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COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Ganim for Governor				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Anthony		MI R	Last Paoletto			Suffix	
4. TREASURER ADDRESS							
Street Address 321 Lynne Pl			City Bridgeport		State CT	Zip Code 06610	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
11/06/2018		Governor					
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Joseph		MI P	Last Ganim			Suffix	
9. TYPE OF REPORT							
30 Days Following Primary - Original							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		08/06/2018		thru		08/31/2018	
11. CERTIFICATION							
<input checked="" type="checkbox"/> 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		Anthony Paoletto			09/13/2018 11:53:43AM		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Ganim for Governor	30 Days Following Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$173,010.05	
14. Contributions received from Individuals (Section A and B)	\$45,534.00	\$644,422.00
15. Receipts from Other Committees (Sections C1 and C2)	\$8,000.00	\$124,847.68
16. Other Monetary Receipts (Section D through I)	\$7,674.11	\$71,438.55
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$61,208.11	\$840,708.23
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$234,218.16	\$840,708.23
20. Expenses Paid by Committee (Section N)	\$234,050.59	\$840,540.66
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$167.57	\$167.57
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$794.20
24. In-Kind Contributions Received (Section K)	\$0.00	\$17,215.02
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$60,000.00	
26a. + Loans Received (Section D)	\$0.00	\$60,000.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$60,000.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Ganim for Governor		30 Days Following Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Epstein		First Anne		MI	Contribution ID # 1089
Residential Street Address 245 Wilson St		City Fairfield		State CT	Zip Code 06825-1424
Principal Occupation Lawyer			Name of Employer Adelman Law Office		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/06/2018 Aggregate Contributions \$2,500.00	

Last Name Epstein		First Juda		MI	Contribution ID # 1090
Residential Street Address 245 Wilson St		City Fairfield		State CT	Zip Code 06825-1424
Principal Occupation Lawyer			Name of Employer Law Office of Juda J. Epstein		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/06/2018 Aggregate Contributions \$2,500.00	

Last Name Frassinelli		First Fred		MI	Contribution ID # 1095
Residential Street Address 101 Grovers Ave		City Bridgeport		State CT	Zip Code 06605-3630
Principal Occupation Realtor			Name of Employer AMS Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 08/06/2018 Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Spadaro	First George	MI	Contribution ID # 1149
Residential Street Address 1 Boland Dr	City West Orange	State NJ	Zip Code 07052-3686
Principal Occupation Partner/lawyer	Name of Employer CSG Law		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/06/2018	Aggregate Contributions \$2,500.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

Last Name Conte	First Delinda	MI L	Contribution ID # 1081
Residential Street Address 110 Cannon St	City Hamden	State CT	Zip Code 06518-2513
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/07/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name DeJesús	First Isolina	MI	Contribution ID # 1083
Residential Street Address 129 Court A # 129	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Management	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/07/2018	Aggregate Contributions \$850.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Aurilio	First James	MI	Contribution ID # 1070
Residential Street Address 97 Northwood Dr	City Easton	State CT	Zip Code 06612-1351
Principal Occupation Owner	Name of Employer Jim's Auto Body		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/07/2018	Aggregate Contributions \$600.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Lanese	First Joseph	MI	Contribution ID # 1111
Residential Street Address 372 Woodland Ln	City Orange	State CT	Zip Code 06477-3052
Principal Occupation Custodian	Name of Employer City of bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/07/2018	Aggregate Contributions \$65.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Lattin	First Thomas	MI	Contribution ID # 1112
Residential Street Address 113 Ellsworth St	City Bridgeport	State CT	Zip Code 06605-3122
Principal Occupation Project Manager	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>08092018a</u>		Date Received 08/08/2018	Aggregate Contributions \$700.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Fitzpatrick	First James	MI	Contribution ID # 1094
Residential Street Address 170 Morning Dew Ln	City Stratford	State CT	Zip Code 06614-1659
Principal Occupation Real Estate Development	Name of Employer Second Avenue Development Company		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>08092018a</u>		Date Received 08/08/2018	Aggregate Contributions \$2,000.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$2,000.00	

Last Name Kronholm	First John	MI	Contribution ID # 1108
Residential Street Address 697 Pequot Trl	City Stonington	State CT	Zip Code 06378-2228
Principal Occupation Insurance Broker	Name of Employer Brown & Brown of CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/08/2018	Aggregate Contributions \$750.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Kronholm	First Mona	MI	Contribution ID # 1109
Residential Street Address 697 Pequot Trl	City Stonington	State CT	Zip Code 06378-2228
Principal Occupation Insurance Agent	Name of Employer Kronholm Insurance Services		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/08/2018	Aggregate Contributions \$750.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

Last Name Ferrante	First Victor	MI M	Contribution ID # 1092
Residential Street Address 82 Pond St	City Milford	State CT	Zip Code 06460-4718
Principal Occupation Attorney	Name of Employer Victor Ferrante		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/08/2018	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Nadrizny	First Craig	MI	Contribution ID # 1122
Residential Street Address 65 Seabreeze Dr	City Stratford	State CT	Zip Code 06614-1727
Principal Occupation Roadway Supervisor	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/08/2018	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Abdussabur	First Shafiq	MI R	Contribution ID # 1059
Residential Street Address 670 Winthrop Ave	City New Haven	State CT	Zip Code 06511-2834
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/08/2018	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$150.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Candee	First Scott	MI W	Contribution ID # 1075
Residential Street Address 87 Sport Hill Rd	City Redding	State CT	Zip Code 06896-3016
Principal Occupation Owner	Name of Employer H.R. Candee Construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>08092018a</u>		Date Received 08/08/2018	Aggregate Contributions \$2,000.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

Last Name Coles	First Kevin A	MI CT	Contribution ID # 1080
Residential Street Address 38 Harbour View Pl	City Stratford	State CT	Zip Code 06615-7070
Principal Occupation Trial Lawyer	Name of Employer Of Counsel		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/08/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Smith	First Jermaine	MI A	Contribution ID # 1148
Residential Street Address 1471 South Ave	City Stratford	State CT	Zip Code 06615-6623
Principal Occupation Construction laborer	Name of Employer Ashlar Construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/08/2018	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Persechino	First Jeffrey	MI R	Contribution ID # 1137
Residential Street Address 15 Franklin St	City Bristol	State CT	Zip Code 06010-4145
Principal Occupation crane operator	Name of Employer A and A Crane		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/08/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Perugino	First Patrick	MI	Contribution ID # 1138
Residential Street Address 82 Allen St	City Terryville	State CT	Zip Code 06786-6402
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Rae-LeGree	First Quinci	MI	Contribution ID # 1139
Residential Street Address 3015 N Main St	City Waterbury	State CT	Zip Code 06704-1214
Principal Occupation CNA	Name of Employer Maplewood Senior Living		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Rafael	First Cindy	MI	Contribution ID # 1140
Residential Street Address 19 Woodland Hls	City Trumbull	State CT	Zip Code 06611
Principal Occupation Director	Name of Employer Regional		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Rodriguez	First Marilyn	MI	Contribution ID # 1141
Residential Street Address 434 Thorme St	City Bridgeport	State CT	Zip Code 06606-3417
Principal Occupation Executive Assistant	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/09/2018	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Scinto	First Dennis	MI	Contribution ID # 1144
Residential Street Address 2641 Madison Ave	City Bridgeport	State CT	Zip Code 06606-2632
Principal Occupation Housing Code	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Shamas	First Daniel	MI	Contribution ID # 1145
Residential Street Address 7 Buddington Park	City Shelton	State CT	Zip Code 06484-5358
Principal Occupation Mayor's Office	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$2,300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

Last Name Silva	First Tammy	MI A	Contribution ID # 1146
Residential Street Address 31 Old Fawn Hill Rd	City Monroe	State CT	Zip Code 06468-1344
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Valle	First Maria	MI I	Contribution ID # 1153
Residential Street Address 561 Brooks St	City Bridgeport	State CT	Zip Code 06608-1302
Principal Occupation Senior Aide	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Talamelli-Cusick	First Karen	MI	Contribution ID # 1150
Residential Street Address 6 Diana Dr	City Woodbridge	State CT	Zip Code 06525-1217
Principal Occupation Finance Director	Name of Employer Project Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Tarantino	First Gino	MI	Contribution ID # 1151
Residential Street Address 136 Meadowview Dr	City Trumbull	State CT	Zip Code 06611-1924
Principal Occupation Owner	Name of Employer Hocon Gas		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$3,500.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$1,500.00	

Last Name Viens	First Charles	MI	Contribution ID # 1156
Residential Street Address 2 Lilac Ln	City Easton	State CT	Zip Code 06612-2066
Principal Occupation Farmer	Name of Employer Charles Island Oyster Farm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$500.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

Last Name Villa	First Ryzard	MI	Contribution ID # 1157
Residential Street Address 39 Hansom Hill Rd	City Windsor	State CT	Zip Code 06095-1806
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Wallace	First Pekah	MI P	Contribution ID # 1158
Residential Street Address 14 Rundelane	City Bloomfield	State CT	Zip Code 06002-1523
Principal Occupation Civil Right Enforcement	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Dunn	First David	MI	Contribution ID # 1088
Residential Street Address 484 Curtis Ave	City Stratford	State CT	Zip Code 06615-7688
Principal Occupation Personnel Director	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$3,000.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

Last Name Ganim	First Laura	MI	Contribution ID # 1096
Residential Street Address 34 Oakwood Ave Unit 301	City Norwalk	State CT	Zip Code 06850-1392
Principal Occupation Teacher	Name of Employer Norwalk public schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$3,500.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$3,300.00	

Last Name Gecewicz	First Thomas	MI	Contribution ID # 1097
Residential Street Address 3900 Park Ave Unit 7E	City Bridgeport	State CT	Zip Code 06604-1032
Principal Occupation Health Officer/Program Manager	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$425.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Gill	First Thomas	MI F	Contribution ID # 1098
Residential Street Address 244 Sailors Ln	City Bridgeport	State CT	Zip Code 06605-3624
Principal Occupation Director OPED	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/09/2018	Aggregate Contributions \$1,700.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name DePara	First Angel	MI M	Contribution ID # 1084
Residential Street Address 332 Wells St Apt 104	City Bridgeport	State CT	Zip Code 06606-5465
Principal Occupation CAO Office	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$1,350.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name DiLuca	First Sylvia	MI	Contribution ID # 1086
Residential Street Address 1415 Wood Ave	City Bridgeport	State CT	Zip Code 06604-1426
Principal Occupation Program Coordinator	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$125.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name DeAngelo	First Dr. William C.	MI	Contribution ID # 1082
Residential Street Address 66 Riverford Rd	City Branford	State CT	Zip Code 06809
Principal Occupation Dr. of Chiropractic	Name of Employer New Spinal Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$1,500.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Carrena	First Ethan	MI E	Contribution ID # 1077
Residential Street Address 24 Tuckahoe Rd	City Easton	State CT	Zip Code 06612-2052
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$1,100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

Last Name Clay	First Ginne-Rae	MI	Contribution ID # 1078
Residential Street Address 3015 N Main St	City Waterbury	State CT	Zip Code 06704-1214
Principal Occupation Director	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$1,093.78
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Coble	First Felicia	MI	Contribution ID # 1079
Residential Street Address 664 Sedgewick Ave	City Stratford	State CT	Zip Code 06615-6970
Principal Occupation Analyst	Name of Employer Affinion Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$2,000.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$2,000.00	

Last Name Agius	First Joyce	MI	Contribution ID # 1060
Residential Street Address 484 Curtis Ave	City Stratford	State CT	Zip Code 06615-7688
Principal Occupation Insurance Executive	Name of Employer Duble/Oklerw Ins. Co		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$1,000.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Barnes	First Elizabeth	MI A	Contribution ID # 1071
Residential Street Address 130 Hollister Ave	City Bridgeport	State CT	Zip Code 06607-1937
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$24.00
		Date Received 08/09/2018	Aggregate Contributions \$24.00

Last Name Brooks	First Beverley	MI	Contribution ID # 1072
Residential Street Address 17 Oak Ln	City Trumbull	State CT	Zip Code 06611-5273
Principal Occupation Assistant Manager	Name of Employer TD Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$300.00
		Date Received 08/09/2018	Aggregate Contributions \$500.00

Last Name Calderon	First Raquel	MI	Contribution ID # 1073
Residential Street Address 163 Adelaide St Fl 2	City Hartford	State CT	Zip Code 06114-1875
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$40.00
		Date Received 08/09/2018	Aggregate Contributions \$90.00

Last Name Camacho	First Nestor	MI	Contribution ID # 1074
Residential Street Address 29 Perth St	City Bridgeport	State CT	Zip Code 06606-4945
Principal Occupation Realtor	Name of Employer Camacho R.E.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$500.00
		Date Received 08/09/2018	Aggregate Contributions \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Amado	First Eric	MI	Contribution ID # 1062
Residential Street Address 744 Hancock Ave	City Bridgeport	State CT	Zip Code 06605-1908
Principal Occupation Human Resources	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$350.00
		Amount of Contribution \$100.00	

Last Name Anastasi	First Christopher	MI M	Contribution ID # 1063
Residential Street Address 25 Sullivan Pl	City Bridgeport	State CT	Zip Code 06610-1026
Principal Occupation Project Manager-Finance	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$1,100.00
		Amount of Contribution \$100.00	

Last Name Anastasi	First Mark	MI T	Contribution ID # 1064
Residential Street Address 25 Sullivan Pl	City Bridgeport	State CT	Zip Code 06610-1026
Principal Occupation Attorney	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$2,500.00
		Amount of Contribution \$500.00	

Last Name Anastasoglou	First Tom	MI	Contribution ID # 1065
Residential Street Address 93 Post Rd	City Darien	State CT	Zip Code 06820-2900
Principal Occupation Owner	Name of Employer Driftwood Diner LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$2,750.00
		Amount of Contribution \$750.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Angotta	First Anthony	MI	Contribution ID # 1066
Residential Street Address 406 W Main St	City Stamford	State CT	Zip Code 06902-4713
Principal Occupation Pres	Name of Employer The New Victory Corp		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$3,000.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

Last Name Angotta	First Robert	MI	Contribution ID # 1067
Residential Street Address 406 W Main St	City Stamford	State CT	Zip Code 06902-4713
Principal Occupation Accountant	Name of Employer Angotta CPA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Appleby	First Scott	MI t	Contribution ID # 1068
Residential Street Address 93 Knorr Rd	City Monroe	State CT	Zip Code 06468-3114
Principal Occupation Director OEMHS	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/09/2018	Aggregate Contributions \$800.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Auerbach	First Steven	MI	Contribution ID # 1069
Residential Street Address 151 Kennedy Dr	City Bridgeport	State CT	Zip Code 06606-5917
Principal Occupation Director of Meters & Parking	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Nesheiwat	First Angela	MI	Contribution ID # 1123
Residential Street Address 505 Fairview Ave	City Bridgeport	State CT	Zip Code 06606-4602
Principal Occupation Paralegal	Name of Employer Portale Randazzo LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Nikolatos	First John	MI	Contribution ID # 1124
Residential Street Address 85 Totoket Rd	City Branford	State CT	Zip Code 06405-6422
Principal Occupation Computer Consultant	Name of Employer Niktekk LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Norko	First John	MI	Contribution ID # 1125
Residential Street Address 230 Holland Rd	City Bridgeport	State CT	Zip Code 06610-1041
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$450.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Oliveira	First Melissa	MI	Contribution ID # 1126
Residential Street Address 34 Brookfield Rd	City Seymour	State CT	Zip Code 06483-2378
Principal Occupation OPM Analyst	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$290.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$40.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Olson	First John	MI W	Contribution ID # 1127
Residential Street Address 25 Cartright St Unit 5H	City Bridgeport	State CT	Zip Code 06604-2021
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Paoletto	First Anthony	MI R	Contribution ID # 1128
Residential Street Address 321 Lynne Pl	City Bridgeport	State CT	Zip Code 06610-1233
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/09/2018	Aggregate Contributions \$1,500.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Malheiro	First Virginia	MI	Contribution ID # 1115
Residential Street Address 11 Botsford Pl	City Trumbull	State CT	Zip Code 06611-4702
Principal Occupation Port Authority Exec. Dir.	Name of Employer City of Bridgeport/BPA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$1,000.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$150.00	

Last Name McHugh	First Brian	MI	Contribution ID # 1116
Residential Street Address 93 Lazy Brook Rd	City Monroe	State CT	Zip Code 06468-3315
Principal Occupation Sales	Name of Employer McHugh Business Fun.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Meyer	First Betsey	MI	Contribution ID # 1117
Residential Street Address 39 Woodbine Cir	City Bridgeport	State CT	Zip Code 06606-1931
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018
		Aggregate Contributions \$300.00	Amount of Contribution \$100.00

Last Name Meyer	First Ursula	MI	Contribution ID # 1118
Residential Street Address 753 Lakeside Dr	City Bridgeport	State CT	Zip Code 06606-1950
Principal Occupation Business Manager	Name of Employer National Personnel Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018
		Aggregate Contributions \$600.00	Amount of Contribution \$200.00

Last Name Mobilio	First Vincent	MI J	Contribution ID # 1119
Residential Street Address 1920 Madison Ave	City Bridgeport	State CT	Zip Code 06606-4058
Principal Occupation Clerk/Floater	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018
		Aggregate Contributions \$225.00	Amount of Contribution \$50.00

Last Name Morel	First Franklin	MI	Contribution ID # 1120
Residential Street Address 600 Harral Ave	City Bridgeport	State CT	Zip Code 06604-3302
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018
		Aggregate Contributions \$1,000.00	Amount of Contribution \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Paoletto	First Richard	MI	Contribution ID # 1130
Residential Street Address 321 Lynne Pl	City Bridgeport	State CT	Zip Code 06610-1233
Principal Occupation Inspector	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$525.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Paoletto	First Susan	MI	Contribution ID # 1131
Residential Street Address 321 Lynne Pl	City Bridgeport	State CT	Zip Code 06610-1233
Principal Occupation Secretary	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$125.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Papa	First Tammy	MI L	Contribution ID # 1132
Residential Street Address 223 Algonquin Trl	City Trumbull	State CT	Zip Code 06611-4580
Principal Occupation Director of Youth Services	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$550.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Paquin	First Betty	MI	Contribution ID # 1133
Residential Street Address 24 Norwood Rd	City New Haven	State CT	Zip Code 06513-1118
Principal Occupation Receptionist	Name of Employer Marcus Law Firm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Date Received 08/09/2018	Aggregate Contributions \$500.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Perez	First Armando J.	MI	Contribution ID # 1134
Residential Street Address 14 Sally Ann Dr	City Trumbull	State CT	Zip Code 06611-1807
Principal Occupation Chief of Police	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018
		Aggregate Contributions \$1,800.00	Amount of Contribution \$300.00

Last Name Perez	First Kelly	MI	Contribution ID # 1135
Residential Street Address 76 Evers Pl	City Bridgeport	State CT	Zip Code 06610-1430
Principal Occupation Administrative Assistant	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018
		Aggregate Contributions \$275.00	Amount of Contribution \$25.00

Last Name Perez	First Rosa	MI H	Contribution ID # 1136
Residential Street Address 76 Evers Pl	City Bridgeport	State CT	Zip Code 06610-1430
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Ferreri	First Michael	MI	Contribution ID # 1093
Residential Street Address 106 Valley View Ct	City Southington	State CT	Zip Code 06489-3888
Principal Occupation Insurance	Name of Employer Corporate Risk Solutions		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Hammond	First Robert	MI	Contribution ID # 1101
Residential Street Address 91 Reitter St	City Stratford	State CT	Zip Code 06614-3800
Principal Occupation Manager	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Jennings	First Cynthia	MI	Contribution ID # 1103
Residential Street Address 86 Hartland St	City Hartford	State CT	Zip Code 06112-1130
Principal Occupation Attorney	Name of Employer Cynthia Jennings		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$1,800.00
			Amount of Contribution \$200.00

Last Name Kascak	First Richard	MI G	Contribution ID # 1104
Residential Street Address 660 White Plains Rd	City Trumbull	State CT	Zip Code 06611-4860
Principal Occupation Attorney	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$1,100.00
			Amount of Contribution \$100.00

Last Name Khamarji	First Nicholas	MI	Contribution ID # 1105
Residential Street Address 15 Princess Pine Ln	City Easton	State CT	Zip Code 06612-2010
Principal Occupation Insurance	Name of Employer Ronoco Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$3,500.00
			Amount of Contribution \$3,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Lambert	First Bonnie	MI	Contribution ID # 1110
Residential Street Address 46 Ferry Ct	City Stratford	State CT	Zip Code 06615-6061
Principal Occupation Administrator	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$100.00

Last Name Kraus	First Marguerite	MI	Contribution ID # 1107
Residential Street Address 156 Belden Rd	City Hamden	State CT	Zip Code 06514-3700
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08092018a</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Laura	First Anthony	MI	Contribution ID # 1113
Residential Street Address 27 Baldwin Dr	City Berkeley Heights	State NJ	Zip Code 07922-1745
Principal Occupation Businessman	Name of Employer Gramercy Holdings I LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/10/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$500.00

Last Name Murphy	First Stephen	MI	Contribution ID # 1121
Residential Street Address 13 Orcutt Dr	City Guilford	State CT	Zip Code 06437-2221
Principal Occupation Attorney	Name of Employer Milano & Wanat llc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/10/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Agrignan	First Sikah	MI	Contribution ID # 1061
Residential Street Address 150 Greenwood St	City Bridgeport	State CT	Zip Code 06606-3823
Principal Occupation Sales Associate	Name of Employer Wheels 18		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/10/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Capozziello	First Katia	MI	Contribution ID # 1076
Residential Street Address 469 Brooklawn Ave	City Fairfield	State CT	Zip Code 06825-1805
Principal Occupation Manager	Name of Employer Trevi Lounge		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/10/2018	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Gutierrez	First Basilio	MI	Contribution ID # 1099
Residential Street Address 28 Hillside Dr	City Easton	State CT	Zip Code 06612-2027
Principal Occupation Owner/President	Name of Employer Sazon Y Mambo		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/10/2018	Aggregate Contributions \$2,600.00
			Amount of Contribution \$1,000.00

Last Name Feliz	First Diomedes	MI Y	Contribution ID # 1091
Residential Street Address 275 Garfield Ave	City Bridgeport	State CT	Zip Code 06606-5271
Principal Occupation Barber	Name of Employer Evolution Barber Shop		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/10/2018	Aggregate Contributions \$2,000.00
			Amount of Contribution \$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Vereen	First Deborah	MI D	Contribution ID # 1155
Residential Street Address 407 William St	City Bridgeport	State CT	Zip Code 06608-1818
Principal Occupation Office Admin	Name of Employer Mortons Mortuary		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/10/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Rodriguez	First Samnaya	MI	Contribution ID # 1142
Residential Street Address 115 Edgewood Ave	City New Haven	State CT	Zip Code 06511-4584
Principal Occupation Preschool Teacher	Name of Employer Hospital for Special Care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/10/2018	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Dias	First Fernando	MI	Contribution ID # 1085
Residential Street Address 39 Huntington Hts	City Shelton	State CT	Zip Code 06484-2970
Principal Occupation Parks Department	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/11/2018	Aggregate Contributions \$600.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

Last Name Lee	First Joseph	MI	Contribution ID # 1114
Residential Street Address 30 Lamplight Ln	City Milford	State CT	Zip Code 06460-3283
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/11/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Khamarji	First Paul	MI	Contribution ID # 1106
Residential Street Address 25 Fensky Rd	City Easton	State CT	Zip Code 06612-1728
Principal Occupation Landscaping	Name of Employer PK Landscape Associates LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>08092018a</u>		Date Received 08/11/2018	Aggregate Contributions \$3,500.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$3,500.00	

Last Name Illingworth	First William	MI	Contribution ID # 1102
Residential Street Address 175 S End Rd Unit 21	City East Haven	State CT	Zip Code 06512-4567
Principal Occupation State Marshal	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/11/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Gutierrz	First Alina	MI	Contribution ID # 1100
Residential Street Address 11 Red Fern Rdg	City Shelton	State CT	Zip Code 06484-2195
Principal Occupation Manager	Name of Employer Sazon y Mambo		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/12/2018	Aggregate Contributions \$3,400.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$2,400.00	

Last Name Rodriguez	First Samnaya	MI	Contribution ID # 1143
Residential Street Address 115 Edgewood Ave	City New Haven	State CT	Zip Code 06511-4584
Principal Occupation Preschool Teacher	Name of Employer Hospital for Special Care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/12/2018	Aggregate Contributions \$400.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Valle	First Maria	MI I	Contribution ID # 1154
Residential Street Address 561 Brooks St	City Bridgeport	State CT	Zip Code 06608-1302
Principal Occupation Senior Aide	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 08/13/2018 Aggregate Contributions \$125.00 \$100.00

Last Name Vaccaro	First Ruth	MI CT	Contribution ID # 1152
Residential Street Address 69 Old Willimantic Rd	City Columbia	State CT	Zip Code 06237-1219
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 08/13/2018 Aggregate Contributions \$3,500.00 \$3,500.00

Last Name Discenza	First Samuel	MI CT	Contribution ID # 1087
Residential Street Address 64 Jardin Cir	City Shelton	State CT	Zip Code 06484-3834
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 08/13/2018 Aggregate Contributions \$100.00 \$100.00

Last Name Simpson	First Robert	MI CT	Contribution ID # 1147
Residential Street Address 7 Taskers Pond Rd	City Farmington	State CT	Zip Code 06032-1232
Principal Occupation Attorney	Name of Employer Shipman & Goodwin LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 08/14/2018 Aggregate Contributions \$250.00 \$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name Paoletto	First Anthony	MI R	Contribution ID # 1129
Residential Street Address 321 Lynne Pl	City Bridgeport	State CT	Zip Code 06610-1233
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/25/2018	Aggregate Contributions \$1,500.00
			Amount of Contribution \$200.00

Total of Section B			\$45,534.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>			\$45,534.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

C1. Contributions from Other Committees

Name of Committee Southern Connecticut Citi				Name of Treasurer Moshia Epstein	
Address 3543 Main St			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
City Bridgeport			If yes, list Event #		
State CT	Zip Code 06606-3626	Date Received 08/06/2018	Aggregate Contributions \$5,000.00		\$5,000.00
Name of Committee Bricklayers & Allied Craf				Name of Treasurer Gerald Marotti	
Address 17 N Plains Industrial Rd			Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
City Wallingford			If yes, list Event # 08092018a		
State CT	Zip Code 06492-5841	Date Received 08/09/2018	Aggregate Contributions \$1,000.00		\$1,000.00
Name of Committee Bridgeport Democratic Tow				Name of Treasurer Maria Heller	
Address 20 Emerald Ridge Ct			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
City Shelton			If yes, list Event #		
State CT	Zip Code 06484-2178	Date Received 08/18/2018	Aggregate Contributions \$7,000.00		\$1,500.00
Name of Committee Bridgeport Democratic Tow				Name of Treasurer Maria Heller	
Address 20 Emerald Ridge Ct			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
City Shelton			If yes, list Event #		
State CT	Zip Code 06484-2178	Date Received 08/23/2018	Aggregate Contributions \$6,000.00		\$500.00
Total of Section C1					\$8,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ganim for Governor				30 Days Following 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		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ganim for Governor				30 Days Following Primary - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
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-I)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

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

Date of Receipt	Method of Payment	Amount
08/24/2018	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	\$2,000.00

Date of Receipt	Method of Payment	Amount
08/27/2018	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$1,500.00

Total of Section E	\$3,500.00
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I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

G. Interest from Deposits in Authorized Accounts

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

Total of Section G	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		

Total of Section H	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ganim for Governor				30 Days Following Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Maria Agosto			08/06/2018		
Street Address		City	State	Zip Code	
1354 Pembroke St		Bridgeport	CT	06608-1310	
Description					
Return of expenditure					\$45.00
Name			Date of Transaction		Amount Received
Gateway Print Solutions			08/06/2018		
Street Address		City	State	Zip Code	
16 Testa Pl		Norwalk	CT	06854-4638	
Description					
Return of expenditure					\$100.00
Name			Date of Transaction		Amount Received
Michelle Boyd			08/11/2018		
Street Address		City	State	Zip Code	
95 Elm St Apt 7		West Haven	CT	06516-3861	
Description					
Check Void					\$100.00
Name			Date of Transaction		Amount Received
Enterprise			08/16/2018		
Street Address		City	State	Zip Code	
370 North Ave		Bridgeport	CT	06606-5124	
Description					
Refund of expenditure					\$22.10
Name			Date of Transaction		Amount Received
Jacqueline M. James			08/22/2018		
Street Address		City	State	Zip Code	
295 Stevenson Rd		New Haven	CT	06515-2469	
Description					
Purchase of Equipment					\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ganim for Governor				30 Days Following Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name Sheri Middleton			Date of Transaction 08/22/2018		Amount Received \$60.00
Street Address 323 Fairfield Ave Apt 211		City Bridgeport	State CT	Zip Code 06604-4297	
Description Purchase of Equipment					
Name Ganim For Bridgeport 19			Date of Transaction 08/22/2018		Amount Received \$2,547.01
Street Address 18 Avery Cir		City New Milford	State CT	Zip Code 06776-2365	
Description Purchase of Furniture/Equipment					
Name Forestone 350, LLC			Date of Transaction 08/31/2018		Amount Received \$1,200.00
Street Address 19 Old Kings Hwy		City Darien	State CT	Zip Code 06820	
Description Refund of expenditure					
Total of Section I					\$4,174.11

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Ganim for Governor		30 Days Following Primary - Original	
J1. Event Information			
Event # Date of Event 08/09/2018	Letter a	Description Speech Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1775 Madison Ave		City Bridgeport	State CT Zip Code 06606
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00
Total of Section J1			\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Ganim for Governor		30 Days Following Primary - Original	
J3. In-Kind Donations Not Considered Contributions			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			
Total of Section J3			

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host		Is this event supporting more than one candidate?	
		Yes	No
		If yes, complete Itemization in Addendum J4	
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 J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

K. In-Kind Contributions

Name			
Street Address		City	State
Zip Code			
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No
		Executive	Legislative
Type of Contributor:	Date Received	Aggregate contributions	
Individual	Committee	Sole Proprietorship	

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

L. 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 L				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Canal Partners Media		Date of Payment 08/06/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1027 33rd St NW Ste 140		City Washington	State DC	Zip Code 20007-3529
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$89,765.00

Name of Payee Cheryl Gomes		Date of Payment 08/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1684 Quinnipiac Ave		City New Haven	State CT	Zip Code 06513-1125
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$202.00

Name of Payee Peoples United Bank		Date of Payment 08/06/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604-4917
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sheri Middleton	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 323 Fairfield Ave Apt 211	City Bridgeport	State CT	Zip Code 06604-4297
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$750.00

Name of Payee Ronisha Moore	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 486 Dixwell Ave Fl 2	City New Haven	State CT	Zip Code 06511-1765
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$50.50

Name of Payee Clyde Ramos	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 30 E Grand Ave Apt B	City New Haven	State CT	Zip Code 06513-4072
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,800.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Melinda Rivera		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Irving St Fl 1		City New Haven	State CT	Zip Code 06511-4214
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$131.30

Name of Payee Diamond Robinson		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Kensington St Apt 2		City Hartford	State CT	Zip Code 06120-1420
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$35.35

Name of Payee Berkel Smart Louis		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Ann St Fl 2		City New Haven	State CT	Zip Code 06519-1202
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Amanda Skoldberg		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 541 Washington Ave		City West Haven	State CT	Zip Code 06516-4419
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$333.30

Name of Payee Maceo Troy Streater		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 428 Dixwell Ave		City New Haven	State CT	Zip Code 06511-1764
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$462.00

Name of Payee Samuel Watford		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 645 Grand Ave		City New Haven	State CT	Zip Code 06511-5011
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Wesley Hoskie		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 546 Grand Ave		City New Haven	State CT	Zip Code 06511-5002
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$131.30

Name of Payee Jacqueline M. James		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 295 Stevenson Rd		City New Haven	State CT	Zip Code 06515-2469
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,750.00

Name of Payee Anthony Folsom		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 307 Winthrop Ave		City New Haven	State CT	Zip Code 06511-4324
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$101.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Tawana Galberth		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Sylvan Ave		City New Haven	State CT	Zip Code 06519-1026
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.80

Name of Payee Troy Jackson		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Arcadia Ave		City Hamden	State CT	Zip Code 06514-2901
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$900.00

Name of Payee James Jeter		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Vernon St Apt A3		City Hartford	State CT	Zip Code 06106-3216
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$750.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Coleen LePere	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave Apt 23	City New Haven	State CT	Zip Code 06512-3632
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$750.00

Name of Payee Marguerite Kraus	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 156 Belden Rd	City Hamden	State CT	Zip Code 06514-3700
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$207.05

Name of Payee Edward Lorson	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 74 Derby Ave	City Orange	State CT	Zip Code 06477-1406
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Michael Burrus		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 819 Sherman Ave		City New Haven	State CT	Zip Code 06514-1149
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$35.35

Name of Payee Bashaun Brown		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Hotchkiss St		City Middletown	State CT	Zip Code 06457-3615
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$600.00

Name of Payee Amazon		Date of Payment 08/07/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 81226		City Seattle	State WA	Zip Code 98108-1300
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$157.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Journi Bell LePere		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave		City New Haven	State CT	Zip Code 06512-3659
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$240.00

Name of Payee Diane Bethea		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 595 Columbus Ave Unit 23		City New Haven	State CT	Zip Code 06519-1228
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$141.40

Name of Payee Canal Partners Media		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1027 33rd St NW Ste 140		City Washington	State DC	Zip Code 20007-3529
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,350.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Canal Partners Media		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1027 33rd St NW Ste 140		City Washington	State DC	Zip Code 20007-3529
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$26,136.00

Name of Payee Marlin Strategies, LLC		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6813 Buttermere Ln		City Bethesda	State MD	Zip Code 20817-1529
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,655.00

Name of Payee Tony Fleming		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Asylum St		City New Haven	State CT	Zip Code 06519-1015
Purpose of Expend Misc *	Description Shirts			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,379.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,688.13

Name of Payee Peoples United Bank		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604-4917
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$45.00

Name of Payee Staples		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2335 Dixwell Ave		City Hamden	State CT	Zip Code 06514-2100
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.62

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stop and Shop		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Whalley Ave		City New Haven	State CT	Zip Code 06511-3250
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$30.00

Name of Payee The Digital Chameleon LLC		Date of Payment 08/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1055</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Hawley Ave		City Bridgeport	State CT	Zip Code 06606-5035
Purpose of Expend PRNT	Description Printing Services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$12,230.25

Name of Payee Facebook		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Executive Office Services		Date of Payment 08/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1054</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2085 Madison Ave		City Bridgeport	State CT	Zip Code 06606-3234
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9,162.00

Name of Payee Bagel King of Bridgeport		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 276 Fairfield Ave		City Bridgeport	State CT	Zip Code 06604-4208
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$125.00

Name of Payee Andrea Edwards		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1059</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 106 Hollister Ave		City Bridgeport	State CT	Zip Code 06607-1937
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$90.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,500.00

Name of Payee Barbara Williams		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1057</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 76 Judson Pl		City Bridgeport	State CT	Zip Code 06610-2944
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$75.00

Name of Payee Tropical Smoothie Cafe		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Dixwell Ave		City New Haven	State CT	Zip Code 06511-3401
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.21

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Louis Mazarella		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1058</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 116 Fern St		City Bridgeport	State CT	Zip Code 06606-3535
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$40.00

Name of Payee Lorenzo's Ristorante		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Elm St		City West Haven	State CT	Zip Code 06516-3866
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$189.46

Name of Payee Valerie McKinnie		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1056</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Foote St		City New Haven	State CT	Zip Code 06511-3426
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$40.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Lillian Ruiz	Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1067</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Donald St Apt A	City Hartford	State CT	Zip Code 06120-2770
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$250.00

Name of Payee Jacqueline M. James	Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1069</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 295 Stevenson Rd	City New Haven	State CT	Zip Code 06515-2469
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$250.00

Name of Payee Jacqueline M. James	Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1066</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 295 Stevenson Rd	City New Haven	State CT	Zip Code 06515-2469
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Pam Malory		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1068</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 337 Dunfey Ln Apt C		City Windsor	State CT	Zip Code 06095-2316
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$250.00

Name of Payee Coleen LePere		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1061</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave Apt 23		City New Haven	State CT	Zip Code 06512-3632
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$350.00

Name of Payee Troy Jackson		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1062</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Arcadia Ave		City Hamden	State CT	Zip Code 06514-2901
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Cynthia Jennings		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1065</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 86 Hartland St		City Hartford	State CT	Zip Code 06112-1130
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Dunn's River Jamaican Restaurant		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1063</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2996 Main St		City Hartford	State CT	Zip Code 06120-1425
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

Name of Payee Beverne Cordner		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1060</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 147 Kent St		City Hartford	State CT	Zip Code 06112-1827
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,550.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Bashaun Brown		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1064</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Hotchkiss St		City Middletown	State CT	Zip Code 06457-3615
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$350.00

Name of Payee Bashaun Brown		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1080</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Hotchkiss St		City Middletown	State CT	Zip Code 06457-3615
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$600.00

Name of Payee Ameia S Bond		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1086</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Traverse Sq		City Middletown	State CT	Zip Code 06457-3211
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$282.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Tora Bartell		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1087</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 74 Military Rd		City Middletown	State CT	Zip Code 06457-2002
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$282.80

Name of Payee Cynthia Bingham		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1082</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2A Jennings Way		City New Haven	State CT	Zip Code 06515-6130
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$170.00

Name of Payee Connecticut Media Group		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 State St		City Bridgeport	State CT	Zip Code 06604-4501
Purpose of Expend A-RAD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,293.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Andrea Edwards		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 106 Hollister Ave		City Bridgeport	State CT	Zip Code 06607-1937
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Troy Jackson		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1076</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Arcadia Ave		City Hamden	State CT	Zip Code 06514-2901
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$900.00

Name of Payee James Jeter		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1079</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Vernon St Apt A3		City Hartford	State CT	Zip Code 06106-3216
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$750.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Coleen LePere	Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1077</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave Apt 23	City New Haven	State CT	Zip Code 06512-3632
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$750.00

Name of Payee Pam Malory	Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1072</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 337 Dunfey Ln Apt C	City Windsor	State CT	Zip Code 06095-2316
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$250.00

Name of Payee Edward Lorson	Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1081</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 74 Derby Ave	City Orange	State CT	Zip Code 06477-1406
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jovanna Lynn		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1089</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Winding Brook Ln		City Meriden	State CT	Zip Code 06450-3552
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$242.40

Name of Payee Jacqueline M. James		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1075</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 295 Stevenson Rd		City New Haven	State CT	Zip Code 06515-2469
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,750.00

Name of Payee Facebook		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$8,343.21

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Executive Office Services		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1073</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2085 Madison Ave		City Bridgeport	State CT	Zip Code 06606-3234
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$345.64

Name of Payee Tony Fleming		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1074</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Asylum St		City New Haven	State CT	Zip Code 06519-1015
Purpose of Expend Misc *	Description Shirts			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,666.00

Name of Payee Lillian Ruiz		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1085</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Donald St Apt A		City Hartford	State CT	Zip Code 06120-2770
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Shell		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 141 Willow St		City New Haven	State CT	Zip Code 06511-2667
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$63.89

Name of Payee Sheri Middleton		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1092</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 323 Fairfield Ave Apt 211		City Bridgeport	State CT	Zip Code 06604-4297
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$750.00

Name of Payee Alicia Moody		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1091</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Frisbie St		City Middletown	State CT	Zip Code 06457-4610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$282.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Anthony R Paoletto		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1070</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Lynne Pl		City Bridgeport	State CT	Zip Code 06610-1233
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,134.49

Name of Payee David Papandrea		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1071</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Old Boston Post Rd		City Old Saybrook	State CT	Zip Code 06475-2213
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,250.00

Name of Payee Mirta Travali		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1088</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64 Sylvan Ave		City Meriden	State CT	Zip Code 06451-2824
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$222.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Ann Marie Wallen		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1084</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Sharon Rd		City Bloomfield	State CT	Zip Code 06002-1630
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Wave Gas Station		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Park Avenue		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$40.98

Name of Payee Janice Topkins		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1083</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130 Nutmeg Ln		City East Hartford	State CT	Zip Code 06118-1240
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Tessa Torres		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1090</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Farm Hill Rd		City Meriden	State CT	Zip Code 06451-5037
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$161.60

Name of Payee Testo's Resturant		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1095</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1775 Madison Ave		City Bridgeport	State CT	Zip Code 06606-4056
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$110.00

Name of Payee Enterprise		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 370 North Ave		City Bridgeport	State CT	Zip Code 06606-5124
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$433.16

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,253.33

Name of Payee BJs		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 555 Universal Dr N		City North Haven	State CT	Zip Code 06473-3142
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$265.86

Name of Payee Diane Bethea		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 595 Columbus Ave Unit 23		City New Haven	State CT	Zip Code 06519-1228
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Diane Bethea	Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1166</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 595 Columbus Ave Unit 23	City New Haven	State CT	Zip Code 06519-1228
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$161.60

Name of Payee Journi Bell LePere	Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave	City New Haven	State CT	Zip Code 06512-3659
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$120.00

Name of Payee Journi Bell LePere	Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1162</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave	City New Haven	State CT	Zip Code 06512-3659
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$249.98

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Lakeea Bellamy	Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1149</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Elmer St	City East Hartford	State CT	Zip Code 06108-2547
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$80.00

Name of Payee Sharleen Adams	Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1176</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 221 Sherman Ave	City New Haven	State CT	Zip Code 06511-4129
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$80.00

Name of Payee Melinda Alford	Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1137</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1042 Broad St Apt 409	City Bridgeport	State CT	Zip Code 06604-4274
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Michelle Boyd		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Elm St Apt 7		City West Haven	State CT	Zip Code 06516-3861
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Tanya Brooks		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1151</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Shelton Ave Fl 2		City New Haven	State CT	Zip Code 06511-3409
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Travis Jr. Brown		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1179</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 89 Upton St		City New Britain	State CT	Zip Code 06051-3822
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Troy Brown		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1122</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 89 Upton St		City New Britain	State CT	Zip Code 06051-3822
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Michael Burrus		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 819 Sherman Ave		City New Haven	State CT	Zip Code 06514-1149
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Michael Burrus		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1161</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 819 Sherman Ave		City New Haven	State CT	Zip Code 06514-1149
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$164.12

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Simone Buster		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1138</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 819 Sherman Ave		City New Haven	State CT	Zip Code 06514-1149
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Andrea Edwards		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1164</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 106 Hollister Ave		City Bridgeport	State CT	Zip Code 06607-1937
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$203.56

Name of Payee Barbara Diggs		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1205</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 726 Tower Ave		City Hartford	State CT	Zip Code 06112-1152
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Yolimary Cortes		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1140</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Voight Abenue		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Thomas Daniels		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1140</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Elizabeth St		City West Haven	State CT	Zip Code 06516-1061
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Shardeena Denby		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1180 Wintergreen Ave		City Hamden	State CT	Zip Code 06514-4212
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Kimberly Diggs		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1145</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 423 Saw Mill Rd Apt 308		City West Haven	State CT	Zip Code 06516-4050
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Michelle Dixon		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1126</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 476 Stanley St		City New Britain	State CT	Zip Code 06051-3233
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Shawn Jr. Dixon		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1180</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 476 Stanley St		City New Britain	State CT	Zip Code 06051-3233
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Thomas Dixon		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1127</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 476 Stanley St		City New Britain	State CT	Zip Code 06051-3233
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Kenneth Driffin		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1103</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 486 Dixwell Ave Fl 2		City New Haven	State CT	Zip Code 06511-1765
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Evelyn Dukes		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1201</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 448 Prospect Ave		City Hartford	State CT	Zip Code 06105-4113
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Isabel Concord		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1196</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 406 Stanley St		City New Britain	State CT	Zip Code 06051-3207
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$383.80

Name of Payee Beverne Cordner		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1183</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 147 Kent St		City Hartford	State CT	Zip Code 06112-1827
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee Beverne Cordner		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1200</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 147 Kent St		City Hartford	State CT	Zip Code 06112-1827
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,600.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Deneija Carrion		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1142</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 944 Pearl Harbor St		City Bridgeport	State CT	Zip Code 06610-2327
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Everett Carrion		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1201</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 944 Pearl Harbor St		City Bridgeport	State CT	Zip Code 06610-2327
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee De'Voy Clarke		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1093</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 594 Union Ave		City Bridgeport	State CT	Zip Code 06607-1428
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Lakaya Coleman		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1129</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Sylvan Ave Apt 713		City New Haven	State CT	Zip Code 06519-1060
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Facebook		Date of Payment 08/15/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,250.00

Name of Payee Enterprise		Date of Payment 08/15/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 370 North Ave		City Bridgeport	State CT	Zip Code 06606-5124
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,487.18

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Okechuku Evans		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Stevens St Fl 1		City New Haven	State CT	Zip Code 06519-1001
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Anthony Folson		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1159</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 307 Winthrop Ave		City New Haven	State CT	Zip Code 06511-4324
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$10.10

Name of Payee Rosalie Forde		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1177</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 222 Bellevue St Apt 2		City Hartford	State CT	Zip Code 06120-2440
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Peter Jenkins		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1174</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Garden St # 3C		City New Haven	State CT	Zip Code 06511-4560
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Valamae Jenkins		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1175</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Garden St # 3C		City New Haven	State CT	Zip Code 06511-4560
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Calvin Hudson		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1146</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Ann St		City New Haven	State CT	Zip Code 06519-1202
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Marcus Hyman-Spell		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Front St		City New Haven	State CT	Zip Code 06513-3927
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Frank Iannott		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 908 Townsend Ave		City New Haven	State CT	Zip Code 06512-1903
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Kris Jackson		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Arcadia Ave		City Hamden	State CT	Zip Code 06514-2901
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Wesley Hoskie		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 546 Grand Ave		City New Haven	State CT	Zip Code 06511-5002
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Kemar Hardy		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 304 Union Ave		City West Haven	State CT	Zip Code 06516-4529
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Sharon Gorham		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1128</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 331 Mill Rock Rd		City Hamden	State CT	Zip Code 06517-3329
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Tyrone Grant		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1098</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 46 Elizabeth St		City New Haven	State CT	Zip Code 06511-1026
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Marguerite Kraus		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1215</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 156 Belden Rd		City Hamden	State CT	Zip Code 06514-3700
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Marguerite Kraus		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1163</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 156 Belden Rd		City Hamden	State CT	Zip Code 06514-3700
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$209.56

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jabraun Himes		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1169</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 128 Sheldon Ter		City New Haven	State CT	Zip Code 06511-2008
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$88.36

Name of Payee Ednita Lopez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1187</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Farren Ave		City New Haven	State CT	Zip Code 06513-4554
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Pam Malory		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1182</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 337 Dunfey Ln Apt C		City Windsor	State CT	Zip Code 06095-2316
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$180.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jaheim Martin		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 486 Dixwell Ave Fl 2		City New Haven	State CT	Zip Code 06511-1765
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Jaheim Martin		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1155</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 486 Dixwell Ave Fl 2		City New Haven	State CT	Zip Code 06511-1765
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$262.00

Name of Payee Luwanni Johnson-Martin		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1172</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 486 Dixwell Ave Fl 2		City New Haven	State CT	Zip Code 06511-1765
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee George Jordan		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1094</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 465 Lexington Ave		City Bridgeport	State CT	Zip Code 06604-2602
Purpose of Expend WAGE	Description			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Wilfredo Justinigno		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1185</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Monroe St		City New Britain	State CT	Zip Code 06051-3332
Purpose of Expend WAGE	Description			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Marlene Johnson		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1181</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Leichtner Dr		City East Hartford	State CT	Zip Code 06118-2143
Purpose of Expend WAGE	Description			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Gregorio Ramirez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1184</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 671 Myrtle St		City New Britain	State CT	Zip Code 06053-3941
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Taquilla Streater		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 143 County St Fl 2		City New Haven	State CT	Zip Code 06511-3301
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Carol Suber		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1100</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 295 Stevenson Rd		City New Haven	State CT	Zip Code 06515-2469
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Amanda Skoldberg		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1105</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 541 Washington Ave		City West Haven	State CT	Zip Code 06516-4419
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Amanda Skoldberg		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1168</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 541 Washington Ave		City West Haven	State CT	Zip Code 06516-4419
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$247.45

Name of Payee Maceo Troy Streater		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 428 Dixwell Ave		City New Haven	State CT	Zip Code 06511-1764
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Maceo Troy Streater		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1167</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 428 Dixwell Ave		City New Haven	State CT	Zip Code 06511-1764
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$426.25

Name of Payee Christine Wilbon		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 116 Dewitt St		City New Haven	State CT	Zip Code 06519-2131
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Keisha Wilke		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1150</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Ellsworth Ave		City New Haven	State CT	Zip Code 06511-4211
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Samuel Watford		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1165</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 645 Grand Ave		City New Haven	State CT	Zip Code 06511-5011
Purpose of Expend WAGE	Description			Amount \$169.18
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Shellina Toure		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 148 Gilbert St		City West Haven	State CT	Zip Code 06516-1327
Purpose of Expend WAGE	Description			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Marisil Vidro		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Birch St		City West Haven	State CT	Zip Code 06516-1253
Purpose of Expend WAGE	Description			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Derek Tyent-Hudson		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1139</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Hooker Rd		City Bridgeport	State CT	Zip Code 06610-1313
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Debbie Vega		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1194</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 351 Cherry St		City New Britain	State CT	Zip Code 06051-3507
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$121.20

Name of Payee Ivette Vega		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1096</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Meadowlark Dr		City Windsor	State CT	Zip Code 06095-1533
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Erika Parras		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1198</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Linwood Dr		City Bloomfield	State CT	Zip Code 06002-1717
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.50

Name of Payee Joshua Montanaro		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1190</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 425 Commonwealth Ave		City New Britain	State CT	Zip Code 06053-2405
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Joseph Ossei		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1206</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 120 Huntington Tpke		City Bridgeport	State CT	Zip Code 06610-1443
Purpose of Expend Misc *	Description DJ			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Yvonne Muniz		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1188</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Marlin Rd		City New Britain	State CT	Zip Code 06053-2138
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Schneska Murphy		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1152</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Stevens St		City New Haven	State CT	Zip Code 06519-1001
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Ronisha Moore		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 486 Dixwell Ave Fl 2		City New Haven	State CT	Zip Code 06511-1765
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee David McLunnie		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1134</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 46 Young St		City New Haven	State CT	Zip Code 06511-2953
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$120.00

Name of Payee Luis Malare		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1193</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Williams St Apt 1		City Hartford	State CT	Zip Code 06120-2835
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.80

Name of Payee Shelley May		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1178</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Hanmer St		City East Hartford	State CT	Zip Code 06108-2659
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$140.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Kayla Simpson		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1186</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Songbird Ln		City Farmington	State CT	Zip Code 06032-3442
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Alexander Shakir		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1147</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 440 Eastern St		City New Haven	State CT	Zip Code 06513-2344
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Berkel Smart Louis		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1130</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Ann St Fl 2		City New Haven	State CT	Zip Code 06519-1202
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Marleuss Smith		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1099</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Lambert St		City West Haven	State CT	Zip Code 06516-2819
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Lillian Ruiz		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1199</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Donald St Apt A		City Hartford	State CT	Zip Code 06120-2770
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Luis Sanchez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1197</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Curran St		City Norwich	State CT	Zip Code 06360-6710
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Pablo Sanchez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1195</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Lincoln St		City New Britain	State CT	Zip Code 06052-1247
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$217.15

Name of Payee Jasenia Santiago		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Blatuey Ave		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Diamond Robinson		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1120</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Kensington St Apt 2		City Hartford	State CT	Zip Code 06120-1420
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Diamond Robinson		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1160</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Kensington St Apt 2		City Hartford	State CT	Zip Code 06120-1420
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$164.12

Name of Payee Doreen Rodriguez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1192</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 351 Cherry St		City New Britain	State CT	Zip Code 06051-3507
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$302.00

Name of Payee Doreen Rodriguez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1192</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 351 Cherry St		City New Britain	State CT	Zip Code 06051-3507
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$302.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Rafael Rodriguez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1189</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 351 Cherry St		City New Britain	State CT	Zip Code 06051-3507
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Rajen Rogers		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1157</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 282 Lexington Ave		City New Haven	State CT	Zip Code 06513-4046
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$88.36

Name of Payee Melinda Rivera		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Irving St Fl 1		City New Haven	State CT	Zip Code 06511-4214
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jaelin Reyes		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1191</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Wilbur St		City Hartford	State CT	Zip Code 06106-3927
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Melinda Rivera		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1211</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Irving St Fl 1		City New Haven	State CT	Zip Code 06511-4214
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$101.00

Name of Payee Jasenia Santiago		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1209</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Blatuey Ave		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$40.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Alexander Shakir		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1210</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 440 Eastern St		City New Haven	State CT	Zip Code 06513-2344
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$40.00

Name of Payee Alicia Moody		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1226</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Frisbie St		City Middletown	State CT	Zip Code 06457-4610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee NGP Van		Date of Payment 08/16/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1101 15th St NW Ste 500		City Washington	State DC	Zip Code 20005-5006
Purpose of Expend Misc *	Description software expense			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$84.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Ashley Peterson		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1221</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Frissell Ter		City Middletown	State CT	Zip Code 06457-4612
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Mirta Travali		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1216</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64 Sylvan Ave		City Meriden	State CT	Zip Code 06451-2824
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Samuel Watford		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1214</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 645 Grand Ave		City New Haven	State CT	Zip Code 06511-5011
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Maceo Troy Streater		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1213</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 428 Dixwell Ave		City New Haven	State CT	Zip Code 06511-1764
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$22.00

Name of Payee Tessa Torres		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1217</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Farm Hill Rd		City Meriden	State CT	Zip Code 06451-5037
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Michelle Thigpan		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1219</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Cooley Ave		City Middletown	State CT	Zip Code 06457-3842
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jovanna Lynn		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1222</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Winding Brook Ln		City Meriden	State CT	Zip Code 06450-3552
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Wesley Hoskie		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1212</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 546 Grand Ave		City New Haven	State CT	Zip Code 06511-5002
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$260.00

Name of Payee Daniel Fountain		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1224</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Baer St		City Middletown	State CT	Zip Code 06457-4550
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Melinda Freeman		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1225</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Maplewood Ter		City Middletown	State CT	Zip Code 06457-3824
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Jazmine Cooper		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1207</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Edwin St		City Bridgeport	State CT	Zip Code 06607-2110
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee Andrea Edwards		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1208</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 106 Hollister Ave		City Bridgeport	State CT	Zip Code 06607-1937
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$60.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Wanda Carrero		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1218</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 76 Paddock Ave		City Meriden	State CT	Zip Code 06450-6986
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Tora Bartell		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1220</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 74 Military Rd		City Middletown	State CT	Zip Code 06457-2002
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Bagel King of Bridgeport		Date of Payment 08/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 276 Fairfield Ave		City Bridgeport	State CT	Zip Code 06604-4208
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$125.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Michael Kenton		Date of Payment 08/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1300</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Lincoln St		City New Britain	State CT	Zip Code 06052-1247
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$60.00

Name of Payee Beverne Cordner		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1204</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 147 Kent St		City Hartford	State CT	Zip Code 06112-1827
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Genesis Noemi Cordero		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1268</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 493 Park Ave		City East Hartford	State CT	Zip Code 06108-1826
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Amdemeh Anwadn		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1237</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Glen St		City Waterbury	State CT	Zip Code 06706-1725
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Setina Collier		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1247</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Vine St Apt 522		City Hartford	State CT	Zip Code 06112-2207
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee Ginne-Rae Clay		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1227</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3015 N Main St		City Waterbury	State CT	Zip Code 06704-1214
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$203.33

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Royal Casey		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1264</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 363 Peck St		City New Haven	State CT	Zip Code 06513-2921
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Regina Clark		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1257</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Vine St Apt 522		City Hartford	State CT	Zip Code 06112-2207
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$165.00

Name of Payee Aurianna Echevarria-Frink		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1270</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Garvan St		City East Hartford	State CT	Zip Code 06108-3031
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Carlos DeSousa		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1228</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 240 Haddad Rd		City Waterbury	State CT	Zip Code 06708-1821
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee Christopher Sr. DeVeauy		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1275</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 North St Apt 8F		City Stamford	State CT	Zip Code 06902-2359
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee David Brown-Barrone		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1244</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Natalie St		City Hartford	State CT	Zip Code 06106-1037
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Theodora Brown		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1231</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Central Ave		City Oakville	State CT	Zip Code 06779-2132
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$140.00

Name of Payee Chris Lewis-DaCruz		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1236</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Decicco Rd		City Waterbury	State CT	Zip Code 06705-3441
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150.00

Name of Payee Charleyne Johnson-Brooks		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1276</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Avery St Apt A		City Stamford	State CT	Zip Code 06902-6253
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Nellecin Mateo		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1233</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 2694		City Waterbury	State CT	Zip Code 06723-2694
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Ptah-re Mathis		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1253</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 101 Laurel St		City East Hartford	State CT	Zip Code 06108-1771
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Vashti Marks		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1266</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Elliott Pl		City Hartford	State CT	Zip Code 06114-1328
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Aurea Frink		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1274</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 43 Garvan St		City East Hartford	State CT	Zip Code 06108-3032
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Idel Funga-Campos		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1250</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Bushnell St		City Hartford	State CT	Zip Code 06114-1827
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Emma Goings		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1277</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 956 Hope St Apt 4G		City Stamford	State CT	Zip Code 06907-2208
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$175.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Shelby Henderson-Griffins		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1245</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 245 Main St # B		City Hartford	State CT	Zip Code 06118-1823
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Gerald Grivens		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1267</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Main St		City Hartford	State CT	Zip Code 06106-1858
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Natasha Gonzalez		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1252</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1450 Main St Apt 418		City Hartford	State CT	Zip Code 06120-2788
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Colvina Jennings		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1256</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 222 Wethersfield Ave		City Hartford	State CT	Zip Code 06114-1113
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Samuel Watford		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1255</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 645 Grand Ave		City New Haven	State CT	Zip Code 06511-5011
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Hector Ventura		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1229</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 121 Frost Rd		City Waterbury	State CT	Zip Code 06705-2104
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jessica Perez		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1271</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Donald St Apt A		City Hartford	State CT	Zip Code 06120-2770
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

Name of Payee Yastaza Phillips		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1249</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Lisbon St		City Hartford	State CT	Zip Code 06106-2738
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Razia Morales-Diaz		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1242</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 493 Park Ave		City East Hartford	State CT	Zip Code 06108-1826
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$160.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Timothy Monroe		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1238</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Englewood Ave Fl 2		City Bridgeport	State CT	Zip Code 06606-2812
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Teddy May		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1248</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Hanmer St		City East Hartford	State CT	Zip Code 06108-2659
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Angelis Meleciano		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1234</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 121 Hillview Ave # 1B		City Waterbury	State CT	Zip Code 06704-2600
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Chanel Meleciano		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1235</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 153 Wall St		City Waterbury	State CT	Zip Code 06705-1140
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Maxima Smith		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1251</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 154 Middlefield St		City Hartford	State CT	Zip Code 06112-1944
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Emily Semedo		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1278</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Donna Dr Apt A-3		City New Haven	State CT	Zip Code 06513-1437
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Carlos Settane		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1254</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 162 Plain Dr		City East Hartford	State CT	Zip Code 06118-1569
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Yadira Rivera		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1273</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 327 Moran St # 1		City Waterbury	State CT	Zip Code 06704-2534
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$180.00

Name of Payee Brittany Robinson		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1263</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130 Wooster St # 3-A		City Hartford	State CT	Zip Code 06120-2421
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Janet Rice		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1272</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Jackson Rd		City Bloomfield	State CT	Zip Code 06002-3925
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$180.00

Name of Payee Carmen Rivera		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1246</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Lisbon St		City Hartford	State CT	Zip Code 06106-2738
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Jess Mary Ruiz		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1269</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Linwood Dr		City Bloomfield	State CT	Zip Code 06002-1717
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Nylane Rodriguez		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1239</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 351 Cherry St		City New Britain	State CT	Zip Code 06051-3507
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$160.00

Name of Payee Azhia Rockhead		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1230</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Central Ave		City Oakville	State CT	Zip Code 06779-2132
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$140.00

Name of Payee Sherrel Salmon		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1285</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 377 New Park Ave		City Hartford	State CT	Zip Code 06106-2923
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Louis Mazarella		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1284</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 116 Fern St		City Bridgeport	State CT	Zip Code 06606-3535
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Facebook		Date of Payment 08/21/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$311.51

Name of Payee Vashti Marks		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1287</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Elliott Pl		City Hartford	State CT	Zip Code 06114-1328
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$232.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Cynthia Jennings		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1291</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 86 Hartland St		City Hartford	State CT	Zip Code 06112-1130
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

Name of Payee Wilfredo Davila		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1288</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 177 Kensington St		City Hartford	State CT	Zip Code 06120-1718
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$202.00

Name of Payee Evelyn Dukes		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1201</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 448 Prospect Ave		City Hartford	State CT	Zip Code 06105-4113
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$270.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Barbara Diggs		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1286</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 726 Tower Ave		City Hartford	State CT	Zip Code 06112-1152
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$222.20

Name of Payee Setina Collier		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1289</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Vine St Apt 522		City Hartford	State CT	Zip Code 06112-2207
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$242.40

Name of Payee Peoples United Bank		Date of Payment 08/22/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604-4917
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$259.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Peoples United Bank		Date of Payment 08/24/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604-4917
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$163.00

Name of Payee Peoples United Bank		Date of Payment 08/27/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604-4917
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$89.00

Name of Payee Glenn Pettway		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1298</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 494 Atlantic St		City Bridgeport	State CT	Zip Code 06604-5301
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$180.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Carmen Noble	Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1293</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 199 Yacht St Apt 603	City Bridgeport	State CT	Zip Code 06605-2727
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$200.00

Name of Payee Alicia Moody	Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1292</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Frisbie St	City Middletown	State CT	Zip Code 06457-4610
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$150.00

Name of Payee Regina Henton	Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1299</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Sage Ave	City Bridgeport	State CT	Zip Code 06610-3008
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$85.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Robert Anderson	Date of Payment 08/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1297</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 259 Trumbull Ave	City Bridgeport	State CT	Zip Code 06606-1535
Purpose of Expend WAGE	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$20.00
Total of Section N			\$234,050.59

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
	30 Days Following Primary - Original		
O. Expenses Paid By Candidate			
Name of Payee (Name of vendor 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 #	
Total of Section O			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor				Date of Transaction
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum				

Total of Section P**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

Q. 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			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Paoletto	First Anthony	MI R	Date of Payment to Vendor 08/07/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06824-5319
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Purpose of Expenditure (by code) OFFICE	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$472.30
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Paoletto	First Anthony	MI R	Date of Payment to Vendor 08/08/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Crossroads Pizza
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Street Address of Vendor 2065 E Main St	City Bridgeport	State CT	Zip Code 06610-1901
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Purpose of Expenditure (by code) FOOD	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$196.81
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Paoletto	First Anthony	MI R	Date of Payment to Vendor 08/09/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant CVS Pharmacy
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Street Address of Vendor 3710 Main St	City Bridgeport	State CT	Zip Code 06606-3613
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Purpose of Expenditure (by code) OFFICE	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$123.86
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Paoletto	First Anthony	MI R	Date of Payment to Vendor 08/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Dunkin Donuts

Street Address of Vendor 2427 Main St	City Bridgeport	State CT	Zip Code 06606-5325
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Purpose of Expenditure (by code) FOOD	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$246.89
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Paoletto	First Anthony	MI R	Date of Payment to Vendor 08/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 224 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Walgreens

Street Address of Vendor 960 North Ave	City Bridgeport	State CT	Zip Code 06606-5750
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Purpose of Expenditure (by code) OFFICE	Description office supplies
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$22.49
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Paoletto	First Anthony	MI R	Date of Payment to Vendor 08/12/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06824-5319
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Purpose of Expenditure (by code) OFFICE	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$94.63
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R

\$1,156.98

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	30 Days Following Primary - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought