SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE
Ganim 2026

2. TREASURER NAME			
First	MI	Last	Suffix
Rosanne		**Gallant**	

3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
113 York Rd	**Fairfield**	**CT**	**06612**

4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER *(if applicable)*
11/03/2026	**Judge of Probate**	**J048**

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
Paul	**J**	**Ganim**	

8. TYPE OF REPORT
7th Day Preceding Primary - Original

9. PERIOD COVERED

Beginning Date		Ending Date
07/01/2026	thru	**08/02/2026**

10. CERTIFICATION

☑ I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Rosanne Gallant**	**08/04/2026 1:06:12PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ganim 2026	**7th Day Preceding Primary - Original**	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		**$0.00**
12. Balance on hand at the beginning of Reporting Period	**$76,197.02**	
13. Contributions received from Individuals (Section A and B)	**$8,450.00**	**$95,405.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$300.00**	**$300.00**
15. Other Monetary Receipts (Section D through K)	**$0.00**	**$1,000.00**
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	**$0.00**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$0.00**	**$0.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$8,750.00**	**$96,705.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$84,947.02**	**$96,705.00**
19. Expenses Paid by Committee (Section P)	**$71,432.97**	**$83,190.95**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$13,514.05**	**$13,514.05**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Section M)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
25. Loan Balance	**$1,000.00**	
25a. + Loans Received (Section D)	**$0.00**	**$1,000.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$1,000.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor) **Subtotal Section A** **$0.00**

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Bucci	Trish	

Residential Street Address	City	State	Zip Code
955 Connecticut Ave	Bridgeport	CT	06607

Principal Occupation	Name of Employer
Marshall	State of Connecticut

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/02/2026	$50.00	$50.00

Last Name	First Name	MI
Garcia	Edna	

Residential Street Address	City	State	Zip Code
38 Siemon St # 2NFL	Bridgeport	CT	06605

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/08/2026	$100.00	$100.00

Last Name	First Name	MI
Ross	Richard	

Residential Street Address	City	State	Zip Code
83 Chanbrook Rd	Stratford	CT	06614

Principal Occupation	Name of Employer
Attorney	Richard Ross

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/10/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Ganim	Joan	J

Residential Street Address	City	State	Zip Code
120 River Valley Rd	Stratford	CT	06614

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	07/20/2026	$300.00	$300.00

Last Name	First Name	MI
Pereira	John	

Residential Street Address	City	State	Zip Code
86 Hageman Shean Rd	Goshen	CT	06756

Principal Occupation	Name of Employer
Supervisor Maintenance	Inframark

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	07/21/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
Vivo	Myrna	I

Residential Street Address	City	State	Zip Code
826 Laurel Ave	Bridgeport	CT	06604

Principal Occupation	Name of Employer
examiner specialist	State of ct

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	07/26/2026	$200.00	$200.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Reilly	Carey	B

Residential Street Address	City	State	Zip Code
1 Beck Rd , Redding, Connecticut, 06896, United Sta	Redding	CT	06896

Principal Occupation	Name of Employer
attorney	KOSKOFF KOSKOFF & BIEDER PC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	07/30/2026	$200.00	$200.00

Last Name	First Name	MI
Bloss	William	

Residential Street Address	City	State	Zip Code
88 Mulberry Farms Road Guilford Ct # 6437	Guilford	CT	06437

Principal Occupation	Name of Employer
Attorney	Koskoff Koskoff & Bieder

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	07/30/2026	$500.00	$500.00

Last Name	First Name	MI
lichtenstein	joel	

Residential Street Address	City	State	Zip Code
93 Meadowcrest Dr	Fairfield	CT	06604

Principal Occupation	Name of Employer
attorney	Koskoff Koskoff and Bieder

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	07/30/2026	$500.00	$500.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hernandez	Juan	

Residential Street Address	City	State	Zip Code
1313 E Main St	Bridgeport	CT	06608

Principal Occupation	Name of Employer
Real state Investment	New England Investment LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/30/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
Sterling	Alinor	

Residential Street Address	City	State	Zip Code
256 Clark Ave	Branford	CT	06405

Principal Occupation	Name of Employer
Trial Lawyer	Koskoff

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
08/01/2026	$500.00	$500.00

Last Name	First Name	MI
Schafler	Jack	J

Residential Street Address	City	State	Zip Code
52 Hubbell Ln	Shelton	CT	06484

Principal Occupation	Name of Employer
Student	Jack Schafler

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
08/01/2026	$1,000.00	$1,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Camera	Jared	

Residential Street Address	City	State	Zip Code
670 N Grant St	Denver	CO	80203

Principal Occupation	Name of Employer
Chef	Unemployed

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	08/01/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
Camera	Nicole	

Residential Street Address	City	State	Zip Code
521 W 175th	New York	NY	10033

Principal Occupation	Name of Employer
Teacher	NYC Board of Education

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	08/01/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
Morello	Lori	A

Residential Street Address	City	State	Zip Code
84 Woodbridge Ave	Ansonia	CT	06401

Principal Occupation	Name of Employer
Self employed	Ultimate cleaning service LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	08/02/2026	$1,000.00	$1,000.00

Total of Section B	**$8,450.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$8,450.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Rovette PAC	Robert H Ficeto

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution
13 Diamond Rock Rd	☐ Yes ☒ No If yes, list Event #	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Wolcott	CT	06716	07/28/2026	$300.00	$300.00

Total of Section C1	**$300.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer

Address	Date Received	Amount of Receipt

City	State	Zip Code	Payment Type	Amount of Receipt
			Reimbursement for shared expense Surplus Distribution	

Expenditure # (if applicable)	Description	Amount of Receipt

Total of Section C2	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

D. Loans Received this Period

Name of Lender	Source of Loan: Bank Candidate Individual Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				**Amount Received**
Street Address	City	State	Zip Code	
			Total of Section D	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
			Total of Section E	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1? Yes No If yes, list Event #	Amount
	Total of Section F	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Amount

Total of Section G	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	

Total of Section H	

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

J. Interest from Deposits in Authorized Accounts

Name of Institution			Date Received	Amount
Street Address	City	State	Zip Code	

Total of Section J	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
		Total of Section K		

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

L1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City	State / Zip Code

Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes / No	*(If yes*, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)
Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes / No	*(If yes*, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100?	Yes / No	*(If yes*, enter Total Receipts here.)
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes / No	*(If yes*, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes / No	*(If yes*, enter Total Receipts here.)
		Total of Section L1

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By: **Business Entity** **Other** **Individual/Sole Proprietorship**
Street Address	City	State	Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Total of Section L3	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

L4. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address	City	State	Zip Code	
Donation Given by: Business Entity Individual Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

L5. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of the Host			Is this event supporting more than one candidate or committee? Yes No If yes, complete Itemization in Addendum L5
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section L5

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

M. In-Kind Contributions

Name			
Street Address	City	State	Zip Code

Type of Contributor: Committee / Individual / Sole Proprietorship / Other	Date Received	Aggregate contributions	Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No	If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he /she is associated with have a contract with said municipality valued at more than $5000? Yes / No	Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? Yes / No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? Yes / No If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
			Total of Section N	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Nancy A Baez	07/02/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
540 Ogden St	Bridgeport	CT	06608

Purpose of Expenditure (by code)	Description	Event #
WAGE	3 Weeks	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,200.00

Name of Payee	Date of Payment	Method of Payment
Talitha Frazier	07/02/2026	[X] Check # 1007 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
312 Remington St	Bridgeport	CT	06610

Purpose of Expenditure (by code)	Description	Event #
WAGE	2 Weeks	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$800.00

Name of Payee	Date of Payment	Method of Payment
Campos Hampton	07/02/2026	[X] Check # 1008 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 Tavern Rock Rd	Stratford	CT	06614

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Pmt 1 of 3	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$3,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Premier Private Investigations LLC	07/07/2026	[X] Check # 1009 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
52 Bushy Hill Rd	Newtown	CT	06470

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$3,748.84

Name of Payee	Date of Payment	Method of Payment
M & T Bank	07/08/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1055 Post Rd	Fairfield	CT	06824

Purpose of Expenditure (by code)	Description	Event #
BNK		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2.04

Name of Payee	Date of Payment	Method of Payment
Nilda D Rodriguez	07/11/2026	[X] Check # 1010 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
Apt. C5	Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$400.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Talitha Frazier	07/11/2026	[X] Check # 1011 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
312 Rememton St .	Bridgeport	CT	06610

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$400.00

Name of Payee	Date of Payment	Method of Payment
Doris Candelario	07/11/2026	[X] Check # 1012 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
487 Hallett St	Bridgeport	CT	06608

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$510.00

Name of Payee	Date of Payment	Method of Payment
Nancy A Baez	07/11/2026	[X] Check # 1013 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
540 Ogden St	Bridgeport	CT	06608

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$400.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kathleen Wilson	07/13/2026	[X] Check # 1015 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
49 Pine Knob Ter	Milford	CT	06461

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$310.00

Name of Payee	Date of Payment	Method of Payment
Park Group Solutions	07/13/2026	[X] Check # 1014 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 30	Branford	CT	06405

Purpose of Expenditure (by code)	Description	Event #
A-WEB		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$10,750.00

Name of Payee	Date of Payment	Method of Payment
Executive Office Services	07/14/2026	[X] Check # 1016 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2085 Madison Ave .	Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description	Event #
A-DM		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$12,731.72

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Executive Office Services	07/14/2026	[X] Check # 1017 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2085 Madison Ave .	Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description	Event #
A-DM		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$12,731.72

Name of Payee	Date of Payment	Method of Payment
Executive Office Services	07/14/2026	[X] Check # 1018 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2085 Madison Ave .	Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description	Event #
A-DM		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$12,731.72

Name of Payee	Date of Payment	Method of Payment
Fortified Investigations and Security LLC	07/15/2026	[X] Check # 1019 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 5873	Bridgeport	CT	06610

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$4,413.53

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Momentum Communications	07/16/2026	[X] Check # 1020 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 E Main St	Bridgeport	CT	06608

Purpose of Expenditure (by code)	Description	Event #
A-RAD		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$500.00

Name of Payee	Date of Payment	Method of Payment
Nancy A Baez	07/16/2026	[X] Check # 1021 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
540 Ogden St	Bridgeport	CT	06608

Purpose of Expenditure (by code)	Description	Event #
POST	Reimburse For Stamps	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$328.00

Name of Payee	Date of Payment	Method of Payment
Campos Hampton	07/16/2026	[X] Check # 1022 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 Tavern Rock Rd	Stratford	CT	06614

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$3,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Nilda D Rodriguez	07/18/2026	[X] Check # 1023 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
48 Amsterdan Ave .	Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$400.00

Name of Payee	Date of Payment	Method of Payment
Doris Candelario	07/18/2026	[X] Check # 1024 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
487 Hallet St .	Bridgeport	CT	06608

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$270.00

Name of Payee	Date of Payment	Method of Payment
Nancy A Baez	07/18/2026	[X] Check # 1025 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
540 Ogden St	Bridgeport	CT	06608

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$600.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Talitha Frazier	07/18/2026	[X] Check # 1026 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
312 Remington St .	Bridgeport	CT	06610

Purpose of Expenditure (by code)	Description	Event #
WAGE		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$300.00

Name of Payee	Date of Payment	Method of Payment
Postmaster	07/30/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
357 Commerce Dr	Fairfield	CT	06825

Purpose of Expenditure (by code)	Description	Event #
POST		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$246.00

Name of Payee	Date of Payment	Method of Payment
New Way Strategies	07/30/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
47 Avonwood Rd # 212	Avon	CT	06001

Purpose of Expenditure (by code)	Description	Event #
OVHD		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$375.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Doing it Local.com	07/31/2026	[X] Check # 1027 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
229 Jennings Rd	Fairfield	CT	06825

Purpose of Expenditure (by code)	Description	Event #
A-WEB		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,000.00

Name of Payee	Date of Payment	Method of Payment
Day Campaign	08/02/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

Purpose of Expenditure (by code)	Description	Event #
BNK	Credit Card/Banking Transaction fees	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$284.40

Total of Section P	**$71,432.97**

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

Q. Campaign Expenses Paid By Candidate

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State / Zip Code

Purpose of Expenditure (by code)	Description	Event #	**Amount**

Total of Section Q	

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other
Name of Vendor, Person or Entity	Date of Transaction
Street Address / City / State / Zip Code	

Purpose of Expenditure (by code)	Description	Event #

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)	Amount
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution) Organization A B C D	

Total of Section R	

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure# (if applicable)	Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*			Amount Incurred (Estimate or Actual)
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization : A B C D		
			Total of Section S	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim 2026	7th Day Preceding Primary - Original

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P Check #	Debit Card EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)			Amount
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization: A B C D		
			Total of Section T	

Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	**Supported** **Opposed**	**Amount of Expenditure**
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Are Limits Aggregated? **Yes** **No**	Aggregating Committees

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section S. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section T. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee