

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Park City Consulting LLC		Date of Payment 08/24/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1262 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1705 Capitol Ave		City Bridgeport	State CT Zip Code 06604-1525
Purpose of Expenditure (by code) A-DM	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$17,097.08
Name of Payee Park City Consulting LLC		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1291 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1705 Capitol Ave		City Bridgeport	State CT Zip Code 06604-1525
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,500.00
Name of Payee Park City Consulting LLC		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1352 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1705 Capitol Ave		City Bridgeport	State CT Zip Code 06604-1525
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,500.00
Name of Payee Park City Consulting LLC		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1321 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1705 Capitol Ave		City Bridgeport	State CT Zip Code 06604-1525
Purpose of Expenditure (by code) A-DM	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$39,040.88

SUBTOTAL Section P - This Page	\$59,137.96
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Kemuel Pierre-Louis		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1099 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 439 Birmingham St		City Bridgeport	State CT	Zip Code 06606-3423
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$40.00	
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 Kemuel Pierre-Louis		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1126 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 439 Birmingham St		City Bridgeport	State CT	Zip Code 06606-3423
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$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 Kemuel Pierre-Louis		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1171 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 439 Birmingham St		City Bridgeport	State CT	Zip Code 06606-3423
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$140.00	
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 Kemuel Pierre-Louis		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1220 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 439 Birmingham St		City Bridgeport	State CT	Zip Code 06606-3423
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$100.00	
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	\$480.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Kemuel Pierre-Louis		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1275 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 439 Birmingham St		City Bridgeport	State CT	Zip Code 06606-3423
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			\$100.00
	<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 Kemuel Pierre-Louis		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1360 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 439 Birmingham St		City Bridgeport	State CT	Zip Code 06606-3423
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			\$120.00
	<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 Francisco Pinerio		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1093 <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)			\$240.00
	<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 Francisco Pinerio		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1119 <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)			\$300.00
	<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	\$760.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Francisco Pinerio		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1165 <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)		\$140.00
Name of Payee Francisco Pinerio		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1214 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 291 Nichols St		City Bridgeport	State CT Zip Code 06608-2708
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00
Name of Payee Francisco Pinerio		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1271 <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)		\$290.00
Name of Payee Mildred Ramos		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1369 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 603 Wilmot Ave		City Bridgeport	State CT Zip Code 06607-1155
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$80.00

SUBTOTAL Section P - This Page	\$710.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Silvia Ramos		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1296 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1845 Central Ave		City Bridgeport	State CT	Zip Code 06610-2720
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Silvia Ramos		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1353 <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 \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Ana Rivera		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1239 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 617 Colorado Ave		City Bridgeport	State CT	Zip Code 06605-1707
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$40.00	
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 King Rivera		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Edwin St		City Bridgeport	State CT	Zip Code 06607-2110
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$40.00	
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	\$880.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee King Rivera		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1128 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Edwin St		City Bridgeport	State CT	Zip Code 06607-2110
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$100.00
Name of Payee King Rivera		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1173 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Edwin St		City Bridgeport	State CT	Zip Code 06607-2110
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 King Rivera		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1222 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Edwin St		City Bridgeport	State CT	Zip Code 06607-2110
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$100.00
Name of Payee King Rivera		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1367 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Edwin St		City Bridgeport	State CT	Zip Code 06607-2110
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$100.00

SUBTOTAL Section P - This Page	\$420.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Nilda Rodriguez		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1039 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$250.00
Name of Payee Nilda Rodriguez		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1062 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$320.00
Name of Payee Nilda Rodriguez		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1073 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$320.00
Name of Payee Nilda Rodriguez		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1147 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$420.00

SUBTOTAL Section P - This Page	\$1,310.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Nilda Rodriguez		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1192 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$450.00
Name of Payee Nilda Rodriguez		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1245 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$260.00
Name of Payee Nilda Rodriguez		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1306 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$420.00
Name of Payee Nilda Rodriguez		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1327 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$480.00

SUBTOTAL Section P - This Page \$1,610.00

TOTAL of Section P Pages \$281,026.79

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Virgilio Rosario		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1205 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 195 French St		City Bridgeport	State CT	Zip Code 06606-5414
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)			\$780.00
Name of Payee Keanna Sanchez		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1054 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Palm St		City Bridgeport	State CT	Zip Code 06610-1722
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 Americo Santiago		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1044 <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 Americo Santiago		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1046 <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)			\$1,200.00

SUBTOTAL Section P - This Page	\$3,760.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Americo Santiago		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1105 <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)		\$1,200.00
Name of Payee Americo Santiago		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1139 <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 Americo Santiago		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1186 <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 Americo Santiago		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1255 <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

SUBTOTAL Section P - This Page	\$5,700.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Americo Santiago		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1258 <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) 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)			\$418.36
Name of Payee Americo Santiago		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1292 <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 Americo Santiago		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1294 <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)			\$536.62
Name of Payee Americo Santiago		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1350 <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

SUBTOTAL Section P - This Page \$3,954.98

TOTAL of Section P Pages \$281,026.79

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Kathy Santos		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1160 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 71 Truman St, Apt 110		City Bridgeport	State CT Zip Code 06606-4956
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$180.00
Name of Payee Kathy Santos		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1209 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 71 Truman St, Apt 110		City Bridgeport	State CT Zip Code 06606-4956
Purpose of Expenditure (by code) CNSLT	Description	Event #	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)		\$170.00
Name of Payee Kathy Santos		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1368 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 71 Truman St, Apt 110		City Bridgeport	State CT Zip Code 06606-4956
Purpose of Expenditure (by code) CNSLT	Description	Event #	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 Mustafa Seyal		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1133 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 185 Hunyadi Ave		City Fairfield	State CT Zip Code 06824-4119
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "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)		\$250.00

SUBTOTAL Section P - This Page	\$640.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Ganirn for Bridgeport 23		7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Mustafa Seyal		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1178 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Hunyadi Ave		City Fairfield	State CT	Zip Code 06824-4119
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$70.00
Name of Payee Mustafa Seyal		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1227 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Hunyadi Ave		City Fairfield	State CT	Zip Code 06824-4119
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$240.00
Name of Payee Mustafa Seyal		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1282 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Hunyadi Ave		City Fairfield	State CT	Zip Code 06824-4119
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$240.00
Name of Payee Tonya Shelton		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1138 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Lenox Ave		City Bridgeport	State CT	Zip Code 06605-1979
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$250.00

SUBTOTAL Section P - This Page		\$800.00
TOTAL of Section P Pages		\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Tonya Shelton		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1183 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Lenox Ave		City Bridgeport	State CT	Zip Code 06605-1979
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.00
Name of Payee Carla Silva		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1168 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Cleveland Ave		City Bridgeport	State CT	Zip Code 06606-5209
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$300.00
Name of Payee Carla Silva		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1217 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Cleveland Ave		City Bridgeport	State CT	Zip Code 06606-5209
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$140.00
Name of Payee Sonja Singletery		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1050 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1071 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604-3729
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$440.00

SUBTOTAL Section P - This Page	\$1,060.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Sonja Singletory		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1084 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1071 Iranistan Ave		City Bridgeport	State CT Zip Code 06604-3729
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$370.00
Name of Payee Sonja Singletory		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1071 Iranistan Ave		City Bridgeport	State CT Zip Code 06604-3729
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$300.00
Name of Payee Sonja Singletory		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1236 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1071 Iranistan Ave		City Bridgeport	State CT Zip Code 06604-3729
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$160.00
Name of Payee Testo's Pizzeria		Date of Payment 08/31/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1320 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1023 Brooklawn Ave		City Fairfield	State CT Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description Pizza & Salad for Various Events	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$876.35

SUBTOTAL Section P - This Page	\$1,706.35
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee The Digital Chameleon LLC		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1299 <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"/> 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			\$5,500.42
Name of Payee Uniform Prox		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1204 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Woodcrest Ave		City Stratford	State CT	Zip Code 06614-4837
Purpose of Expenditure (by code) OVHD	Description Shirts	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$1,780.00
Name of Payee United States Postal Service		Date of Payment 08/23/2023	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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$1,320.00
Name of Payee Mirella Villacres		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1077 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$400.00

SUBTOTAL Section P - This Page	\$9,000.42
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport 23	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Mirella Villacres		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1150 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport		State CT Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #		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 Mirella Villacres		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1248 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport		State CT Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #		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)			\$500.00
Name of Payee Mirella Villacres		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1310 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport		State CT Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #		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)			\$640.00
Name of Payee Mirella Villacres		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1333 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport		State CT Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #		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)			\$970.00

SUBTOTAL Section P - This Page	\$2,350.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Jeanette Watson		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1065 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "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 Jeanette Watson		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1078 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$300.00
Name of Payee Jeanette Watson		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1151 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$300.00
Name of Payee Jeanette Watson		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1195 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$300.00

SUBTOTAL Section P - This Page	\$1,100.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganirn for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Jeanette Watson		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1249 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$200.00
Name of Payee Jeanette Watson		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1311 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$200.00
Name of Payee Jeanette Watson		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1334 <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 # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$200.00
Name of Payee Kirk Wesley		Date of Payment 07/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1043 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 3336 Fairfield Ave		City Bridgeport	State CT Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,500.00

SUBTOTAL Section P - This Page	\$2,100.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Kirk Wesley		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1047 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "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 Kirk Wesley		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "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 Kirk Wesley		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "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 Kirk Wesley		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,500.00	

SUBTOTAL Section P - This Page	\$6,000.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ganim for Bridgeport 23			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Kirk Wesley		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1202 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
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)			\$169.98
Name of Payee Kirk Wesley		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1254 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "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 Kirk Wesley		Date of Payment 08/18/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1257 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
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)			\$462.74
Name of Payee Kirk Wesley		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1293 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,500.00

SUBTOTAL Section P - This Page	\$3,632.72
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Kirk Wesley		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1318 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
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)			\$451.95
Name of Payee Kirk Wesley		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1351 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-3227
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "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 Arnold Whitaker		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1338 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 243 Sylvan St		City Bridgeport	State CT	Zip Code 06606-2564
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$100.00
Name of Payee Diana Zapata		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1317 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 262 Harra 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)			\$100.00

SUBTOTAL Section P - This Page	\$2,151.95
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Diana Zapata		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1337 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 262 Harral Ave		City Bridgeport	State CT Zip Code 06604-3004
Purpose of Expenditure (by code) CNSLT	Description	Event #	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)		\$670.00

SUBTOTAL Section P - This Page	\$670.00
TOTAL of Section P Pages	\$281,026.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$281,026.79

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Wesley		First Kirk		MI		Date of Payment to Vendor, Person or Entity 07/23/2023		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1257 <input 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 Supplies		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)					\$462.74	

Last Name of Worker/Consultant Wesley		First Kirk		MI		Date of Payment to Vendor, Person or Entity 07/23/2023		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1202 <input 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 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)					\$84.99	

Last Name of Worker/Consultant Wesley		First Kirk		MI		Date of Payment to Vendor, Person or Entity 08/11/2023		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1202 <input 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 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)					\$84.99	

SUBTOTAL Section T - This Page		\$632.72
TOTAL of Section T Pages		\$2,775.48
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS		\$2,775.48

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Santiago		First Americo		MI		Date of Payment to Vendor, Person or Entity 08/19/2023	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1294 <input 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 Supplies		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)					\$536.62	

Last Name of Worker/Consultant Wesley		First Kirk		MI		Date of Payment to Vendor, Person or Entity 08/23/2023	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1318 <input 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 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)					\$451.95	

Last Name of Worker/Consultant Gaudett		First Thomas		MI J		Date of Payment to Vendor, Person or Entity 07/01/2023	
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 # 1030 <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)					\$735.83	

SUBTOTAL Section T - This Page		\$1,724.40
TOTAL of Section T Pages		\$2,775.48
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS		\$2,775.48

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants			
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Santiago	Americo		08/08/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Staples		<input checked="" type="checkbox"/> Check # 1258 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State Zip Code
1201 Kings Hwy, Ste 2		Fairfield	CT 06824-5319
Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)		\$418.36
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section T - This Page	\$418.36
TOTAL of Section T Pages	\$2,775.48
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$2,775.48