I.	
Gianotti		Michael			
Residential Street Address		City		State	Zip Code
336 High Ridge Dr		Bridgeport		CT	06606-4969
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 \$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		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				02/20/2024	\$1,000.00
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 \$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 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			
If yes, list Event #					
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				03/27/2024	\$100.00

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Levin		First Bruce M.I.	
Residential Street Address 39 Avery Ave		City Milford	State CT Zip Code 06460-4342
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	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 #		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 03/27/2024	Aggregate contributions \$100.00
Last Name Colella		First Thomas M.I. J	
Residential Street Address 5880 Donner Rd		City Lockport	State NY Zip Code 14094-9498
Principal Occupation President		Name of Employer Highway Rehab Corp	
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
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: <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 02/27/2024	Aggregate contributions \$500.00
Last Name Lewis		First Charles M.I.	
Residential Street Address 44 Boulder Brook Rd		City Wilton	State CT Zip Code 06897-1518
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	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 #		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 02/23/2024	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Eaton		First Stephen	
Residential Street Address 331 Griffin Ave		City Bridgeport	State CT
		Zip Code 06606-2428	
Principal Occupation Developer		Name of Employer Eaton Enterprises 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 03/27/2024	Aggregate contributions \$100.00
Last Name Mobilio		First Vincent	
Residential Street Address 1920 Madison Ave		City Bridgeport	State CT
		Zip Code 06606-4058	
Principal Occupation Economic Development		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 03/27/2024	Aggregate contributions \$50.00
Last Name Andrews		First Cowlis	
Residential Street Address 46 Jennifer Dr		City Bridgeport	State CT
		Zip Code 06610-1000	
Principal Occupation Project Manager		Name of Employer State of Connecticut	
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 03/27/2024	Aggregate contributions \$60.00

SUBTOTAL Section B - This Page	\$210.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

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		April 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 Dubac		First Loretta	
Residential Street Address 200 Woodmont Ave, # 19		City Bridgeport	State CT
Principal Occupation Phlebotomist		Name of Employer Quest	
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 <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 03/27/2024	Aggregate contributions \$50.00
Last Name Coleman		First Marshan	
Residential Street Address 180 A Yaremich Dr		City Bridgeport	State CT
Principal Occupation Construction		Name of Employer Premier 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 L.17? <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 03/27/2024	Aggregate contributions \$100.00
Last Name Moran		First Marlon	
Residential Street Address 2425 NICHOLS Ave		City Bridgeport	State CT
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 L.17? <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 02/24/2024	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Gee		First Fred	
Residential Street Address 185 Hillcrest Rd		City Bridgeport	State CT
		Zip Code 06606-3165	
Principal Occupation Project Manager		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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024	Aggregate contributions \$100.00
Last Name Mayes		First Mamie	
Residential Street Address 196 Goddard Ave		City Bridgeport	State CT
		Zip Code 06610-2048	
Principal Occupation Typist II		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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024	Aggregate contributions \$50.00
Last Name Christoph Jr.		First Robert	
Residential Street Address 1 Sturges Holw		City Westport	State CT
		Zip Code 06880-2851	
Principal Occupation Management		Name of Employer RCI Group	
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 02/27/2024	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

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		April 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 D'Addario		First Polly	
Residential Street Address 8 Glovers Ln		City Easton	State CT
		Zip Code 06612-2217	
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 I.17? <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 02/23/2024	Aggregate contributions \$1,000.00
Last Name Monks		First Kevin	
Residential Street Address 200 Holland Rd		City Bridgeport	State CT
		Zip Code 06610-1041	
Principal Occupation Painter		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.17? <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 03/27/2024	Aggregate contributions \$75.00
Last Name Pereira		First Domingos	
Residential Street Address 269 Harral Ave		City Bridgeport	State CT
		Zip Code 06604-3005	
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 I.17? <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 03/27/2024	Aggregate contributions \$250.00

SUBTOTAL Section B - This Page	\$1,325.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		M.I.	
Valle		Maria		I	
Residential Street Address		City		State	Zip Code
561 Brooks St		Bridgeport		CT	06608-1302
Principal Occupation			Name of Employer		
Senior Aide			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		\$25.00	
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				03/27/2024	\$25.00
Last Name		First		M.I.	
Dorgan		Johanna			
Residential Street Address		City		State	Zip Code
88 Lance Cir		Bridgeport		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?		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 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				03/27/2024	\$50.00
Last Name		First		M.I.	
Redgate		Leo			
Residential Street Address		City		State	Zip Code
120 High Point Ln		Fairfield		CT	06824-2064
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		\$250.00	
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				03/27/2024	\$250.00

SUBTOTAL Section B - This Page \$325.00

TOTAL of Section B Pages \$35,895.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page) \$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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	
Brannelly		John	
Residential Street Address		City	
1475 Burr St		Fairfield	
State		Zip Code	
CT		06824-1861	
Principal Occupation		Name of Employer	
Administrative		Fairfield County Medical Association	
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 I.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	
<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		03/27/2024	
		Aggregate contributions	
		\$100.00	
Last Name		First	
Mappa		Lauren	
Residential Street Address		City	
20 Aspen Wood Ln		Fairfield	
State		Zip Code	
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?	
<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		<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		03/27/2024	
		Aggregate contributions	
		\$250.00	
Last Name		First	
Cronk		Ryan	
Residential Street Address		City	
8931 Wickham Rd		Indianapolis	
State		Zip Code	
IN		46260-1644	
Principal Occupation		Name of Employer	
Real Estate		Flaherty & Collins Properties	
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 I.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	
<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		02/27/2024	
		Aggregate contributions	
		\$500.00	

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Seyal		First Aziz	
Residential Street Address 138 Mona Ter		City Fairfield	State CT
		Zip Code 06824-6458	
Principal Occupation Real Estate Investor		Name of Employer Aziz Seyal International Real Estate Group	
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 02/22/2024	Aggregate contributions \$100.00
Last Name Palacios		First Carlos	
Residential Street Address 409 Garfield Ave		City Bridgeport	State CT
		Zip Code 06606-5230	
Principal Occupation Painter		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 03/27/2024	Aggregate contributions \$100.00
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 <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 03/27/2024	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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.	
Kica		Arben			
Residential Street Address		City		State	Zip Code
4 Blueberry Ln		Oxford		CT	06478-1050
Principal Occupation		Name of Employer			
Building Official		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?		\$200.00	
<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			03/27/2024	\$200.00	
Last Name		First		M.I.	
Strong		Jackson			
Residential Street Address		City		State	Zip Code
840 Grand Concourse		Bronx		NY	10451-2914
Principal Occupation		Name of Employer			
Design Review 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?		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 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			03/27/2024	\$100.00	
Last Name		First		M.I.	
Anastasi		Christopher		M	
Residential Street Address		City		State	Zip Code
14 Buck Hill Rd		Madison		CT	06443-1892
Principal Occupation		Name of Employer			
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?		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			03/27/2024	\$100.00	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		M.I.	
Taffet		Gary			
Residential Street Address		City		State	Zip Code
5 Stage Coach Run		East Brunswick		NJ	08816-3248
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		\$300.00	
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			02/22/2024	\$300.00	
Last Name		First		M.I.	
Amado		Eric			
Residential Street Address		City		State	Zip Code
742 Hancock Ave		Bridgeport		CT	06605-1908
Principal Occupation		Name of Employer			
Human Resources		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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			03/28/2024	\$250.00	
Last Name		First		M.I.	
Colon		Carmen			
Residential Street Address		City		State	Zip Code
404 Cleveland Ave		Bridgeport		CT	06604-1643
Principal Occupation		Name of Employer			
Non Profit Executive		Pacific House			
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		<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			03/27/2024	\$100.00	

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$35,895.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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.	
Camarda		Robert			
Residential Street Address		City		State	Zip Code
111 Edward St		Fairfield		CT	06824-6800
Principal Occupation		Name of Employer			
Consultant		Cornerstone 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?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<i>If yes, list Event #</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		03/27/2024		\$250.00	
Last Name		First		M.I.	
Sachs		Howard			
Residential Street Address		City		State	Zip Code
57 Island View Ave		Branford		CT	06405-5629
Principal Occupation		Name of Employer			
Construction		Cherry Hill Construction, 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			
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 <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<i>If yes, list Event #</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		02/26/2024		\$1,000.00	
Last Name		First		M.I.	
Hey		Christopher			
Residential Street Address		City		State	Zip Code
508 Naugatuck Ave		Milford		CT	06460-5071
Principal Occupation		Name of Employer			
Restaurant Owner		Liberty Rock Tavern			
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 <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<i>If yes, list Event #</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		02/22/2024		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,250.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		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?		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? 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		03/27/2024		\$25.00	
Last Name		First		M.I.	
Rosado		Mayra			
Residential Street Address		City		State	Zip Code
2045 Park Ave		Bridgeport		CT	06604-1911
Principal Occupation		Name of Employer			
Manager		Sikorsky Credit Union			
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? 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		03/27/2024		\$1,000.00	
Last Name		First		M.I.	
Boucher		Paul			
Residential Street Address		City		State	Zip Code
37 Forest Ct		Bridgeport		CT	06604-5237
Principal Occupation		Name of Employer			
Zoning Department		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? 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		03/27/2024		\$100.00	

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		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 \$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? <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"/> 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			02/25/2024	\$1,000.00	
Last Name		First		M.I.	
McBride		Willie		C	
Residential Street Address		City		State	Zip Code
52 Wilson Ave		Trumbull		CT	06611-4824
Principal Occupation		Name of Employer			
Electrician		WC McBride Electrical Contractors, 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 \$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? <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"/> 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			03/27/2024	\$1,000.00	
Last Name		First		M.I.	
Papa		Tammy		L	
Residential Street Address		City		State	Zip Code
106 Long Island View Rd		Milford		CT	06460-6631
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 \$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 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"/> 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			03/27/2024	\$100.00	

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		M.I.	
Rainone		Louis			
Residential Street Address		City		State	Zip Code
555 US Highway 1 S		Iselin		NJ	08830-3179
Principal Occupation		Name of Employer			
President		Rainone Coughlin Minchello 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 I.1?		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>			
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		02/22/2024		\$1,000.00	
Last Name		First		M.I.	
Otero		Michele			
Residential Street Address		City		State	Zip Code
23 Brighton Rd		Naugatuck		CT	06770-1549
Principal Occupation		Name of Employer			
Director of Construction		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 I.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>			
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		03/27/2024		\$50.00	
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			
Is this contribution associated with an event reported in Section I.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>			
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		03/27/2024		\$50.00	

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		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			
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>		<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			03/26/2024	\$200.00	
Last Name		First		M.I.	
Salemi		Kathleen H.			
Residential Street Address		City		State	Zip Code
17 Pheasant Ln		East Hartford		CT	06108-1033
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 <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			02/26/2024	\$100.00	
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			
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			02/22/2024	\$150.00	

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		M.I.	
Franco		Rosa			
Residential Street Address		City		State	Zip Code
184 Funston Ave		Bridgeport		CT	06606-3036
Principal Occupation		Name of Employer			
Assistant 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			
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>		<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		03/27/2024		\$200.00	
Last Name		First		M.I.	
Gresko		Joseph		P	
Residential Street Address		City		State	Zip Code
284 Mary Ave		Stratford		CT	06614-5327
Principal Occupation		Name of Employer			
State Representative		State of Connecticut			
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 <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		03/27/2024		\$100.00	
Last Name		First		M.I.	
Perez		Daisey			
Residential Street Address		City		State	Zip Code
25 Driftwood Ln		Trumbull		CT	06611-1803
Principal Occupation		Name of Employer			
Administrator		Yale New Haven Hospital			
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?		\$300.00	
<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		03/27/2024		\$300.00	

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Jones		First Lyle M.I.	
Residential Street Address 89 Weber Ave		City Bridgeport	State CT Zip Code 06610-3062
Principal Occupation Chaplin		Name of Employer Department of Corrections	
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 03/27/2024	Aggregate contributions \$100.00
Last Name O'Brien		First Adam M.I.	
Residential Street Address 62 Osborne Hill Rd		City Sandy Hook	State CT Zip Code 06482-1555
Principal Occupation General Manager		Name of Employer Craft Connecticut	
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 02/25/2024	Aggregate contributions \$250.00
Last Name Marella		First Judith M.I.	
Residential Street Address 18 Hickory Ln		City Shelton	State CT Zip Code 06484-1711
Principal Occupation Bookkeeper		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 03/27/2024	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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	M.I.
Torsiello		Anthony	J
Residential Street Address		City	State Zip Code
2163 Oak Tree Rd		Edison	NJ 08820-1083
Principal Occupation		Name of Employer	
CEO		Toranco Associates 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 \$500.00
<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? 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"/> 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		02/20/2024	\$500.00
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 \$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 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"/> 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		03/27/2024	\$100.00
Last Name		First	M.I.
Infante		Michael	
Residential Street Address		City	State Zip Code
29 Vintage Rd		Trumbull	CT 06611-1452
Principal Occupation		Name of Employer	
Excavating Contractor		NCI Enterprises 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 \$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 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"/> 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		03/27/2024	\$100.00

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

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		April 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 Dagan		First Doron M.I.	
Residential Street Address 110 Sheffield Rd		City Waltham State MA Zip Code 02451-2323	
Principal Occupation Engineer		Name of Employer DeCarlo and Doll	
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 03/26/2024	Aggregate contributions \$600.00
Last Name Dagan		First Doron M.I.	
Residential Street Address 110 Sheffield Rd		City Waltham State MA Zip Code 02451-2323	
Principal Occupation Engineer		Name of Employer DeCarlo and Doll	
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 02/26/2024	Aggregate contributions \$600.00
Last Name Stein		First Cian M.I.	
Residential Street Address 395 Eleven O Clock Rd		City Fairfield State CT Zip Code 06824-1728	
Principal Occupation Sales Executive		Name of Employer Harbor Yard Amphitheater	
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 02/21/2024	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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	
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?	<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 #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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"/> 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		03/27/2024	\$500.00
Last Name		First	
Fiatio		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?	<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 #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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"/> 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		03/27/2024	\$200.00
Last Name		First	
Ortiz		Veronica	
Residential Street Address		City	State Zip Code
88 Raleigh Rd		Bridgeport	CT 06606-1037
Principal Occupation		Name of Employer	
Mayor's Aide		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? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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"/> 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		03/27/2024	\$200.00

SUBTOTAL Section B - This Page	\$900.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Zamora		First Elizabeth	
Residential Street Address 812 Pacific St		City Stamford	State CT
Principal Occupation Executive Assistant		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 03/27/2024	Aggregate contributions \$50.00
Last Name Denton		First Curtis	
Residential Street Address 955 Main St, Apt 808		City Bridgeport	State CT
Principal Occupation ITS Director		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 03/27/2024	Aggregate contributions \$250.00
Last Name Caulfield		First Bret	
Residential Street Address 32 Far Horizon Dr		City Monroe	State CT
Principal Occupation Tree Warden		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 03/27/2024	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Torsiello		First Michael M.I.	
Residential Street Address 2163 Oak Tree Rd		City Edison	State NJ Zip Code 08820-1083
Principal Occupation President		Name of Employer Torsiello Construction Management	
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 type="checkbox"/> Yes <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 02/20/2024	Aggregate contributions \$500.00
Last Name Burgos		First Luis M.I.	
Residential Street Address 75 Woodridge Cir		City Trumbull	State CT Zip Code 06611-3713
Principal Occupation Director of Public Facilities		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 \$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 type="checkbox"/> Yes <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 03/27/2024	Aggregate contributions \$500.00
Last Name Washington		First Derek M.I.	
Residential Street Address 9 Tashua Pkwy		City Trumbull	State CT Zip Code 06611-1026
Principal Occupation Property Management		Name of Employer DLW Properties LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 type="checkbox"/> Yes <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 03/27/2024	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

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		April 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 Talamelli-Cusick		First Karen M.I.	
Residential Street Address 6 Diana Dr		City Woodbridge	State CT Zip Code 06525-1217
Principal Occupation Consulting		Name of Employer Cusick & Co LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
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 03/26/2024	Aggregate contributions \$100.00
Last Name Nault		First Ronald M.I.	
Residential Street Address 21 Bayberry Ln		City Gulford	State CT Zip Code 06437-3135
Principal Occupation Engineer		Name of Employer Luchs Consulting Engineers	
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 <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	
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 02/26/2024	Aggregate contributions \$600.00
Last Name Spence		First Rodrick M.I.	
Residential Street Address 110 Clermont Ave		City Bridgeport	State CT Zip Code 06610-2911
Principal Occupation Contract Compliance 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 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	
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 02/20/2024	Aggregate contributions \$200.00

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		M.I.	
Greenfield		David			
Residential Street Address		City		State	Zip Code
430 Brinsmayd Ave		Stratford		CT	06614-1363
Principal Occupation		Name of Employer			
Consultant		Leo Consulting 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?		\$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			03/27/2024	\$100.00	
Last Name		First		M.I.	
Nault		Ronald			
Residential Street Address		City		State	Zip Code
21 Bayberry Ln		Guilford		CT	06437-3135
Principal Occupation		Name of Employer			
Engineer		Luchs Consulting Engineers			
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			03/27/2024	\$600.00	
Last Name		First		M.I.	
Williams		Egbert			
Residential Street Address		City		State	Zip Code
514 Jane St		Bridgeport		CT	06608-1706
Principal Occupation		Name of Employer			
Carpenter		Local 326			
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 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			03/27/2024	\$100.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$35,895.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 DePara		First Angel	
Residential Street Address 332 Wells St, Apt 104		City Bridgeport	State CT
		Zip Code 06606-5465	
Principal Occupation Special Projects 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	
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? 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: <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 03/27/2024	Aggregate contributions \$250.00
Last Name Quiles		First Eroildo	
Residential Street Address 173 Seaside Ave		City Bridgeport	State CT
		Zip Code 06605-3529	
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		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	
If yes, list Event #			
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 03/27/2024	Aggregate contributions \$100.00
Last Name Calzone		First Joseph	
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		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	
If yes, list Event #			
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 02/20/2024	Aggregate contributions \$250.00

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		M.I.	
Urena		Tatiana			
Residential Street Address		City		State	Zip Code
108 Stillman St, Apt 2L		Bridgeport		CT	06608-1543
Principal Occupation		Name of Employer			
Payroll Processor		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 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		03/27/2024		\$50.00	
Last Name		First		M.I.	
Snyder		Scott			
Residential Street Address		City		State	Zip Code
438 Hoffman Station Rd		Monroe Township		NJ	08831-3502
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		\$250.00	
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		02/20/2024		\$250.00	
Last Name		First		M.I.	
Pizarro		Jessi			
Residential Street Address		City		State	Zip Code
12 Wesley Dr		Shelton		CT	06484-5233
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		\$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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		03/27/2024		\$100.00	

SUBTOTAL Section B - This Page \$400.00

TOTAL of Section B Pages \$35,895.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$35,895.00

(Enter total on Line 13, Column A of Summary Page)

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganirn for Bridgeport 23		April 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 Antonucci		First Richard M.I.	
Residential Street Address 32 Justine Dr		City North Haven State CT Zip Code 06473-3553	
Principal Occupation Manager		Name of Employer Annex Used Cars	
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 03/27/2024	Aggregate contributions \$500.00
Last Name Carbone		First Maria M.I. D	
Residential Street Address 115 Tuttle Dr		City New Haven State CT Zip Code 06512-5022	
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/25/2024	Aggregate contributions \$250.00
Last Name Greenwood		First James M.I.	
Residential Street Address 82 Mariners Way		City Fairfield State CT Zip Code 06824-6665	
Principal Occupation Re-Insurance		Name of Employer Gen Re	
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 02/24/2024	Aggregate contributions \$250.00

SUBTOTAL Section B - This Page	\$1,000.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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 Pacacha		First Ronald M.I.	
Residential Street Address 7505 Mansfield Hollow Rd		City Delray Beach	State FL Zip Code 33446-3314
Principal Occupation Attorney		Name of Employer 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? <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 02/20/2024	Aggregate contributions \$250.00
Last Name Gentile		First Steve M.I.	
Residential Street Address 19 Cutlers Farm Rd		City Monroe	State CT Zip Code 06468-2141
Principal Occupation Director of Strategy		Name of Employer Pinpoint Promotions	
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 02/24/2024	Aggregate contributions \$1,000.00
Last Name Fulton		First Jodi M.I. A	
Residential Street Address 254 Sampson St		City Bridgeport	State CT Zip Code 06606-4949
Principal Occupation Nurse		Name of Employer City of Bridgeport BOE	
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 03/27/2024	Aggregate contributions \$200.00

SUBTOTAL Section B - This Page	\$1,450.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 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		M.I.	
Meehan		Michael		S	
Residential Street Address		City		State	Zip Code
113 Seaside Ave		Bridgeport		CT	06605-3529
Principal Occupation			Name of Employer		
Attorney			Michael Meehan		
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		If yes, indicate which branch or branches of government the contract is with:			
If yes, list Event #		<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				03/27/2024	\$250.00
Last Name		First		M.I.	
Epstein		Juda			
Residential Street Address		City		State	Zip Code
245 Wilson St		Fairfield		CT	06825-1424
Principal Occupation			Name of Employer		
Attorney			Law Office of Juda Epstein		
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		\$950.00	
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:			
If yes, list Event #		<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				03/27/2024	\$950.00
Last Name		First		M.I.	
Root		Tamara			
Residential Street Address		City		State	Zip Code
955 Main St, Apt 412		Bridgeport		CT	06604-4335
Principal Occupation			Name of Employer		
Secretary			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?		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:			
If yes, list Event #		<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				03/27/2024	\$100.00

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

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	April 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 Garrity	First Frederick	M.I.
Residential Street Address 4112 Avalon Gates	City Trumbull	State CT
	Zip Code 06611-5811	
Principal Occupation Director of Labor Relations	Name of Employer New York City Health & Hospitals	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024
		Aggregate contributions \$100.00
Last Name Garcia	First Edna	M.I. I
Residential Street Address 38 Siemon St	City Bridgeport	State CT
	Zip Code 06605-2224	
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	Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024
		Aggregate contributions \$100.00
Last Name Visceglia	First Peter	M.I.
Residential Street Address 300 Raritan Center Pkwy	City Edison	State NJ
	Zip Code 08837-3609	
Principal Occupation President	Name of Employer Federal Business Centers	
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 \$1,000.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/22/2024
		Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$35,895.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

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		April 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 Carmody		First Samuel		M.I.	
Residential Street Address 116 Center St, Apt 2A		City Wallingford		State CT	Zip Code 06492-4155
Principal Occupation Specialist		Name of Employer Eversource Energy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024	Aggregate contributions \$100.00		
Last Name Adams		First Shannon		M.I.	
Residential Street Address 2 Blake Dr		City Fairfield		State CT	Zip Code 06824-5602
Principal Occupation Account Manager		Name of Employer Wholesome Payments			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/27/2024	Aggregate contributions \$250.00		
Last Name Tubens		First Misael		M.I.	
Residential Street Address 164 Beechmont Ave, Apt D		City Bridgeport		State CT	Zip Code 06606-4311
Principal Occupation Auxiliary Service Worker		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 \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/21/2024	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$35,895.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		April 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	M.I.
Woods		Edward	
Residential Street Address		City	State Zip Code
200 Robert St		Bridgeport	CT 06606-3969
Principal Occupation		Name of Employer	
Benefits Department		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 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:	<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
		02/23/2024	\$1,000.00
			Amount of Contribution \$1,000.00

SUBTOTAL Section B - This Page	\$1,000.00
TOTAL of Section B Pages	\$35,895.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$35,895.00

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					April 10 filing	
C1. Contributions from Other Committees						
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 L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event # _____				
City Berlin	State CT	Zip Code 06037-3230	Date Received 02/26/2024	Aggregate Contributions \$500.00	\$500.00	

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

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	April 10 filing

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)		\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section I)	+	\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	\$0.00

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

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			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Amazon		Date of Payment 02/20/2024	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 81226		City Seattle	State WA	Zip Code 98108-1300
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.22
Name of Payee United States Postal Service		Date of Payment 02/20/2024	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 120 Middle St		City Bridgeport	State CT	Zip Code 06602-9998
Purpose of Expenditure (by code) POST	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$880.00
Name of Payee George Jordan		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1554 <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
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)			\$100.00
Name of Payee Jose Echevarria		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1464 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 442 Lafayette St		City Bridgeport	State CT	Zip Code 06604-5415
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00

SUBTOTAL Section P - This Page	\$1,280.22
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Wilene W Gibson	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1537 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 355 Carroll Ave	City Bridgeport	State CT	Zip Code 06607-1842
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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 Louise Gregory	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1538 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 244 Alex St	City Bridgeport	State CT	Zip Code 06607-2001
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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 Synesha Dudley	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1535 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 131 Minerva St	City Derby	State CT	Zip Code 06418-1818
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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 Jazmin Cooper	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1459 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 581 Waterview Ave, Apt 404	City Bridgeport	State CT	Zip Code 06608-2529
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,200.00

SUBTOTAL, Section P - This Page	\$1,560.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

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	April 10 filing

P. Expenses Paid by Committee

Name of Payee Margaret Joyce		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1483 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 819 Connecticut Ave		City Bridgeport	State CT Zip Code 06607-1128
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,200.00
Name of Payee Jose Hernandez		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1477 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 400 Boston Ave, # 2		City Bridgeport	State CT Zip Code 06610-1703
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$130.00
Name of Payee Shenka Speller		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1513 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 730 Palisade Ave, Apt G13		City Bridgeport	State CT Zip Code 06610-3474
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$140.00
Name of Payee Silvia Ramos		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1500 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1845 Central Ave		City Bridgeport	State CT Zip Code 06610-2720
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,400.00

SUBTOTAL Section P - This Page	\$2,870.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Kemuel Pierre-Louis	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1491 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 439 Birmingham St	City Bridgeport	State CT	Zip Code 06606-3423
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$150.00

Name of Payee Kirk Wesley	Date of Payment 03/31/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1563 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 3336 Fairfield Ave	City Bridgeport	State CT	Zip Code 06605-3227
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,500.00

Name of Payee Devon Brown	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 280 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 853 Fairfield Ave, # 6C	City Bridgeport	State CT	Zip Code 06604-3703
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,555.00

Name of Payee Glenn Pettway	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1498 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 494 Atlantic St	City Bridgeport	State CT	Zip Code 06604-5301
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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	\$3,365.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

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	April 10 filing

P. Expenses Paid by Committee

Name of Payee Ruben Ramos		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1552 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 110 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 <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 Whykiea Stinson		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1551 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 240 William St, Apt A1		City Bridgeport	State CT	Zip Code 06608-4111
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
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"/> 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 Doris Candelario		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1455 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 487 Hallett St		City Bridgeport	State CT	Zip Code 06608-2030
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <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		\$170.00	
Name of Payee Carla Gonzalez		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1474 <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 <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	

SUBTOTAL Section P - This Page	\$670.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Magaly Brooks	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1452 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)	Amount
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Name of Payee Jasper Dudley	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1536 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 131 Minerva St	City Derby	State CT	Zip Code 06418-1818
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)	Amount
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Name of Payee Margaret Joyce	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1540 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 819 Connecticut Ave	City Bridgeport	State CT	Zip Code 06607-1128
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)	Amount
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Name of Payee Mildred Ramos	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1544 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 603 Wilmot Ave	City Bridgeport	State CT	Zip Code 06607-1155
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)	Amount
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SUBTOTAL Section P - This Page	\$780.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			April 10 filing		
P. Expenses Paid by Committee					
Name of Payee Nelson Bernard			Date of Payment 03/01/2024		Method of Payment <input checked="" type="checkbox"/> Check # 1450 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
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 Henry Webb			Date of Payment 03/01/2024		Method of Payment <input checked="" type="checkbox"/> Check # 1523 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 91 Clinton Ave, Unit 406		City Bridgeport		State CT	Zip Code 06605-1731
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$200.00
Name of Payee Santos Diaz			Date of Payment 03/01/2024		Method of Payment <input checked="" type="checkbox"/> Check # 1534 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 44 Edwin St		City Bridgeport		State CT	Zip Code 06607-2109
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 Olga Rivera			Date of Payment 03/01/2024		Method of Payment <input checked="" type="checkbox"/> Check # 1502 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 245 Texas Ave		City Bridgeport		State CT	Zip Code 06610-1813
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	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

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	April 10 filing

P. Expenses Paid by Committee

Name of Payee Jazmin Cooper		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1533 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 581 Waterview Ave, Apt 404		City Bridgeport	State CT	Zip Code 06608-2529
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <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 Angelo Reyes		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1553 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 505 E Main St, Fl 2		City Bridgeport	State CT	Zip Code 06608-2328
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
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 Jaylyn Leon		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1487 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 146 George St		City Bridgeport	State CT	Zip Code 06604-3318
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
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 Arthey Shaw		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1509 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 126 Sheridan St		City Bridgeport	State CT	Zip Code 06610-2736
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
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	

SUBTOTAL Section P - This Page \$800.00

TOTAL of Section P Pages \$119,685.95

TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)* \$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Susana Franco	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1470 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 98 Lakeview Ave	City Bridgeport	State CT	Zip Code 06606-3130
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		\$210.00
	<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 Richard Baldwin	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1449 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 89 Cottage St	City Bridgeport	State CT	Zip Code 06605-1206
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		\$220.00
	<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 Renata Sims	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1510 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 70 Yaremich Dr, Apt 3	City Bridgeport	State CT	Zip Code 06606-2584
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		\$220.00
	<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 James Vines	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1519 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 455 N Summerfield Ave	City Bridgeport	State CT	Zip Code 06610-2537
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		\$220.00
	<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	\$870.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Theodore Jackson	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1539 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address	City	State	Zip Code

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)		\$220.00

Name of Payee Thomas J Gaudett	Date of Payment 03/31/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1562 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 1705 Capitol Ave	City Bridgeport	State CT	Zip Code 06604-1525
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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)		\$2,200.00

Name of Payee Ralsteeni Hall	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1475 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 34 Richardson St	City Bridgeport	State CT	Zip Code 06610-1637
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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)		\$240.00

Name of Payee Tommika Leak	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1486 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 19 Victory Dr	City New Haven	State CT	Zip Code 06515-1227
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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)		\$240.00

SUBTOTAL Section P - This Page \$2,900.00

TOTAL of Section P Pages \$119,685.95

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Erica Whittingham	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1527 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 104 Read St	City Bridgeport	State CT	Zip Code 06607-2021
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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)		\$240.00

Name of Payee Romeo Jones	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1481 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address	City	State	Zip Code
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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)		\$240.00

Name of Payee Kenneth Beasley	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1532 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 157 Eagle St	City Bridgeport	State CT	Zip Code 06607-1619
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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)		\$240.00

Name of Payee Patricia Newton-Foster	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1543 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 70 Stuyvesant Ave	City New Haven	State CT	Zip Code 06512-3619
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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)		\$240.00

SUBTOTAL Section P - This Page \$960.00

TOTAL of Section P Pages \$119,685.95

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganin for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Dawn Spearman		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1512 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 607 Wilmot Ave, Apt 3		City Bridgeport	State CT	Zip Code 06607-1154
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)			\$240.00
Name of Payee Troy Shipp		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1557 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
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)			\$240.00
Name of Payee Jose Melendez		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1541 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave		City Bridgeport	State CT	Zip Code 06610-3441
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)			\$240.00
Name of Payee Dorca Hernandez		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1478 <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)			\$240.00

SUBTOTAL Section P - This Page	\$960.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Maria Melendez			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1493 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 655 Palisade Ave, Apt B13		City Bridgeport		State CT Zip Code 06610-3462
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00
Name of Payee Nancy Sanchez			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1549 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 540 CANNON Rd		City Bridgeport		State CT Zip Code 06610
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00
Name of Payee Nathaniel Britton			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1451 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1205 Park Ave		City Bridgeport		State CT Zip Code 06604-3411
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00
Name of Payee Michelle Lindsay			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1489 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 110 Asylum St		City Bridgeport		State CT Zip Code 06610-2104
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$250.00

SUBTOTAL Section P - This Page	\$970.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

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	April 10 filing

P. Expenses Paid by Committee

Name of Payee Alveta Taylor	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1515 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 511 Pembroke St	City Bridgeport	State CT	Zip Code 06608-2606
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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)		\$250.00

Name of Payee Sandy Nieves	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1497 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 1499 Boston Ave	City Bridgeport	State CT	Zip Code 06610-2620
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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)		\$260.00

Name of Payee George Thompson	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1517 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 151 Wessels Ave	City Bridgeport	State CT	Zip Code 06610-2339
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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)		\$280.00

Name of Payee Jane Bynoe	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1454 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 595 Park St	City Bridgeport	State CT	Zip Code 06608-1111
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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)		\$280.00

SUBTOTAL Section P - This Page \$1,070.00

TOTAL of Section P Pages \$119,685.95

TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)* \$119,685.95

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			April 10 filing		
P. Expenses Paid by Committee					
Name of Payee Andy Wiener			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1528 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport		State CT	Zip Code 06608-1731
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00	
Name of Payee Linda Sharpe			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1508 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00	
Name of Payee Najae Edwards			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1465 <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 # <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)			\$280.00	
Name of Payee Ronald Williams			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1529 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 30 Freeman St, Unit 210		City Bridgeport		State CT	Zip Code 06607-1551
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00	

SUBTOTAL Section P - This Page	\$1,120.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

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	April 10 filing

P. Expenses Paid by Committee

Name of Payee Arnold Whitaker	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1525 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 243 Sylvan St	City Bridgeport	State CT	Zip Code 06606-2564
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)		\$280.00
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Name of Payee Nancy Melendez	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1494 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 525 Palisade Ave, Apt 1005	City Bridgeport	State CT	Zip Code 06610-3431
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)		\$280.00
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Name of Payee Tamika Rudd	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1504 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 58 Waterman St	City Bridgeport	State CT	Zip Code 06607-1538
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)		\$280.00
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Name of Payee Jordan Brown	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1548 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 215 Cityview Ave	City Bridgeport	State CT	Zip Code 06606-2519
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)		\$280.00
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SUBTOTAL Section P - This Page \$1,120.00

TOTAL of Section P Pages \$119,685.95

TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)* \$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Lucy Alhers		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1445 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 81 Center St		City Bridgeport	State CT	Zip Code 06604-3312
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)		\$280.00	
Name of Payee Wilson Morel		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1496 <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	
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 Raul Ruiz		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1505 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 928 Kossuth St		City Bridgeport	State CT	Zip Code 06608-1607
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)		\$280.00	
Name of Payee Joseph Thompson		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1516 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 352 Woodlawn Avenue Ext		City Bridgeport	State CT	Zip Code 06606-2929
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)		\$280.00	

SUBTOTAL Section P - This Page	\$1,120.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			April 10 filing		
P. Expenses Paid by Committee					
Name of Payee George Brown		Date of Payment 03/01/2024		Method of Payment <input checked="" type="checkbox"/> Check # 1453 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Mencil Cir, Unit A		City Bridgeport		State CT	Zip Code 06610-1515
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)			\$280.00	
Name of Payee Anthony Ettison		Date of Payment 03/01/2024		Method of Payment <input checked="" type="checkbox"/> Check # 1467 <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 #		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)			\$280.00	
Name of Payee Michelle Walker		Date of Payment 03/01/2024		Method of Payment <input checked="" type="checkbox"/> Check # 1520 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Taft Ave		City Bridgeport		State CT	Zip Code 06606-5523
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)			\$280.00	
Name of Payee Anthony Williams		Date of Payment 03/01/2024		Method of Payment <input checked="" type="checkbox"/> Check # 1530 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 177 Read St		City Bridgeport		State CT	Zip Code 06607-2020
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)			\$280.00	

SUBTOTAL Section P - This Page	\$1,120.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

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			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Samantha Cheatham		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1458 <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 #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00
Name of Payee Jeanette Watson		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1522 <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 #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00
Name of Payee Angelo Reyes		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1501 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 505 E Main St, Fl 2		City Bridgeport	State CT	Zip Code 06608-2328
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00
Name of Payee Nessah J Smith		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1545 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Evers St		City Bridgeport	State CT	Zip Code 06610-1305
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$280.00

SUBTOTAL Section P - This Page	\$1,120.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Terrance Corbett		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1460 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 177 Sheridan St		City Bridgeport	State CT	Zip Code 06610-2759
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)			\$280.00
Name of Payee Jadi Martorony		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1492 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Sherman Park Ln		City Bridgeport	State CT	Zip Code 06608-2649
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)			\$280.00
Name of Payee Viola Hamm		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1476 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 81 Center St		City Bridgeport	State CT	Zip Code 06604-3312
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)			\$280.00
Name of Payee Georgine Stuchkus		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1514 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt G14		City Bridgeport	State CT	Zip Code 06610-3474
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00

SUBTOTAL Section P - This Page	\$1,140.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Elijah Vines		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1556 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PALISADE Ave		City Bridgeport	State CT	Zip Code 06610
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)			\$320.00
Name of Payee Christina Jimenez		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1480 <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)			\$380.00
Name of Payee Laura Giacobbe		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1473 <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)			\$380.00
Name of Payee Francisco Pinerio		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1499 <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)			\$380.00

SUBTOTAL Section P - This Page	\$1,460.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Janet Dewitt		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1461 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave		City Bridgeport	State CT	Zip Code 06610-3441
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$40.00
Name of Payee George Jordan		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1550 <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) 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)			\$40.48
Name of Payee Diego Felipe		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1468 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Ellsworth St		City Bridgeport	State CT	Zip Code 06605-3167
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$400.00
Name of Payee Tharon Smith		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1511 <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 #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$420.00

SUBTOTAL Section P - This Page	\$900.48
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

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			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Destiny Diaz		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 14662 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608-1731
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$440.00	
Name of Payee Naima West		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1524 <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 # <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)		\$460.00	
Name of Payee Nilda Rodriguez		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1503 <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 #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$480.00	
Name of Payee Kathy Santos		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1507 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Truman St, Apt 110		City Bridgeport	State CT	Zip Code 06606-4958
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$480.00	

SUBTOTAL Section P - This Page	\$1,860.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

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			April 10 filing		
P. Expenses Paid by Committee					
Name of Payee Executive Office Services			Date of Payment 03/31/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1564 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2085 Madison Ave		City Bridgeport		State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) PRNT	Description	Event #		Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$5,000.00	
Name of Payee Elsie Mercado			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1495 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 2B		City Bridgeport		State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # <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)			\$520.00	
Name of Payee Frank Santos			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1506 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave		City Bridgeport		State CT	Zip Code 06610-3441
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$60.00	
Name of Payee Ruben Felipe Jr.			Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1469 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Tavern Rock Rd		City Stratford		State CT	Zip Code 06614-1534
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$600.00	

SUBTOTAL Section P - This Page	\$6,180.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Elizabeth E Monks		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1542 <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"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$800.00	
		<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 Jazmine Inoa		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1479 <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	
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)		\$650.00	
		<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 George Jordan		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1482 <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	
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)		\$680.00	
		<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 Sofia Franco		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1471 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport	State CT	Zip Code 06606-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$680.00	
		<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 \$2,610.00

TOTAL of Section P Pages \$119,685.95

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Crystal Edwards	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1466 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 70 Yaremich Dr, Apt 12	City Bridgeport	State CT	Zip Code 06606-2584
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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 Yolandita Diaz	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1463 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 922 Howard Ave	City Bridgeport	State CT	Zip Code 06605-1924
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$700.00

Name of Payee Mirella Villacres	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1518 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 90 Garfield Ave	City Bridgeport	State CT	Zip Code 06606-5267
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$700.00

Name of Payee Kevin Leon	Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1488 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 224 Seaview Ave	City Bridgeport	State CT	Zip Code 06607-2449
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$720.00

SUBTOTAL Section P - This Page \$2,800.00

TOTAL of Section P Pages \$119,685.95

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$119,685.95

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			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Talitha C Frazier		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1472 <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	
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)		\$750.00	
		<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 LaTanya Whitley		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1526 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1372 Kossuth St		City Bridgeport	State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$760.00	
		<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 Betty Chappell		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1457 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1845 Central Ave		City Bridgeport	State CT	Zip Code 06610-2720
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$760.00	
		<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 Kathleen Chappel		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1456 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 955 Main St, Apt 1105		City Bridgeport	State CT	Zip Code 06604-4319
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$760.00	
		<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	\$3,030.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Dwight Walker		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1521 <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 #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$770.00	
		<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 Robert Anderson		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1447 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Alpine St		City Bridgeport	State CT	Zip Code 06610-1759
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$780.00	
		<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 Travis Lanham		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1546 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9 Elm Ct		City Bridgeport	State CT	Zip Code 06606-3715
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$80.00	
		<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 Theresa Alhers		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 800 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$800.00	
		<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	\$2,430.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganin for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Nancy Baez		Date of Payment 03/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1448 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608-1731
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$980.00
Name of Payee The Digital Chameleon LLC		Date of Payment 02/22/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1412 <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) A-SIGN	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)			\$5,279.75
Name of Payee Silvia Ramos		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1428 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1845 Central Ave		City Bridgeport	State CT	Zip Code 06610-2720
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,080.00
Name of Payee Jazmin Cooper		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1429 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 581 Waterview Ave, Apt 404		City Bridgeport	State CT	Zip Code 06608-2529
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,160.00

SUBTOTAL Section P - This Page	\$8,499.75
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Margaret Joyce		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1426 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 819 Connecticut Ave		City Bridgeport	State CT	Zip Code 06607-1128
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,160.00
Name of Payee Yari Maritirony		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1436 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Sherman Park Ln		City Bridgeport	State CT	Zip Code 06608-2649
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 Americo Santiago		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1433 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Lee Ave		City Bridgeport	State CT	Zip Code 06605-1561
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,500.00
Name of Payee Nessah J Smith		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1434 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Evers St		City Bridgeport	State CT	Zip Code 06610-1305
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	\$2,940.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Crystal Edwards		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1430 <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 \$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 Dorca Hernandez		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1420 <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 \$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 Diego Felipe		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1430 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Ellsworth St		City Bridgeport	State CT	Zip Code 06605-3167
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$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 Destiny Diaz		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1413 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608-1731
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$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)			

SUBTOTAL Section P - This Page	\$800.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Doris Candelario		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1432 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 487 Hallett St		City Bridgeport	State CT
Zip Code 06608-2030			
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$230.00
Name of Payee Elizabeth E Monks		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1425 <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)		\$280.00
Name of Payee Laura Giacobbe		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1423 <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)		\$320.00
Name of Payee Talitha C Frazier		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1424 <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
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	\$1,230.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Nilda Rodriguez	Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1417 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 48 Amsterdam Ave	City Bridgeport	State CT	Zip Code 06606-4549
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$420.00

Name of Payee Robert Anderson	Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1414 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 185 Alpine St	City Bridgeport	State CT	Zip Code 06610-1759
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$500.00

Name of Payee Americo Santiago	Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1435 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 135 Lee Ave	City Bridgeport	State CT	Zip Code 06605-1561
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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)		\$58.70

Name of Payee Americo Santiago	Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1435 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 135 Lee Ave	City Bridgeport	State CT	Zip Code 06605-1561
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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)		\$58.70

SUBTOTAL Section P - This Page \$1,037.40

TOTAL of Section P Pages \$119,685.95

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee George Jordan		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1422 <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
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)			\$580.00
Name of Payee Theresa Alhers		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1418 <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)			\$600.00
Name of Payee Elsie Mercado		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1416 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Barnum Ave, Apt 2B		City Bridgeport	State CT	Zip Code 06608-2261
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$640.00
Name of Payee Diana Zapata		Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1421 <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 #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$700.00

SUBTOTAL Section P - This Page	\$2,520.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	April 10 filing

P. Expenses Paid by Committee

Name of Payee Nancy Baez	Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1415 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 540 Ogden St	City Bridgeport	State CT	Zip Code 06608-1731
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)	Amount
		\$800.00

Name of Payee Mirella Villacres	Date of Payment 02/23/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1419 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 90 Garfield Ave	City Bridgeport	State CT	Zip Code 06606-5267
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Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
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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)	Amount
		\$900.00

Name of Payee Optimum	Date of Payment 03/04/2024	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address PO Box 9256	City Chelsea	State MA	Zip Code 02150
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Purpose of Expenditure (by code) OVHD	Description	Event #	Amount
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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)	Amount
		\$146.93

Name of Payee NGP Van	Date of Payment 03/04/2024	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 1101 15th St NW, Ste 500	City Washington	State DC	Zip Code 20005-5006
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Purpose of Expenditure (by code) OVHD	Description	Event #	Amount
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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)	Amount
		\$444.40

SUBTOTAL Section P - This Page	\$2,291.33
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganirn for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Virginia Malheiro		Date of Payment 02/25/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1439 <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)			\$389.50
Name of Payee Amazon		Date of Payment 02/26/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 81226		City Seattle	State WA	Zip Code 98108-1300
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$108.52
Name of Payee M & T Bank		Date of Payment 02/26/2024	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1728 Park Ave		City Bridgeport	State CT	Zip Code 06604-2520
Purpose of Expenditure (by code) BNK	Description Checks	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)			\$253.22
Name of Payee Voice Broadcasting		Date of Payment 02/26/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" 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) A-OTH	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00

SUBTOTAL Section P - This Page	\$1,251.24
TOTAL of Section P Pages	\$119,685.96
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Executive Office Services			Date of Payment 02/26/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1437 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2085 Madison Ave		City Bridgeport	State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) PRNT	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)			\$8,409.41
Name of Payee Testo's Pizzeria			Date of Payment 03/27/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" 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 P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$110.59
Name of Payee Americo Santiago			Date of Payment 02/27/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1441 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 135 Lee Ave		City Bridgeport	State CT	Zip Code 06605-1561
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,500.00
Name of Payee Dinormous			Date of Payment 02/27/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1438 <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-OTH	Description Social Media & TV	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)			\$9,000.00

SUBTOTAL Section P - This Page	\$19,020.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee M & T Bank		Date of Payment 03/08/2024	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1728 Park Ave		City Bridgeport	State CT	Zip Code 06604-2520
Purpose of Expenditure (by code) BNK	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required 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)		\$20.00	
Name of Payee Virginia Malheiro		Date of Payment 03/28/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1558 <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)		\$252.44	
Name of Payee Gather Tap and Tavern		Date of Payment 02/28/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 155 State St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expenditure (by code) FOOD	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)		\$5,890.05	
Name of Payee Executive Office Services		Date of Payment 02/19/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1411 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2085 Madison Ave		City Bridgeport	State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-DM	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$25,768.04	

SUBTOTAL Section P - This Page	\$31,930.53
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$119,685.95

IV. EXPENDITURES (Sections P-1)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ganim for Bridgeport 23			April 10 filing		
P. Expenses Paid by Committee					
Name of Payee April Barron		Date of Payment 03/29/2024	Method of Payment <input checked="" type="checkbox"/> Check # 1560 <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 #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00	

SUBTOTAL Section P - This Page	\$300.00
TOTAL of Section P Pages	\$119,685.95
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$119,685.95

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ganim for Bridgeport 23				April 10 filing	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Malheiro		First Virginia		MI	Date of Payment to Vendor, Person or Entity 03/01/2024
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant MitchCo Party Rentals, LLC				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1558 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3129 Main St			City Stratford		State CT Zip Code 06614-4815
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)				\$252.44
Last Name of Worker/Consultant Santiago		First Americo		MI	Date of Payment to Vendor, Person or Entity 02/22/2024
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1435 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy, Ste 2			City Fairfield		State CT Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	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)				\$58.70
Last Name of Worker/Consultant Santiago		First Americo		MI	Date of Payment to Vendor, Person or Entity 02/22/2024
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1435 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy, Ste 2			City Fairfield		State CT Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	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)				\$58.70

SUBTOTAL Section T - This Page	\$369.84
TOTAL of Section T Pages	\$2,999.82
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$2,999.82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport 23			April 10 filing		
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Malheiro		Virginia			02/24/2024
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Happy Dollars				<input checked="" type="checkbox"/> Check # 1439 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City		State
4541 Main St			Bridgeport		CT
Zip Code			06606-1818		
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE				\$14.50	
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"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Malheiro		Virginia			02/24/2024
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Bagel King of Bridgeport				<input checked="" type="checkbox"/> Check # 1439 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City		State
3550 Main St			Bridgeport		CT
Zip Code			06606-3627		
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD				\$375.00	
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"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Gaudett		Thomas		J	03/27/2024
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Boca Oyster Bar				<input checked="" type="checkbox"/> Check # 1562 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City		State
10 E Main St			Bridgeport		CT
Zip Code			06608-2700		
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Fundraising Event			\$2,200.00	
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"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				

SUBTOTAL Section T - This Page	\$2,589.50
TOTAL of Section T Pages	\$2,999.82
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$2,999.82

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			April 10 filing	
T. Itemization of Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant Jordan		First George	MI	Date of Payment to Vendor, Person or Entity 02/27/2024
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Dunkin Donuts			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1550 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 815 Lafayette Blvd		City Bridgeport		State CT Zip Code 06604-4707
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)			\$40.48

SUBTOTAL Section T - This Page	\$40.48
TOTAL of Section T Pages	\$2,999.82
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$2,999.82