



Electronic Filing

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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							
7th Day Preceding Primary - Original							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		07/01/2018		thru		08/05/2018	
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			08/07/2018 5:22:13PM		
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	7th Day Preceding 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	\$316,343.10	
14. Contributions received from Individuals (Section A and B)	\$102,773.00	\$598,888.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$116,847.68
16. Other Monetary Receipts (Section D through I)	\$246.00	\$63,764.44
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)	\$103,019.00	\$779,500.12
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$419,362.10	\$779,500.12
20. Expenses Paid by Committee (Section N)	\$246,352.05	\$606,490.07
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$173,010.05	\$173,010.05
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)	\$794.20	\$794.20
24. In-Kind Contributions Received (Section K)	\$2,254.12	\$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		7th Day Preceding 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 Samaha		First Jimmetta		MI	Contribution ID # 0899
Residential Street Address 208 Southern Blvd		City Danbury		State CT	Zip Code 06810-7524
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			<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
<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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018 Aggregate Contributions \$100.00	

Last Name Ferrigno		First Lawrence		MI	Contribution ID # 0900
Residential Street Address 56 Sachem Dr		City Shelton		State CT	Zip Code 06484-1755
Principal Occupation Branch Manager			Name of Employer Total Mortgage 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			<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
<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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018 Aggregate Contributions \$100.00	

Last Name McGuire		First Andre		MI	Contribution ID # 0908
Residential Street Address 83 Bingham St		City New Britain		State CT	Zip Code 06051-3603
Principal Occupation Pastor/Case Manager			Name of Employer CRT-McKinney Shelter		
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
<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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018 Aggregate Contributions \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Pyrch	First John	MI	Contribution ID # 0915
Residential Street Address 78 Haddon St	City Bridgeport	State CT	Zip Code 06605-3012
Principal Occupation Owner	Name of Employer Yannico, Inc.		
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	
Amount of Contribution			
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 07/01/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Massimino	First Carmen	MI P	Contribution ID # 0912
Residential Street Address 145 Far Horizon Dr	City Easton	State CT	Zip Code 06612-1908
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	
Amount of Contribution			
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 07/01/2018	Aggregate Contributions \$1,500.00
		Amount of Contribution \$500.00	

Last Name Gard	First Ann	MI	Contribution ID # 0916
Residential Street Address 18 Skating Pond Rd	City Trumbull	State CT	Zip Code 06611-1486
Principal Occupation Homemaker	Name of Employer Homemaker		
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	
Amount of Contribution			
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 07/02/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name O'Connor	First Terrance	MI	Contribution ID # 0919
Residential Street Address 5 Brettonwoods Rd	City Trumbull	State CT	Zip Code 06611-1102
Principal Occupation Ex Director	Name of Employer Cardinal Shehan Center		
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	
Amount of Contribution			
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name McMahon	First Brian	MI	Contribution ID # 0925
Residential Street Address 9659 Lipari Ct	City Naples	State FL	Zip Code 34113-7739
Principal Occupation Executive	Name of Employer Radian Group		
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 07/02/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Gamsjager	First Donald	MI	Contribution ID # 0950
Residential Street Address 76 Westbury Park Rd	City Watertown	State CT	Zip Code 06795-2779
Principal Occupation Owner	Name of Employer Dnr Labs		
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 07/03/2018	Aggregate Contributions \$2,000.00
			Amount of Contribution \$1,000.00

Last Name Sanchez	First Jacqueline	MI	Contribution ID # 0997
Residential Street Address 370 Freeman St	City Hartford	State CT	Zip Code 06106-4227
Principal Occupation Team Leader Home Equity Loans	Name of Employer BOA		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Scillia	First Leo	MI	Contribution ID # 1007
Residential Street Address 295 Front Ave	City West Haven	State CT	Zip Code 06516-2042
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"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2018	Aggregate Contributions \$50.00
			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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Dudley	First Clifford	MI	Contribution ID # 1016
Residential Street Address 223 Hawthorne Ln	City Orange	State CT	Zip Code 06477-2930
Principal Occupation Administrator	Name of Employer Milford Board of Education		
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 07/06/2018	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 Scillia	First Carol	MI	Contribution ID # 1023
Residential Street Address 380 Shingle Hill Rd	City West Haven	State CT	Zip Code 06516-5500
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 #		Date Received 07/06/2018	Aggregate Contributions \$75.00
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 \$75.00	

Last Name Gamsjager	First Donald	MI	Contribution ID # 1037
Residential Street Address 76 Westbury Park Rd	City Watertown	State CT	Zip Code 06795-2779
Principal Occupation Owner	Name of Employer Dnr Labs		
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 07/08/2018	Aggregate Contributions \$2,000.00
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 \$1,000.00	

Last Name Desimone	First Christina	MI	Contribution ID # 1052
Residential Street Address 200 E 74th St Apt 19B	City New York	State NY	Zip Code 10021-3611
Principal Occupation President	Name of Employer Future Care 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 07/09/2018	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 \$1,500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Britton	First Joseph	MI	Contribution ID # 0876
Residential Street Address 14 Fairfield Ave	City Danbury	State CT	Zip Code 06810-8136
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 07/10/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Lacobelle	First Robert	MI	Contribution ID # 0898
Residential Street Address 11 Kohler's Farm Rd	City Shelton	State CT	Zip Code 06484
Principal Occupation Attorney	Name of Employer Byrne & Lacobelle P.C.		
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 07/11/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cantu	First Susana	MI	Contribution ID # 0930
Residential Street Address 8D Pineview Dr	City Branford	State CT	Zip Code 06405-2431
Principal Occupation Customer Service Representative	Name of Employer Michaels Arts and Crafts		
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 07/12/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Viola	First Joe	MI	Contribution ID # 0951
Residential Street Address 1628 NW William Clark St	City Bend	State OR	Zip Code 97703-6712
Principal Occupation Director	Name of Employer COCC		
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 07/13/2018	Aggregate Contributions \$118.00
			Amount of Contribution \$118.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Righter	First Anne	MI	Contribution ID # 0972
Residential Street Address 68 Beacon St	City Boston	State MA	Zip Code 02108-3422
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 07/14/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$100.00

Last Name Gamsjager	First Donald	MI	Contribution ID # 1003
Residential Street Address 76 Westbury Park Rd	City Watertown	State CT	Zip Code 06795-2779
Principal Occupation Owner	Name of Employer Dnr Labs		
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 07/15/2018	Aggregate Contributions \$2,000.00
			Amount of Contribution \$1,000.00

Last Name Meeker	First Bentley	MI	Contribution ID # 1005
Residential Street Address 465 10th Ave	City New York	State NY	Zip Code 10018-1106
Principal Occupation Owner/Artist	Name of Employer Bentley Meeker Lighting & Staging		
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 07/15/2018	Aggregate Contributions \$3,500.00
			Amount of Contribution \$1,500.00

Last Name Klem	First Bernard	MI	Contribution ID # 1017
Residential Street Address 137 Old Dike Rd	City Trumbull	State CT	Zip Code 06611-3311
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 07/16/2018	Aggregate Contributions \$25.00
			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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Procaccini	First Virgil	MI	Contribution ID # 1019
Residential Street Address 52 Brushy Hill Rd	City Newtown	State CT	Zip Code 06470-2234
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/16/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name KOZAK	First DAVID	MI	Contribution ID # 1026
Residential Street Address 31 Hunters Rdg	City Rocky Hill	State CT	Zip Code 06067-1742
Principal Occupation Government Relations	Name of Employer Kozak & Salina, 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 checked="" type="checkbox"/> Yes <input 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 07/17/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Katz	First Dr. Eric	MI J	Contribution ID # 1027
Residential Street Address 3180 Main St Ste 107	City Bridgeport	State CT	Zip Code 06606-4237
Principal Occupation MD	Name of Employer Dr. Eric J. Katz, MD		
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 07/17/2018	Aggregate Contributions \$350.00
			Amount of Contribution \$100.00

Last Name Russo	First John	MI	Contribution ID # 1033
Residential Street Address 27 Gaspee Rd	City Bridgeport	State CT	Zip Code 06606-1710
Principal Occupation Plumber	Name of Employer Russo		
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 07/18/2018	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Dellacroce	First Lance	MI	Contribution ID # 1034
Residential Street Address 7 Fox Hill Rd	City Woodbridge	State CT	Zip Code 06525-1427
Principal Occupation VP National Sales and Project Group	Name of Employer Connecticut Stone, 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 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 checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/18/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Luzzi	First Michael H. J.	MI	Contribution ID # 1035
Residential Street Address 434 Thompson Ave	City East Haven	State CT	Zip Code 06512-3323
Principal Occupation Attorney	Name of Employer Law Offices of Michael Luzzi		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/18/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Ambrifi	First Ryan	MI	Contribution ID # 1036
Residential Street Address 49 Cavalry Rd	City Westport	State CT	Zip Code 06880-1103
Principal Occupation Car Dealer	Name of Employer Land Rover Milford		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/18/2018	Aggregate Contributions \$1,500.00
			Amount of Contribution \$1,000.00

Last Name Deangelis	First Lawrence	MI	Contribution ID # 1044
Residential Street Address 20 Southfield Rd	City Easton	State CT	Zip Code 06612-1737
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"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/18/2018	Aggregate Contributions \$1,000.00
			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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Longo	First Raymond	MI G	Contribution ID # 1045
Residential Street Address 65 Stillman St	City Bridgeport	State CT	Zip Code 06608-1530
Principal Occupation President	Name of Employer Yellow Taxi Svc 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 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 07/18/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$500.00

Last Name Gettinger	First Ben	MI	Contribution ID # 1046
Residential Street Address 25 Deerfield Ave	City Milford	State CT	Zip Code 06460-7317
Principal Occupation Attorney	Name of Employer Lynch Traub Keefe & Errante		
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 07/18/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Giordano	First Michael	MI	Contribution ID # 1039
Residential Street Address 109 Fairy Dell Rd	City Clinton	State CT	Zip Code 06413-1237
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/18/2018	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Angotta	First Anthony	MI	Contribution ID # 1040
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? <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 07/18/2018	Aggregate Contributions \$2,500.00
			Amount of Contribution \$2,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Julian	First Andrew	MI	Contribution ID # 1041
Residential Street Address 144 Sunrise Cir	City Orange	State CT	Zip Code 06477
Principal Occupation Principal	Name of Employer AJJ Consulting 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 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 07/18/2018
		Aggregate Contributions \$2,500.00	Amount of Contribution \$2,500.00

Last Name Stratton	First Michael	MI	Contribution ID # 1042
Residential Street Address 12 Anderson Ave	City West Haven	State CT	Zip Code 06516-6101
Principal Occupation trial lawyer	Name of Employer stratton trials		
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	Date Received 07/18/2018
		Aggregate Contributions \$3,500.00	Amount of Contribution \$3,500.00

Last Name Meeks	First James	MI	Contribution ID # 1049
Residential Street Address 4316 Savoy St	City Mount Pleasant	State SC	Zip Code 29466-7162
Principal Occupation Executive	Name of Employer MTAG 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 #		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 07/19/2018
		Aggregate Contributions \$2,000.00	Amount of Contribution \$1,000.00

Last Name Cellar	First Richard	MI	Contribution ID # 1050
Residential Street Address 93 Lawrence Rd	City Fairfield	State CT	Zip Code 06824-3039
Principal Occupation Owner	Name of Employer Rubys II		
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	Date Received 07/19/2018
		Aggregate Contributions \$1,500.00	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Brennan	First Thomas	MI M	Contribution ID # 1051
Residential Street Address 435 Gilman St	City Bridgeport	State CT	Zip Code 06605-3513
Principal Occupation Owner	Name of Employer Tagr Development		
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 07/19/2018	Aggregate Contributions \$1,500.00
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 \$1,000.00	

Last Name GASTON	First JAMES	MI	Contribution ID # 1054
Residential Street Address 239 Golden Hill St	City Bridgeport	State CT	Zip Code 06604-4103
Principal Occupation Attorney	Name of Employer Law Offices of James O. Gaston		
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 07/19/2018	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Martin	First Raymond	MI	Contribution ID # 1057
Residential Street Address 39 Deerfield Dr	City Easton	State CT	Zip Code 06612-1144
Principal Occupation Real estate broker	Name of Employer Martin 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		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 07/19/2018	Aggregate Contributions \$350.00
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 \$350.00	

Last Name Marquez	First Brixaida	MI	Contribution ID # 1058
Residential Street Address 125 Ramsdell St	City New Haven	State CT	Zip Code 06515-1613
Principal Occupation Retire	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 07/19/2018	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Schafler	First Noah	MI J	Contribution ID # 0878
Residential Street Address 52 Hubbell Ln Apt 713	City Shelton	State CT	Zip Code 06484-2166
Principal Occupation Lawyer	Name of Employer Schafler & Camera Attorneys at 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	
Amount of Contribution			
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/20/2018	Aggregate Contributions \$1,500.00
		Amount of Contribution \$1,000.00	

Last Name Wilamowsky	First Eli	MI	Contribution ID # 0879
Residential Street Address 49 Sealy Dr	City Lawrence	State NY	Zip Code 11559-2419
Principal Occupation Real Estate	Name of Employer Equity Investing		
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	
Amount of Contribution			
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/20/2018	Aggregate Contributions \$1,500.00
		Amount of Contribution \$1,000.00	

Last Name Hinding	First Thomas	MI	Contribution ID # 0881
Residential Street Address 254 Tanner Marsh Rd	City Guilford	State CT	Zip Code 06437-2104
Principal Occupation Owner	Name of Employer Hinding Sports Builders		
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	
Amount of Contribution			
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/20/2018	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Licamele	First Michael	MI	Contribution ID # 0883
Residential Street Address 18 Wells Hill Rd	City Easton	State CT	Zip Code 06612-1525
Principal Occupation Solar Developer	Name of Employer MSL Group Inc.		
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	
Amount of Contribution			
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/20/2018	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Ferrigno	First Robert	MI R	Contribution ID # 0885
Residential Street Address 1000 Huntington Tpk	City Bridgeport	State CT	Zip Code 06610-1246
Principal Occupation President	Name of Employer Treeland 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 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 07/20/2018	Aggregate Contributions \$800.00
			Amount of Contribution \$300.00

Last Name Ferrigno	First Anthony	MI R	Contribution ID # 0886
Residential Street Address 1000 Huntington Tpk	City Bridgeport	State CT	Zip Code 06610-1246
Principal Occupation Vice President	Name of Employer Treeland 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 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 07/20/2018	Aggregate Contributions \$800.00
			Amount of Contribution \$300.00

Last Name Ferrigno	First Rockman	MI F	Contribution ID # 0887
Residential Street Address 1000 Huntington Tpk	City Bridgeport	State CT	Zip Code 06610-1246
Principal Occupation Chairman of Emergency Medicine	Name of Employer Bridgeport Hospital		
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 07/20/2018	Aggregate Contributions \$800.00
			Amount of Contribution \$300.00

Last Name Lipsett	First Michael	MI J	Contribution ID # 0892
Residential Street Address 788 Ocean Ave	City West Haven	State CT	Zip Code 06516-6842
Principal Occupation President	Name of Employer CT Pest Elimination		
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 07/20/2018	Aggregate Contributions \$1,000.00
			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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Britt	First William	MI J	Contribution ID # 0952
Residential Street Address 10 Cold Spring Rd	City Easton	State CT	Zip Code 06612-2211
Principal Occupation Attorney	Name of Employer Brody Wilkinson PC		
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	
Amount of Contribution			
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 07/23/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Nyden	First David	MI CT	Contribution ID # 0956
Residential Street Address 67 Ridgewood Ct	City Shelton	State CT	Zip Code 06484-3845
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	
Amount of Contribution			
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 07/23/2018	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Martinez	First Wilfredo	MI J	Contribution ID # 0960
Residential Street Address 426 Boston Ave	City Bridgeport	State CT	Zip Code 06610-1703
Principal Occupation Property Manager	Name of Employer Valentino's Banquet Hall		
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	
Amount of Contribution			
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 07/23/2018	Aggregate Contributions \$1,345.07
		Amount of Contribution \$500.00	

Last Name Boccanfuso	First Crescenzio	MI CT	Contribution ID # 0961
Residential Street Address 125 Melville Dr	City Fairfield	State CT	Zip Code 06825-3315
Principal Occupation Automotive tech	Name of Employer Boccanfuso Sons		
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	
Amount of Contribution			
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/23/2018	Aggregate Contributions \$500.00
		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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Karayiannis	First Maria	MI	Contribution ID # 0963
Residential Street Address 12 Wauneta Rd	City Trumbull	State CT	Zip Code 06611-2011
Principal Occupation Dentist	Name of Employer My Smile		
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 07/23/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Calzone	First Denise	MI	Contribution ID # 0964
Residential Street Address 7 Acadia Ln Unit 4210	City Shelton	State CT	Zip Code 06484-4464
Principal Occupation RN	Name of Employer Neil Gordon, MD		
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 07/23/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$500.00

Last Name Farrow	First Edwin	MI	Contribution ID # 0966
Residential Street Address 3324 Main St Apt 5	City Bridgeport	State CT	Zip Code 06606-4227
Principal Occupation Attorney	Name of Employer Edwin P. Farrow, Attorney at Law		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/23/2018	Aggregate Contributions \$1,750.00
			Amount of Contribution \$500.00

Last Name Martucci	First Joseph	MI	Contribution ID # 0973
Residential Street Address 76 Silver Hill Rd	City Easton	State CT	Zip Code 06612-1114
Principal Occupation Owner	Name of Employer The Bagel		
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>07242018a</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/24/2018	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Giacobbe	First Alzira	MI	Contribution ID # 0974
Residential Street Address 19 Boxwood Ln	City Milford	State CT	Zip Code 06461-2650
Principal Occupation Clerk	Name of Employer Insurance Comp.		
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>07242018a</u>		Date Received 07/24/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Bischoff	First Jeremy	MI	Contribution ID # 0975
Residential Street Address 591 Gilbert Ave	City Hamden	State CT	Zip Code 06514-2642
Principal Occupation Owner	Name of Employer Porter Enterprise 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>07242018a</u>		Date Received 07/24/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Benson	First B. Oyiboka	MI	Contribution ID # 0976
Residential Street Address 285 Laurel Ave , P. O. Box 38563	City Bridgeport	State CT	Zip Code 06605-1102
Principal Occupation Benefits Administrator	Name of Employer Park City Communities		
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>07242018a</u>		Date Received 07/24/2018	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 Beauton	First Michael	MI J	Contribution ID # 0968
Residential Street Address 106 Bar Gate Trl	City Killingworth	State CT	Zip Code 06419-1381
Principal Occupation State Trooper	Name of Employer CT State Police		
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>07242018a</u>		Date Received 07/24/2018	Aggregate Contributions \$100.00
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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Foster	First Nicole	MI	Contribution ID # 0969
Residential Street Address 591 Gilbert Ave	City Hamden	State CT	Zip Code 06514-2642
Principal Occupation Homemaker	Name of Employer Homemaker		
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>07242018a</u>		Date Received 07/24/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Maremok	First Maria	MI	Contribution ID # 0970
Residential Street Address 6 Dahlia Ln	City Seymour	State CT	Zip Code 06483-2379
Principal Occupation Accountant	Name of Employer Fletcher Thompson		
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>07242018a</u>		Date Received 07/24/2018	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 Derry	First Robert	MI	Contribution ID # 0971
Residential Street Address 2 Stonewall Ln	City Clinton	State CT	Zip Code 06413-2531
Principal Occupation State Trooper	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07242018a</u>		Date Received 07/24/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Ganim	First Elie	MI	Contribution ID # 0981
Residential Street Address 171 Mayfield Dr	City Trumbull	State CT	Zip Code 06611-2358
Principal Occupation Owner	Name of Employer Ganim Garden		
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>07242018a</u>		Date Received 07/24/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Privio	First Peter	MI	Contribution ID # 0982
Residential Street Address 184 Landen Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Builder	Name of Employer Peter Privio		
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>07242018a</u>		Date Received 07/24/2018	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 Tavaras	First Paul	MI	Contribution ID # 0983
Residential Street Address 1372 South Ave	City Stratford	State CT	Zip Code 06615-6620
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>07242018a</u>		Date Received 07/24/2018	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	

Last Name McPadden	First Michael	MI	Contribution ID # 0984
Residential Street Address 2 Birdseye Road Ext	City Shelton	State CT	Zip Code 06484-2140
Principal Occupation Police Officer	Name of Employer City of Shelton		
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>07242018a</u>		Date Received 07/24/2018	Aggregate Contributions \$250.00
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 \$250.00	

Last Name Peck	First Arnold	MI	Contribution ID # 0985
Residential Street Address 680 Boston Post Rd	City Milford	State CT	Zip Code 06460-2684
Principal Occupation Realtor	Name of Employer Arnold Peck		
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>07242018a</u>		Date Received 07/24/2018	Aggregate Contributions \$1,250.00
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 \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Gariglio	First Joseph	MI	Contribution ID # 0986
Residential Street Address 146 Lynncrest Dr	City Stratford	State CT	Zip Code 06614-4749
Principal Occupation Cons.	Name of Employer Star Constructron		
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>07242018a</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 07/24/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Gariglio	First Madeline	MI	Contribution ID # 0987
Residential Street Address 3 Little Valley Rd	City Oxford	State CT	Zip Code 06478-1187
Principal Occupation Pharmacist	Name of Employer Reliant Phatmacy		
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>07242018a</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 07/24/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Portanova	First Daniel	MI	Contribution ID # 0988
Residential Street Address 95 Teller Rd	City Trumbull	State CT	Zip Code 06611-1421
Principal Occupation Attorney	Name of Employer Portanova & Rigetono		
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>07242018a</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 07/24/2018	Aggregate Contributions \$1,000.00
		Amount of Contribution \$500.00	

Last Name Esposito	First Ronald	MI G	Contribution ID # 0989
Residential Street Address 8 Woodmere Cir	City North Haven	State CT	Zip Code 06473-1287
Principal Occupation President	Name of Employer New Haven Transportation		
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>07242018a</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 07/24/2018	Aggregate Contributions \$1,500.00
		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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Gennarini	First Frank	MI	Contribution ID # 0990	
Residential Street Address 3 Honek St	City Milford	State CT	Zip Code 06460-5109	
Principal Occupation Real Estate	Name of Employer Daddario Industries			
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>07242018a</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 07/24/2018	Aggregate Contributions \$1,500.00
Amount of Contribution \$500.00				

Last Name Gutierrrz	First Alina	MI	Contribution ID # 0991	
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? <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>07242018a</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 07/24/2018	Aggregate Contributions \$1,000.00
Amount of Contribution \$500.00				

Last Name Almeida	First Joseph	MI	Contribution ID # 0992	
Residential Street Address 100 Unquowa Hill St	City Bridgeport	State CT	Zip Code 06604-2119	
Principal Occupation P.E. Broker	Name of Employer The Almeida Group			
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>07242018a</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 07/24/2018	Aggregate Contributions \$1,500.00
Amount of Contribution \$500.00				

Last Name LoMonte	First Teresa	MI	Contribution ID # 0993	
Residential Street Address 39 W Wynd Ter	City Middletown	State CT	Zip Code 06457-8729	
Principal Occupation Appraiser/Broker	Name of Employer John Lomonte R-S- Appraisers and Consultants			
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>07242018a</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 07/24/2018	Aggregate Contributions \$500.00
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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Stratton	First Kevin	MI A	Contribution ID # 0994
Residential Street Address 66 Foster St	City New Haven	State CT	Zip Code 06511-2608
Principal Occupation State Trooper	Name of Employer State of CT		
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>07242018a</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 07/24/2018
		Aggregate Contributions \$500.00	Amount of Contribution \$500.00

Last Name Reyes	First Michelle	MI	Contribution ID # 0995
Residential Street Address 80 Perry Hill Rd	City Shelton	State CT	Zip Code 06484-6038
Principal Occupation Administrative assistant	Name of Employer UMH Crosby Commens		
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>07242018a</u>		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 07/24/2018
		Aggregate Contributions \$500.00	Amount of Contribution \$500.00

Last Name LoMonte	First John	MI	Contribution ID # 0996
Residential Street Address 39 W Wynd Ter	City Middletown	State CT	Zip Code 06457-8729
Principal Occupation Appraiser/Broker	Name of Employer John LoMonte R.E. Appraisers and Consultants		
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>07242018a</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 07/24/2018
		Aggregate Contributions \$2,500.00	Amount of Contribution \$500.00

Last Name Giacobbe	First Jonathan	MI	Contribution ID # 0978
Residential Street Address 19 Boxwood Ln	City Milford	State CT	Zip Code 06461-2650
Principal Occupation Painter	Name of Employer Eastcoast Painting Rest 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>07242018a</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 07/24/2018
		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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Marcus	First Jill	MI S	Contribution ID # 0979
Residential Street Address 100 Stony Creek Rd	City Branford	State CT	Zip Code 06405-3236
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>07242018a</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 07/24/2018	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Philips	First Stephanie	MI	Contribution ID # 0999
Residential Street Address 41 Yarwood St	City Stratford	State CT	Zip Code 06615-6930
Principal Occupation computers consulant	Name of Employer SLR Group, 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>07242018a</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 07/25/2018	Aggregate Contributions \$140.00
		Amount of Contribution \$100.00	

Last Name Calzone	First Joseph	MI	Contribution ID # 1001
Residential Street Address 225 Black Rock Ave	City Bridgeport	State CT	Zip Code 06605-1204
Principal Occupation Owner	Name of Employer Calzone Case Co		
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 07/25/2018	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Miles	First Donald	MI	Contribution ID # 1002
Residential Street Address 532 Morning Side Dr	City Ponte Vedra Beach	State FL	Zip Code 32082-2813
Principal Occupation Investment Servicer	Name of Employer Finch Investment Group		
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 07/25/2018	Aggregate Contributions \$2,000.00
		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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Holzner	First Louis	MI	Contribution ID # 1004
Residential Street Address 30 Currituck Rd	City Newtown	State CT	Zip Code 06470-1330
Principal Occupation President	Name of Employer HECO		
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 07/25/2018	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 \$1,000.00	

Last Name Pacacha	First Ronald	MI	Contribution ID # 1010
Residential Street Address 1 2nd St	City Madison	State CT	Zip Code 06443-3464
Principal Occupation Attorney	Name of Employer Ronald Pacacha		
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>08022018a</u>		Date Received 07/25/2018	Aggregate Contributions \$1,500.00
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 Sachs	First James	MI	Contribution ID # 1011
Residential Street Address 18 Dudley Towne Rd	City Killingworth	State CT	Zip Code 06419-2417
Principal Occupation Sales/Owner	Name of Employer Sachs		
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>07262018a</u>		Date Received 07/26/2018	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 Brown	First Rhaishem	MI	Contribution ID # 1012
Residential Street Address 87 Garden St	City New Britain	State CT	Zip Code 06052-1240
Principal Occupation Sales	Name of Employer Car Connect		
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>07262018a</u>		Date Received 07/26/2018	Aggregate Contributions \$100.00
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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Lashley	First Maria	MI	Contribution ID # 1013
Residential Street Address 64 Moylan Ct	City Newington	State CT	Zip Code 06111-1408
Principal Occupation Advertising/Sales	Name of Employer Connoisseur Media		
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>07262018a</u>		Date Received 07/26/2018	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 Austin	First Vernon	MI I	Contribution ID # 1014
Residential Street Address 4 Fleet St	City Waterbury	State CT	Zip Code 06704-2909
Principal Occupation Owner/President	Name of Employer CMSA		
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 07/26/2018	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 \$1,000.00	

Last Name Moyer	First Melvin	MI	Contribution ID # 1015
Residential Street Address 49 Blackman Pl	City Bridgeport	State CT	Zip Code 06604-2425
Principal Occupation Certified Real Estate Appraiser	Name of Employer Melvin Moyer Appraisal Service		
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>07262018a</u>		Date Received 07/26/2018	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 \$125.00	

Last Name Lesando	First Stephen	MI	Contribution ID # 1020
Residential Street Address 8 Shady Ln	City Stamford	State CT	Zip Code 06903-1714
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 07/26/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Owen	First Davis	MI	Contribution ID # 1021
Residential Street Address 18 Old Oak Rd	City Easton	State CT	Zip Code 06612-1708
Principal Occupation Owner	Name of Employer Davis Owen Real Estate		
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>08022018a</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 07/26/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$500.00

Last Name James	First Vincent	MI	Contribution ID # 1022
Residential Street Address 81 Admiral St	City West Haven	State CT	Zip Code 06516-1613
Principal Occupation Owner	Name of Employer Tresbelle Hair Salon		
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>07262018a</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 07/26/2018	Aggregate Contributions \$60.00
			Amount of Contribution \$60.00

Last Name Ganim	First Julie	MI	Contribution ID # 1018
Residential Street Address 56 Deepwood Rd	City Easton	State CT	Zip Code 06612-1439
Principal Occupation Office Manager	Name of Employer Ganim Legal		
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>08022018a</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 07/26/2018	Aggregate Contributions \$3,500.00
			Amount of Contribution \$3,500.00

Last Name Hua	First Kermit	MI	Contribution ID # 1024
Residential Street Address 277 Reservoir Ave Apt 1101	City Meriden	State CT	Zip Code 06451-5809
Principal Occupation Traffic Engineer	Name of Employer KWH Enterprise, 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 07/26/2018	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Paul	First Kenneth	MI	Contribution ID # 1025
Residential Street Address 441 Erwin St	City Trumbull	State CT	Zip Code 06611-5101
Principal Occupation Executive	Name of Employer Achievement First		
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 07/27/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Palmer	First Douglas	MI	Contribution ID # 1028
Residential Street Address 111 Mercer St , Princeton NJ	City Princeton	State NJ	Zip Code 08540-6809
Principal Occupation Consulting	Name of Employer DHP & 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 07/27/2018	Aggregate Contributions \$1,500.00
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 \$1,000.00	

Last Name Kolesnik	First Robert	MI	Contribution ID # 1029
Residential Street Address 260 Middle Road Tpke	City Woodbury	State CT	Zip Code 06798-3002
Principal Occupation Attorney	Name of Employer Robert S Kolesnik PC		
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>08022018a</u>		Date Received 07/27/2018	Aggregate Contributions \$1,000.00
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 \$1,000.00	

Last Name Abruzzo Jr.	First Joseph	MI	Contribution ID # 1030
Residential Street Address Yankee Plak Company	City Bridgeport	State CT	Zip Code 06606
Principal Occupation CEO	Name of Employer Yankee Plak 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 07/27/2018	Aggregate Contributions \$1,000.00
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 \$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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Mocadlo	First John	MI	Contribution ID # 1031
Residential Street Address 200 College St	City New Haven	State CT	Zip Code 06510-2444
Principal Occupation Sales	Name of Employer Mac Mitsubishi		
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 07/27/2018	Aggregate Contributions \$1,000.00
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 \$1,000.00	

Last Name Dunbar	First Glen	MI K	Contribution ID # 1032
Residential Street Address 186 Lakeview Ave Apt J-4	City New Canaan	State CT	Zip Code 06840-5934
Principal Occupation Unemployed	Name of Employer Unemployed		
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 07/28/2018	Aggregate Contributions \$10.00
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 \$10.00	

Last Name Monelli	First Anthony	MI	Contribution ID # 1038
Residential Street Address 58 Amity Rd	City Bethany	State CT	Zip Code 06524-3402
Principal Occupation Attorney	Name of Employer Cretella Fappiano & Monelli pC		
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 07/28/2018	Aggregate Contributions \$1,000.00
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 \$1,000.00	

Last Name Ganim	First Roseanne B.	MI	Contribution ID # 1043
Residential Street Address 110 Beachview Ave	City Bridgeport	State CT	Zip Code 06605-3262
Principal Occupation Realtor	Name of Employer Berkshire Hathaway		
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 07/28/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Kilmer	First Bradley	MI	Contribution ID # 1053
Residential Street Address 375 Mount Hope Ave Apt 509	City Rochester	State NY	Zip Code 14620-1237
Principal Occupation Prosecuting Attorney	Name of Employer NYS Ed. Dept; Office of Professional Discipline		
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 07/29/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Malitsky	First William	MI	Contribution ID # 1047
Residential Street Address 200 Gilead St	City Hebron	State CT	Zip Code 06248-1507
Principal Occupation Managing Partner	Name of Employer Halloran & Sage Government Affairs		
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 checked="" type="checkbox"/> Yes <input 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>07302018a</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 07/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Malitsky	First Patricia	MI	Contribution ID # 1048
Residential Street Address 200 Gilead St	City Hebron	State CT	Zip Code 06248-1507
Principal Occupation Homemaker	Name of Employer Homemaker		
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 checked="" type="checkbox"/> Yes <input 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>07302018a</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 07/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Breiner	First S.A.	MI	Contribution ID # 1055
Residential Street Address 2940 Gardens Blvd	City Naples	State FL	Zip Code 34105-5688
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/29/2018	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Kane	First Thomas	MI	Contribution ID # 1056
Residential Street Address 175 Ellsworth St	City Bridgeport	State CT	Zip Code 06605-3117
Principal Occupation Builder/General Contractor	Name of Employer TJK Builders		
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 07/29/2018	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

Last Name Mayo	First Reginald	MI	Contribution ID # 0893
Residential Street Address 435 Stevenson Rd	City New Haven	State CT	Zip Code 06515-2471
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>07302018a</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 07/30/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name HARRIS	First AVRAHAM	MI	Contribution ID # 0894
Residential Street Address 63 Cottage St	City Amherst	State MA	Zip Code 01002-2123
Principal Occupation Director of Legislative Affairs	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>08022018a</u>	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 07/30/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$500.00

Last Name Gill	First Thomas	MI F	Contribution ID # 0895
Residential Street Address 244 Sailors Ln	City Bridgeport	State CT	Zip Code 06605-3624
Principal Occupation Director Planning and Economic Devel	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>08022018a</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 07/30/2018	Aggregate Contributions \$1,500.00
			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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Gallo	First Anthony	MI J	Contribution ID # 0896
Residential Street Address 82 Farm Hill Rd	City Orange	State CT	Zip Code 06477-2348
Principal Occupation CEO	Name of Employer Star Distributors Inc		
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>07302018a</u>		Date Received 07/30/2018	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 Barannik	First Vera	MI	Contribution ID # 0888
Residential Street Address 325 Clark Hill Rd	City South Glastonbury	State CT	Zip Code 06073-3509
Principal Occupation Homemaker	Name of Employer Homemaker		
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>07302018a</u>		Date Received 07/30/2018	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 Vaccaro	First Donald	MI	Contribution ID # 0889
Residential Street Address 325 Clark Hill Rd	City South Glastonbury	State CT	Zip Code 06073-3509
Principal Occupation CEO	Name of Employer Ticket Network		
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>07302018a</u>		Date Received 07/30/2018	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 Vaccaro	First Tatiana	MI	Contribution ID # 0890
Residential Street Address 325 Clark Hill Rd	City South Glastonbury	State CT	Zip Code 06073-3509
Principal Occupation Homemaker	Name of Employer Homemaker		
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>07302018a</u>		Date Received 07/30/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Mullarkey	First James	MI	Contribution ID # 0891
Residential Street Address 1316 Asylum Ave	City Hartford	State CT	Zip Code 06105-6001
Principal Occupation V.P.	Name of Employer Ticket Software 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>07302018a</u>		Date Received 07/30/2018	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 Ficardi	First Eric	MI	Contribution ID # 0884
Residential Street Address 1 Dover Ct	City Mystic	State CT	Zip Code 06355-3110
Principal Occupation Beer Distributor	Name of Employer F & F Dist		
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>07302018a</u>		Date Received 07/30/2018	Aggregate Contributions \$250.00
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 \$250.00	

Last Name Luzzi	First Michael H. J.	MI	Contribution ID # 0882
Residential Street Address 434 Thompson Ave	City East Haven	State CT	Zip Code 06512-3323
Principal Occupation Attorney	Name of Employer Law Offices of Michael Luzzi		
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>07302018a</u>		Date Received 07/30/2018	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 \$1,000.00	

Last Name Warshaw	First Jeffrey	MI	Contribution ID # 0880
Residential Street Address 180 Post Rd E Ste 201	City Westport	State CT	Zip Code 06880-3414
Principal Occupation CEO	Name of Employer Connoisseur Media		
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 07/30/2018	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 \$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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Malone	First Jude	MI	Contribution ID # 0877
Residential Street Address 200 River Rd	City Mystic	State CT	Zip Code 06355-1822
Principal Occupation Government Relations	Name of Employer CT Beer Wholesalers		
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07302018a</u>		Date Received 07/30/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Gentile	First James	MI J	Contribution ID # 0897
Residential Street Address 3 Winding Way	City Trumbull	State CT	Zip Code 06611-2945
Principal Occupation Attorney	Name of Employer James J Gentile		
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 07/31/2018	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	

Last Name Wilson	First Samuel	MI N	Contribution ID # 0909
Residential Street Address 30 Folino Dr	City Bridgeport	State CT	Zip Code 06606-1057
Principal Occupation Accountant	Name of Employer Samuel N Wilson Jr 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 07/31/2018	Aggregate Contributions \$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 Adams	First Edward	MI M	Contribution ID # 0910
Residential Street Address 2 Blake Dr	City Fairfield	State CT	Zip Code 06824-5602
Principal Occupation Attorney	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>08022018a</u>		Date Received 07/31/2018	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 \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name McCormack	First Brian	MI	Contribution ID # 0911
Residential Street Address 92 Old Dairy Ln	City Shelton	State CT	Zip Code 06484-2171
Principal Occupation sales	Name of Employer Total Comfort Inc		
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 07/31/2018	Aggregate Contributions \$500.00
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 \$500.00	

Last Name Kurata	First David	MI	Contribution ID # 0901
Residential Street Address 70 Wayne Rd	City Milford	State CT	Zip Code 06460-3844
Principal Occupation Attorney	Name of Employer Russo & Rizio 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 #		Date Received 07/31/2018	Aggregate Contributions \$3,000.00
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 \$1,000.00	

Last Name Blose	First Katherine	MI M	Contribution ID # 0902
Residential Street Address 65 Norcliff Ln	City Fairfield	State CT	Zip Code 06824-6828
Principal Occupation Attorney	Name of Employer Russo & Rizio 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 #		Date Received 07/31/2018	Aggregate Contributions \$3,000.00
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 \$1,000.00	

Last Name Appleby	First Scott	MI t	Contribution ID # 0904
Residential Street Address 93 Knorr Rd	City Monroe	State CT	Zip Code 06468-3114
Principal Occupation OEMHS 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 #		Date Received 07/31/2018	Aggregate Contributions \$550.00
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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Daddario	First Nicholas	MI	Contribution ID # 0913
Residential Street Address 356 Van Brunt St # 2	City Brooklyn	State NY	Zip Code 11231-1248
Principal Occupation Business Owner	Name of Employer Daddario		
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 07/31/2018	Aggregate Contributions \$500.00
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 \$500.00	

Last Name Flatto	First Kenneth	MI	Contribution ID # 0914
Residential Street Address 3200 Park Ave Unit 4D1	City Bridgeport	State CT	Zip Code 06604-1108
Principal Occupation 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>08022018a</u>		Date Received 07/31/2018	Aggregate Contributions \$2,089.32
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	

Last Name Brittis	First Dante	MI A	Contribution ID # 0905
Residential Street Address 212 Center St	City Southport	State CT	Zip Code 06890-1406
Principal Occupation Doctor	Name of Employer OSG		
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 08/01/2018	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 Ennis	First Lillie	MI	Contribution ID # 0906
Residential Street Address 2134 Avalon Gates	City Trumbull	State CT	Zip Code 06611-5804
Principal Occupation Entrepreneur	Name of Employer The Lillie Ennis 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>08022018a</u>		Date Received 08/01/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Rose	First Patrick	MI	Contribution ID # 0907
Residential Street Address 48 Wildwood Ave	City Milford	State CT	Zip Code 06460-5847
Principal Occupation Architect	Name of Employer Rose-Tiso & 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 #		Date Received 08/01/2018	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 \$250.00	

Last Name Crumbie	First Andrew	MI	Contribution ID # 0903
Residential Street Address 100 Pearl St	City Hartford	State CT	Zip Code 06103-4501
Principal Occupation Lawyer	Name of Employer Crumbie Law Group, 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 #		Date Received 08/01/2018	Aggregate Contributions \$1,000.00
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 \$1,000.00	

Last Name Ayala	First Maria	MI	Contribution ID # 0917
Residential Street Address 407 Funston Ave	City Bridgeport	State CT	Zip Code 06606-3038
Principal Occupation Data 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? If yes, list Event #		Date Received 08/02/2018	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 Polanco	First Madlyn	MI	Contribution ID # 0918
Residential Street Address 363 Peck St	City New Haven	State CT	Zip Code 06513-2921
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 08/02/2018	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Garcia	First Alyssa	MI R	Contribution ID # 0926
Residential Street Address 72 Brookdale Rd	City Seymour	State CT	Zip Code 06483-2430
Principal Occupation Accounting Clerk	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>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$325.00
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 Coward	First Terri	MI D	Contribution ID # 0927
Residential Street Address 165 Graham St	City Stratford	State CT	Zip Code 06615-5536
Principal Occupation 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>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$250.00
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 Paoletto	First Anthony	MI R	Contribution ID # 0928
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$1,100.00
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 \$200.00	

Last Name Adler	First Lawrence	MI	Contribution ID # 0929
Residential Street Address 47 Darlene Dr	City South Windsor	State CT	Zip Code 06074-2856
Principal Occupation Attorney	Name of Employer Adler Law Group, 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/02/2018	Aggregate Contributions \$200.00
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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Couvertier	First Nancy	MI	Contribution ID # 0920
Residential Street Address 18 Newton St	City Meriden	State CT	Zip Code 06450-4415
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>08022018a</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 08/02/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Amster	First Bruce	MI	Contribution ID # 0921
Residential Street Address 2475 Fairfield Ave	City Bridgeport	State CT	Zip Code 06605-2648
Principal Occupation Owner	Name of Employer Redline Restorations		
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>08022018a</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 08/02/2018	Aggregate Contributions \$2,000.00
			Amount of Contribution \$1,000.00

Last Name Ganim, Jr.	First George	MI	Contribution ID # 0922
Residential Street Address 57 Melba St	City Milford	State CT	Zip Code 06460-7438
Principal Occupation Attorney	Name of Employer Attorney George W. Ganim Jr. P.C		
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>08022018a</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 08/02/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Garcia	First Marissa	MI	Contribution ID # 0923
Residential Street Address 72 Brookdale Rd	City Seymour	State CT	Zip Code 06483-2430
Principal Occupation School Nurse	Name of Employer Bridgeport Board of Education		
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>08022018a</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 08/02/2018	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Teixeira	First Manuel	MI M	Contribution ID # 0924
Residential Street Address 560 Amsterdam Ave	City Bridgeport	State CT	Zip Code 06606-4100
Principal Occupation Owner	Name of Employer Rest.		
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>08022018a</u>		Date Received 08/02/2018	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 \$1,000.00	

Last Name Staley	First Kimberly	MI	Contribution ID # 0931
Residential Street Address 17 Farm Hill Rd	City West Hartford	State CT	Zip Code 06107-3316
Principal Occupation CAO	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>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$1,950.00
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 Malheiro	First Virginia	MI	Contribution ID # 0932
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>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$850.00
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 \$250.00	

Last Name Petonito	First James P.	MI	Contribution ID # 0933
Residential Street Address 730 Goose Ln	City Guilford	State CT	Zip Code 06437-2111
Principal Occupation Supplier	Name of Employer Construction Materials, Inc.		
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 08/02/2018	Aggregate Contributions \$250.00
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 \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Baptista	First Albertina	MI	Contribution ID # 0934
Residential Street Address 145 Robin St	City Bridgeport	State CT	Zip Code 06606-4400
Principal Occupation Deputy Director	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>08022018a</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 08/02/2018
		Aggregate Contributions \$350.00	Amount of Contribution \$250.00

Last Name Meehan	First Michael	MI S	Contribution ID # 0935
Residential Street Address 113 Seaside Ave	City Bridgeport	State CT	Zip Code 06605-3529
Principal Occupation Firefighter	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>08022018a</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 08/02/2018
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Bond	First Maritza	MI	Contribution ID # 0936
Residential Street Address 323 Fairfield Ave Apt 102	City Bridgeport	State CT	Zip Code 06604-4295
Principal Occupation Public Health	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>08022018a</u>		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 08/02/2018
		Aggregate Contributions \$2,000.00	Amount of Contribution \$250.00

Last Name Fortin	First Beth	MI	Contribution ID # 0937
Residential Street Address 19 Sylvesters Way	City Shelton	State CT	Zip Code 06484-2910
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>08022018a</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 08/02/2018
		Aggregate Contributions \$2,500.00	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Roach	First Daniel	MI	Contribution ID # 0938
Residential Street Address 19 Quinlan Ave	City Bridgeport	State CT	Zip Code 06605-3527
Principal Occupation Projects	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>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$2,500.00
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 Teixeira	First Antonio	MI	Contribution ID # 0939
Residential Street Address 106 Commercial St	City Bridgeport	State CT	Zip Code 06604-2819
Principal Occupation Owner	Name of Employer Tex 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>08022018a</u>		Date Received 08/02/2018	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 DePara	First Angel	MI M	Contribution ID # 0940
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? 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>08022018a</u>		Date Received 08/02/2018	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 DosSantos	First Antonio	MI T	Contribution ID # 0941
Residential Street Address 12 Wigwam Dr	City Shelton	State CT	Zip Code 06484-2454
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>08022018a</u>		Date Received 08/02/2018	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Greenwood	First James	MI	Contribution ID # 0942
Residential Street Address 82 Mariners Way	City Fairfield	State CT	Zip Code 06824-6665
Principal Occupation Reinsurance	Name of Employer General Re-Insurance		
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>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$500.00
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 \$500.00	

Last Name Gaudett	First Thomas	MI J	Contribution ID # 0943
Residential Street Address 96 Beechmont Ave	City Bridgeport	State CT	Zip Code 06606-4308
Principal Occupation Mayor's Office	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>08022018a</u>		Date Received 08/02/2018	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	

Last Name Duby	First Christopher	MI	Contribution ID # 0944
Residential Street Address 1455 Ridge Rd	City North Haven	State CT	Zip Code 06473-3058
Principal Occupation Attorney	Name of Employer Law Office of Christopher Duby 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>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$750.00
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	

Last Name Cordero	First Lesman	MI	Contribution ID # 0945
Residential Street Address 6763 Main St	City Trumbull	State CT	Zip Code 06611-1337
Principal Occupation Owner	Name of Employer Cordero Masonry Prperties		
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>08022018a</u>		Date Received 08/02/2018	Aggregate Contributions \$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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Esteves	First Valdemar	MI	Contribution ID # 0946
Residential Street Address 95 Herral Ave	City Bridgeport	State CT	Zip Code 06604-3003
Principal Occupation Nunes Auto Body	Name of Employer Owner		
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>08022018a</u>		Date Received 08/02/2018	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 Maggiola	First Stephen	MI	Contribution ID # 0947
Residential Street Address 91 Mountain Wood Rd	City Stamford	State CT	Zip Code 06903-2115
Principal Occupation Lawyer	Name of Employer Catic		
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 08/03/2018	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 Hazel	First Shantana	MI	Contribution ID # 0948
Residential Street Address 204 Judson Pl	City Bridgeport	State CT	Zip Code 06610-2945
Principal Occupation Founder	Name of Employer Sister Girl Foundation		
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>08022018a</u>		Date Received 08/03/2018	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 Velleca	First John	MI	Contribution ID # 0949
Residential Street Address 560 Silver Sands Rd	City East Haven	State CT	Zip Code 06512-4600
Principal Occupation Retired Police Chief	Name of Employer City of New Haven		
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>08022018a</u>		Date Received 08/03/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Comisky	First Kerry	MI	Contribution ID # 0957
Residential Street Address 62 Wopowog Rd	City East Hampton	State CT	Zip Code 06424-1674
Principal Occupation Environmental Compliance Specialist	Name of Employer Inframark Inc		
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>08022018a</u>	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 08/03/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$250.00

Last Name Manning-Jones	First Yvonne	MI	Contribution ID # 0958
Residential Street Address 675 Townsend Ave Unit 189	City New Haven	State CT	Zip Code 06512-3184
Principal Occupation Webmaster / Multimedia Specialist	Name of Employer Haskins Laboratories		
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/03/2018	Aggregate Contributions \$150.00
			Amount of Contribution \$50.00

Last Name Murphy	First Walter	MI	Contribution ID # 0959
Residential Street Address 32 Monroe Rd	City Shelton	State CT	Zip Code 06484-1821
Principal Occupation Managing Partner	Name of Employer Innovative Benefits Solutions, 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 #	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 08/03/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Paoletto	First Anthony	MI R	Contribution ID # 0953
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? If yes, list Event # <u>08022018a</u>	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 08/03/2018	Aggregate Contributions \$1,100.00
			Amount of Contribution \$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Paoletto	First Richard	MI	Contribution ID # 0954
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? 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>08022018a</u>		Date Received 08/03/2018	Aggregate Contributions \$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 Cordner	First Beverne	MI	Contribution ID # 0955
Residential Street Address 147 Kent St	City Hartford	State CT	Zip Code 06112-1827
Principal Occupation Case Manager	Name of Employer 1975		
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 08/03/2018	Aggregate Contributions \$75.00
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 \$25.00	

Last Name Egan	First John	MI	Contribution ID # 0962
Residential Street Address 76 Tedesco Dr	City Waterbury	State CT	Zip Code 06708-4524
Principal Occupation General foreman	Name of Employer City of Waterbury parks dept		
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>08022018a</u>		Date Received 08/03/2018	Aggregate Contributions \$575.00
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 \$500.00	

Last Name Krasznai	First Charles	MI	Contribution ID # 0967
Residential Street Address 1015 Lakeside Dr	City Bridgeport	State CT	Zip Code 06606-1953
Principal Occupation Engineer	Name of Employer Krasznai		
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 08/03/2018	Aggregate Contributions \$325.00
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 \$75.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Washington	First Derek	MI	Contribution ID # 0965
Residential Street Address 9 Tashua Pkwy	City Trumbull	State CT	Zip Code 06611-1026
Principal Occupation Property Management	Name of Employer WC Property Management 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>08022018a</u>		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 08/03/2018
		Aggregate Contributions \$3,000.00	Amount of Contribution \$500.00

Last Name Rodriguez	First Samnaya	MI	Contribution ID # 0977
Residential Street Address 115 Edgewood Ave	City New Haven	State CT	Zip Code 06511-4584
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 08/04/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name DErrico	First Daniel	MI	Contribution ID # 0980
Residential Street Address 81 Howard Ave	City New Haven	State CT	Zip Code 06519-2810
Principal Occupation Manager	Name of Employer Total Fence		
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 08/04/2018
		Aggregate Contributions \$1,000.00	Amount of Contribution \$1,000.00

Last Name Fontana	First Rick	MI	Contribution ID # 0998
Residential Street Address 66 Putting Green Ln	City Orange	State CT	Zip Code 06477-3157
Principal Occupation Emergency Operations	Name of Employer City of New Haven		
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 08/05/2018
		Aggregate Contributions \$200.00	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	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Boccanfuso	First Giuseppe	MI	Contribution ID # 1000
Residential Street Address 99 Dover St	City Bridgeport	State CT	Zip Code 06610-2206
Principal Occupation Owner	Name of Employer Boccanfuso		
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 08/05/2018	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 Robb	First Thomas	MI	Contribution ID # 1006
Residential Street Address 11670 Federal St	City Fulton	State MD	Zip Code 20759-2663
Principal Occupation Mining and Metals	Name of Employer New Day Aluminum 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/05/2018	Aggregate Contributions \$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 \$250.00	

Last Name Pittman	First Miguel	MI	Contribution ID # 1008
Residential Street Address 82 Orchard St	City New Haven	State CT	Zip Code 06519-1010
Principal Occupation Manager	Name of Employer Sandra's Next Generation		
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 08/05/2018	Aggregate Contributions \$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 \$500.00	

Last Name Casanova	First Luiz	MI	Contribution ID # 1009
Residential Street Address 12 Queach Rd	City North Branford	State CT	Zip Code 06471-1255
Principal Occupation Law enforcement	Name of Employer City of New Haven		
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 08/05/2018	Aggregate Contributions \$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 \$500.00	

Total of Section B		\$102,773.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B) (Total on Line 14, Column A of Summary Page)	\$102,773.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes No		
			If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

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

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer	
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
				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	7th Day Preceding 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	7th Day Preceding Primary - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim for Governor	7th Day Preceding 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			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Ganim for Governor	7th Day Preceding 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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ganim for Governor				7th Day Preceding Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name LaQuan Streater			Date of Transaction 07/20/2018		Amount Received \$10.00
Street Address 243 Starr St		City New Haven	State CT	Zip Code 06511-1828	
Description Check void					
Name Aaron Edmonds			Date of Transaction 07/20/2018		Amount Received \$29.00
Street Address 132 Derby Ave		City New Haven	State CT	Zip Code 06511-5170	
Description Check void					
Name Terrence Jackson			Date of Transaction 07/20/2018		Amount Received \$30.00
Street Address 540 Howard Ave Fl 3		City New Haven	State CT	Zip Code 06519-2111	
Description Check void					
Name Stephanie L Payton			Date of Transaction 07/20/2018		Amount Received \$46.00
Street Address 61 Sheffield Ave		City New Haven	State CT	Zip Code 06511-1926	
Description Check void					
Name Madlyn Polanco			Date of Transaction 07/20/2018		Amount Received \$8.00
Street Address 363 Peck St		City New Haven	State CT	Zip Code 06513-2921	
Description Check void					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ganim for Governor				7th Day Preceding Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name Peoples United Bank			Date of Transaction 07/20/2018		Amount Received \$94.00
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604-4917	
Description Refund Fee					
Name James Baker			Date of Transaction 08/01/2018		Amount Received \$29.00
Street Address 578 Howard Ave		City New Haven	State CT	Zip Code 06519-2142	
Description Check Void					
Total of Section I					\$246.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

J1. Event Information

Event # Date of Event 07/24/2018	Letter a	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 2500 Park Ave		City Bridgeport	State CT
Zip Code 06604			
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

Event # Date of Event 07/26/2018	Letter a	Description Cocktail Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 40 Crystal Ln		City Bloomfield	State CT
Zip Code 06002			
Was this event hosted at a personal residence?		<input checked="" 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 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

Event # Date of Event 07/30/2018	Letter a	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 325 Clark Hill Rd		City South Glastonbury	State CT
Zip Code 06073			
Was this event hosted at a personal residence?		<input checked="" 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 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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

J1. Event Information

Event # Date of Event 08/02/2018	Letter a	Description Dinner 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	7th Day Preceding 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	7th Day Preceding Primary - Original

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

Name of Host Tatiana Vaccaro		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 325 Clark Hill Rd	City South Glastonbury	State CT	Zip Code 06073-3509
Description of Donation Food and drink for house party fundraiser			Fair Market Value of Donation \$397.10
Event # 07302018a	Aggregate value of this Event - all hosts \$794.20	Aggregate value of all Events - this host/candidate \$397.10	

Name of Host Donald Vaccaro		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 325 Clark Hill Rd	City South Glastonbury	State CT	Zip Code 06073-3509
Description of Donation Food and drink for house party fundraiser			Fair Market Value of Donation \$397.10
Event # 07302018a	Aggregate value of this Event - all hosts \$794.20	Aggregate value of all Events - this host/candidate \$397.10	

Total of Section J4	\$794.20
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

K. In-Kind Contributions

Name Barone Biagio				
Street Address 85 Mill Pond Rd		City Stratford	State CT	Zip Code 06614-3650
Is this contribution associated with an event reported in Section J1? If yes, list Event# <u>07242018a</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Food for Fundraiser		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fair Market Value of this Contribution
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship	Date Received 07/24/2018	Aggregate contributions \$2,089.12	\$1,589.12	

Name Ponder J James				
Street Address 40 Crystal Ln		City Bloomfield	State CT	Zip Code 06002-3449
Is this contribution associated with an event reported in Section J1? If yes, list Event# <u>07262018a</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Food for Fundraiser		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fair Market Value of this Contribution
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship	Date Received 07/26/2018	Aggregate contributions \$765.00	\$665.00	

Total of Section K

\$2,254.12

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding 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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Forestone 350, LLC		Date of Payment 07/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>818</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Old Kings Hwy		City Darlen	State CT	Zip Code 06820
Purpose of Expend OVHD	Description Rent			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 #
				\$1,200.00

Name of Payee SD Associates		Date of Payment 07/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>788</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 4565		City Hartford	State CT	Zip Code 06147-4565
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 #
				\$5,317.50

Name of Payee Staples		Date of Payment 07/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>787</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$627.47

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee McDonald's		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Union St		City Waterbury	State CT	Zip Code 06706-1299
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 #
				\$1.06

Name of Payee McDonald's		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Union St		City Waterbury	State CT	Zip Code 06706-1299
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 #
				\$11.95

Name of Payee Sage Payment Solutions		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Rd Ste 500		City Reston	State VA	Zip Code 20190-5858
Purpose of Expend Misc *	Description Merchant Fee			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 #
				\$1,590.39

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Gulf		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Union St		City Waterbury	State CT	Zip Code 06706-1119
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 #
				\$20.00

Name of Payee TJ Maxx		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Union St		City Waterbury	State CT	Zip Code 06706-1236
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 #
				\$21.26

Name of Payee Bagel King of Bridgeport		Date of Payment 07/02/2018	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 #
				\$24.18

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Hess		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1126 Dixwell Ave		City Hamden	State CT	Zip Code 06514-4731
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 #	\$24.65

Name of Payee Stop and Shop Fuel		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Amity Rd		City New Haven	State CT	Zip Code 06515-1405
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 #	\$35.97

Name of Payee Bagel King of Bridgeport		Date of Payment 07/02/2018	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$47.97

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stop and Shop		Date of Payment 07/02/2018	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 \$48.23
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 #	

Name of Payee Staples		Date of Payment 07/02/2018	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 \$45.53
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 #	

Name of Payee Staples		Date of Payment 07/02/2018	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 \$47.43
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee McDonald's		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 325 Union St		City Waterbury	State CT	Zip Code 06706-1299
Purpose of Expend FOOD	Description			Amount \$7.73
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 #	

Name of Payee Broadway Parking		Date of Payment 07/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Broadway		City New Haven	State CT	Zip Code 06511-3656
Purpose of Expend TRVL	Description			Amount \$2.25
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 #	

Name of Payee Anthony Folson		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>807</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 \$233.30
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Diane Bethea		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>806</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 #
				\$233.30

Name of Payee Hess		Date of Payment 07/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1126 Dixwell Ave		City Hamden	State CT	Zip Code 06514-4731
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 #
				\$25.08

Name of Payee Maceo Troy Streater		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>808</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 #
				\$272.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Michelle Boyd		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>799</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 #
				\$30.30

Name of Payee Annie Boyd		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>800</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Hedge St		City New Haven	State CT	Zip Code 06519-1923
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 #
				\$30.30

Name of Payee Rite Aid		Date of Payment 07/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 249 Legion Ave		City New Haven	State CT	Zip Code 06519-5508
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 #
				\$33.81

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stop and Shop		Date of Payment 07/03/2018	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.82

Name of Payee Good Nature Market		Date of Payment 07/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Whitney Ave		City New Haven	State CT	Zip Code 06510-1258
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 #	\$36.96

Name of Payee Kevin Johnson		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>803</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 358 Orange St Apt 617		City New Haven	State CT	Zip Code 06511-6410
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 #	\$10.10

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Tawana Galberth		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>805</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 #
				\$131.30

Name of Payee Lynthia Long		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>804</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 #
				\$131.30

Name of Payee Wesleye Hoskie		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>801</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 #
				\$40.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Melinda Rivera		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>798</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 #
				\$40.40

Name of Payee Stop and Shop Fuel		Date of Payment 07/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Amity Rd		City New Haven	State CT	Zip Code 06515-1405
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 #
				\$54.83

Name of Payee Wayne Rodriguez Jr.		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>795</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 732 Westfield Ave		City Bridgeport	State CT	Zip Code 06606-4008
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 #
				\$600.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Wayne Rodriguez Jr.		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>796</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 732 Westfield Ave		City Bridgeport	State CT	Zip Code 06606-4008
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 #
				\$600.00

Name of Payee Jacqueline M. James		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>789</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 R Paoletto		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>794</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 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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Coleen LePere		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>792</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 Sheri Middleton		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>793</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 Kemar Hardy		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>802</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 #
				\$80.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Clyde Ramos		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>791</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 #
				\$900.00

Name of Payee Troy Jackson		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>790</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 Staples		Date of Payment 07/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>812</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$2,661.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>811</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$1,034.75

Name of Payee Staples		Date of Payment 07/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>813</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$1,034.75

Name of Payee Staples		Date of Payment 07/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>810</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$1,034.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Executive Office Services		Date of Payment 07/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>814</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 #
				\$1,355.97

Name of Payee Rosa's Florist LLC		Date of Payment 07/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>816</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3622 Main St		City Bridgeport	State CT	Zip Code 06606-3605
Purpose of Expend Misc *	Description Arrangements for Fundraiser			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 Target		Date of Payment 07/05/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1191 Boston Post Rd		City Milford	State CT	Zip Code 06460-2763
Purpose of Expend OFFICE	Description Office supplies			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 #
				\$36.69

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Officers Club of Conn Inc		Date of Payment 07/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>817</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 360 Broad St # 107		City Hartford	State CT	Zip Code 06105-3706
Purpose of Expend FNDR *	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 #
				\$368.94

Name of Payee Hess		Date of Payment 07/05/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1126 Dixwell Ave		City Hamden	State CT	Zip Code 06514-4731
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 #
				\$40.77

Name of Payee Alexander Shakir		Date of Payment 07/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>815</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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Mario D'Addario Buick GMC		Date of Payment 07/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>826</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 329 Bridgeport Ave		City Shelton	State CT	Zip Code 06484-3860
Purpose of Expend TRVL	Description Car			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 #	\$1,207.61

Name of Payee Executive Office Services		Date of Payment 07/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>820</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$159.33

Name of Payee Stop and Shop		Date of Payment 07/06/2018	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$27.42

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Hess		Date of Payment 07/06/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1126 Dixwell Ave		City Hamden	State CT	Zip Code 06514-4731
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 #	\$48.19

Name of Payee Wheels		Date of Payment 07/06/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1624 Dixwell Ave		City Hamden	State CT	Zip Code 06514-3614
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 #	\$54.65

Name of Payee Milano		Date of Payment 07/06/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 281 Fairfield Ave		City Bridgeport	State CT	Zip Code 06604-4207
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 #	\$54.74

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Hess		Date of Payment 07/06/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1126 Dixwell Ave		City Hamden	State CT	Zip Code 06514-4731
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 #
				\$58.01

Name of Payee Ashlee Castellano		Date of Payment 07/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>819</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Thistle Rd		City Norwalk	State CT	Zip Code 06851-1914
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 #
				\$600.00

Name of Payee John K Ricci		Date of Payment 07/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>821</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2675 Park Ave Unit 2		City Bridgeport	State CT	Zip Code 06604-1357
Purpose of Expend RMB	Description Postage			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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>829</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$1,162.97

Name of Payee City of Hartford/ROV		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>828</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 550 Main St		City Hartford	State CT	Zip Code 06103-2913
Purpose of Expend Misc *	Description Voter List			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 Subway		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 927 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06002-3711
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 #
				\$10.29

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Hypotenuse Survey USA		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1360 Clifton Ave # 221		City Clifton	State NJ	Zip Code 07012-1453
Purpose of Expend POLLS	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 #	\$10,500.00

Name of Payee Walgreens		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012
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 #	\$21.59

Name of Payee Robert Anderson		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>824</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Peoples United Bank		Date of Payment 07/09/2018	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 #
				\$3.00

Name of Payee Peoples United Bank		Date of Payment 07/09/2018	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 #
				\$30.00

Name of Payee Quality Logo		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 724 N Highland Ave		City Aurora	State IL	Zip Code 60506-2942
Purpose of Expend A-OTH	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 #
				\$375.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/09/2018	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 #	\$22.44

Name of Payee Mobil		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1913 Dixwell Ave		City Hamden	State CT	Zip Code 06514-2402
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 #	\$49.33

Name of Payee Crossroads Pizza		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2065 E Main St		City Bridgeport	State CT	Zip Code 06610-1901
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 #	\$52.68

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Alice Hill		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>825</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Trumbull Ave Apt C		City Bridgeport	State CT	Zip Code 06606-2492
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 Walmart		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2300 Dixwell Ave		City Hamden	State CT	Zip Code 06514-2108
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 #	\$61.94

Name of Payee LAZ Parking		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 N Water St		City Norwalk	State CT	Zip Code 06854-2227
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 #	\$8.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Connecticut Coalition for Environmental Justice		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>827</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Jefferson St		City Hartford	State CT	Zip Code 06106-2515
Purpose of Expend OVHD	Description Rent			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 #
				\$650.00

Name of Payee Marlin Strategies, LLC		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>839</u> <input type="checkbox"/> Debit Card <input 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 #
				\$13,312.22

Name of Payee Peoples United Bank		Date of Payment 07/10/2018	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 #
				\$15.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jacqueline M. James		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>831</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 Power Gas		Date of Payment 07/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Whalley Ave		City New Haven	State CT	Zip Code 06511-3218
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 #
				\$31.78

Name of Payee Executive Office Services		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>840</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 #
				\$3,270.27

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee JAYMS Enterprises, LLC		Date of Payment 07/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Broadway Ste 1420		City New York	State NY	Zip Code 10006-3799
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 #
				\$57.56

Name of Payee Wayne Rodriguez Jr.		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>837</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 732 Westfield Ave		City Bridgeport	State CT	Zip Code 06606-4008
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 #
				\$650.00

Name of Payee Michael Hernandez		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>838</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1966 Bedford St		City Stamford	State CT	Zip Code 06905-4720
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 #
				\$650.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Coleen LePere		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>832</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 NGP Van		Date of Payment 07/10/2018	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 Compliance software			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 Sheri Middleton		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>835</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 #
				\$900.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Clyde Ramos		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>833</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 #
				\$900.00

Name of Payee Troy Jackson		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>830</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 Anthony R Paoletto		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>836</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 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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Kevin Johnson		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>855</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 358 Orange St Apt 617		City New Haven	State CT	Zip Code 06511-6410
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 Maceo Troy Streater		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>852</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 #
				\$553.47

Name of Payee Annie Boyd		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>843</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Hedge St		City New Haven	State CT	Zip Code 06519-1923
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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Coleen LePere		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>854</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 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 #
				\$24.44

Name of Payee Sharthia Bradley		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>850</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Sunset Rdg Apt 108		City New Haven	State CT	Zip Code 06513-4776
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 #
				\$40.40

Name of Payee Staples		Date of Payment 07/11/2018	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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$44.02

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Verizon Wireless		Date of Payment 07/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
Purpose of Expend OVHD	Description Internet			Amount \$286.98
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 Lynthia Long		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>846</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 \$121.20
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 Marguerite Kraus		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>849</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 \$101.00
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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Walgreens		Date of Payment 07/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012
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 #	\$21.59

Name of Payee Peoples United Bank		Date of Payment 07/11/2018	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

Name of Payee Wesleye Hoskie		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>920</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$156.55

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Diane Bethea		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>841</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 Tawana Galberth		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>845</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 #
				\$176.75

Name of Payee Anthony Folson		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>844</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 #
				\$191.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Samuel Watford		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>853</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 #
				\$191.90

Name of Payee Kemar Hardy		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>919</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 #
				\$111.10

Name of Payee Kemar Hardy		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>851</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 #
				\$70.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Wesley Hoskie		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>847</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 #
				\$80.80

Name of Payee Melinda Rivera		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>848</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 #
				\$80.80

Name of Payee Michelle Boyd		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>842</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 #
				\$90.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/12/2018	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 \$132.94
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 TvEyes		Date of Payment 07/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1150 Post Rd		City Fairfield	State CT	Zip Code 06824-6040
Purpose of Expend Misc *	Description media software			Amount \$800.00
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 BJs		Date of Payment 07/12/2018	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 \$47.84
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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/12/2018	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 #	\$49.34

Name of Payee Stop and Shop Fuel		Date of Payment 07/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Amity Rd		City New Haven	State CT	Zip Code 06515-1405
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 #	\$38.49

Name of Payee Subway		Date of Payment 07/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Salem Tpk		City Norwich	State CT	Zip Code 06360-6483
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 #	\$40.93

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Walgreens		Date of Payment 07/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012
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 #
				\$21.79

Name of Payee Intuit		Date of Payment 07/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2700 Coast Ave		City Mountain View	State CA	Zip Code 94043-1140
Purpose of Expend Misc *	Description software			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 #
				\$76.57

Name of Payee Barbara Williams		Date of Payment 07/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>856</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? 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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Anthony R Paoletto		Date of Payment 07/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>94</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 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 Ashlee Castellano		Date of Payment 07/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>860</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Thistle Rd		City Norwalk	State CT	Zip Code 06851-1914
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 #
				\$700.00

Name of Payee Stop and Shop		Date of Payment 07/13/2018	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 #
				\$44.32

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Louis Mazarella		Date of Payment 07/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>857</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 #
				\$45.00

Name of Payee Donald Gamsjager		Date of Payment 07/15/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 76 Westbury Park Rd		City Watertown	State CT	Zip Code 06795-2779
Purpose of Expend REF	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

Name of Payee Stop and Shop		Date of Payment 07/17/2018	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 #
				\$166.57

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/17/2018	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 #	\$42.49

Name of Payee Walmart		Date of Payment 07/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 515 Saw Mill Rd		City West Haven	State CT	Zip Code 06516-4000
Purpose of Expend OFFICE	Description office supplies			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 #	\$42.58

Name of Payee CVS		Date of Payment 07/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 215 Whalley Ave		City New Haven	State CT	Zip Code 06511-3205
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 #	\$23.55

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee 7 Eleven		Date of Payment 07/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1795 Dixwell Ave		City Hamden	State CT	Zip Code 06514-3143
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 #
				\$28.37

Name of Payee Howard Avenue Garage		Date of Payment 07/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 790 Howard Ave		City New Haven	State CT	Zip Code 06519-1371
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 #
				\$3.00

Name of Payee Adobe		Date of Payment 07/17/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 345 Park Ave		City San Jose	State CA	Zip Code 95110-2704
Purpose of Expend Misc *	Description software			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 #
				\$31.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stop and Shop Fuel		Date of Payment 07/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Amity Rd		City New Haven	State CT	Zip Code 06515-1405
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 #	\$56.45

Name of Payee Tony Fleming		Date of Payment 07/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>92</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$700.00

Name of Payee Bagel King of Bridgeport		Date of Payment 07/17/2018	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$71.92

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 07/18/2018	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 #	\$1.97

Name of Payee Louis Mazarella		Date of Payment 07/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>96</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 #	\$20.00

Name of Payee Facebook		Date of Payment 07/18/2018	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 #	\$248.03

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee AAA Pizza		Date of Payment 07/18/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 339 Whalley Ave		City New Haven	State CT	Zip Code 06511-3140
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 #	\$30.32

Name of Payee Barbara Williams		Date of Payment 07/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>95</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 #	\$35.00

Name of Payee Stop and Shop Fuel		Date of Payment 07/18/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Amity Rd		City New Haven	State CT	Zip Code 06515-1405
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 #	\$50.55

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sheri Middleton	Date of Payment 07/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>93</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 Canva	Date of Payment 07/18/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2/2 Lacey St	City Santa Clara	State CA	Zip Code 95050
Purpose of Expend Misc *	Description software	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 Full Contact, Inc	Date of Payment 07/18/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1755 Blake St Ste 450	City Denver	State CO	Zip Code 80202-1479
Purpose of Expend Misc *	Description software	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 #
			\$9.99

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Michael Hernandez		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>903</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1966 Bedford St		City Stamford	State CT	Zip Code 06905-4720
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 #
				\$650.00

Name of Payee Anthony R Paoletto		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>909</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 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 James Jeter		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>940</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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Coleen LePere		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>906</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 Evelyn Dukes		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>937</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 #
				\$80.80

Name of Payee Yadira Rivera		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>931</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 #
				\$80.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Aaron Edmonds		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>925</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 132 Derby Ave		City New Haven	State CT	Zip Code 06511-5170
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 Thomas J Gaudett		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>902</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 96 Beechmont Ave		City Bridgeport	State CT	Zip Code 06606-4308
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 #
				\$850.00

Name of Payee Lighthouse Grafix		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>942</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Sheffield Cir		City Stratford	State CT	Zip Code 06614-2360
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 #
				\$895.47

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee David Papandrea	Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>912</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 #
			\$900.00

Name of Payee Troy Jackson	Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>904</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 Clyde Ramos	Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>910</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 #
			\$900.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Kelly Fassarella		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>901</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Benjen Cir		City Bridgeport	State CT	Zip Code 06606
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 #
				\$650.00

Name of Payee Wayne Rodriguez Jr.		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>911</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 732 Westfield Ave		City Bridgeport	State CT	Zip Code 06606-4008
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 #
				\$650.00

Name of Payee Bashaun Brown		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>939</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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Valerie McKinnie		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>927</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? 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 Marguerite Kraus		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>922</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 #
				\$247.45

Name of Payee Maceo Troy Streater		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>923</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 #
				\$398.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Iris Glover	Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>943</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 Sherman Lee St Apt 28	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 #
			\$40.40

Name of Payee Michael Criscio	Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>938</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Howe St	City New Haven	State CT	Zip Code 06511-4606
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 #
			\$412.70

Name of Payee Tatianna Naylor	Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>929</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 719 Orchard St	City New Haven	State CT	Zip Code 06511-3304
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 #
			\$30.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Kathleen Maldonado		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>930</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Bethel St		City Hartford	State CT	Zip Code 06120-2301
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 Diane Bethea		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>921</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 #
				\$212.10

Name of Payee Sharthia Bradley		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>918</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Sunset Rdg Apt 108		City New Haven	State CT	Zip Code 06513-4776
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 #
				\$111.10

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Samuel Watford		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>916</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 #
				\$171.70

Name of Payee Tawana Galberth		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>928</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 #
				\$171.70

Name of Payee Jacqueline M. James		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>905</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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Melinda Rivera		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>913</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 #
				\$176.75

Name of Payee Annie Boyd		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>924</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Hedge St		City New Haven	State CT	Zip Code 06519-1923
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 #
				\$20.20

Name of Payee Barbara Diggs		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>915</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 #
				\$203.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Elvin Torres		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>932</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Sargeant St		City Hartford	State CT	Zip Code 06105-1451
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 Journi Bell le Pere		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>926</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 #
				\$131.30

Name of Payee Pedro Garcia		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>933</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Sargeant St		City Hartford	State CT	Zip Code 06105-1451
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 #
				\$141.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Anthony Jones		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>936</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Sargeant St		City Hartford	State CT	Zip Code 06105-1451
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 #
				\$141.40

Name of Payee Julio Troche		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>934</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Sargeant St		City Hartford	State CT	Zip Code 06105-1451
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 #
				\$141.40

Name of Payee Edward Manning		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>935</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Sargeant St		City Hartford	State CT	Zip Code 06105-1451
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 #
				\$141.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Virginia Malheiro		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>908</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Botsford Pl		City Trumbull	State CT	Zip Code 06611-4702
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 #
				\$1,500.00

Name of Payee Edward Lorson		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>907</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 #
				\$1,500.00

Name of Payee Michelle Boyd		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>914</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 #
				\$161.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Anthony Folson		Date of Payment 07/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>917</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 #
				\$166.65

Name of Payee Ashlee Castellano		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>955</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Thistle Rd		City Norwalk	State CT	Zip Code 06851-1914
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 Alton Lam		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>947</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Up St		City Bridgeport	State CT	Zip Code 06606-3733
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 #
				\$600.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Cynthia Jennings		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>953</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 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 #
				\$62.67

Name of Payee Barbara Williams		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>944</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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$35.00

Name of Payee Louis Mazarella		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>958</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 #
				\$40.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Kathleen Maldonado		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>952</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Bethel St		City Hartford	State CT	Zip Code 06120-2301
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 #
				\$50.00

Name of Payee David Papandrea		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>946</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 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 #
				\$52.00

Name of Payee Andrew Prophet		Date of Payment 07/20/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 42 Lincoln Ave		City Norwalk	State CT	Zip Code 06854-3710
Purpose of Expend REF	Description Bounced check			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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Louis Mazarella		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>945</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 #	\$20.00

Name of Payee Antwon Williams		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>950</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$152.00

Name of Payee Wilfredo Davila		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>949</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$161.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee James Sindab		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>948</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 152 Oakland Ter		City Hartford	State CT	Zip Code 06112-2243
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 #
				\$111.00

Name of Payee Virginia Malheiro		Date of Payment 07/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>954</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Botsford Pl		City Trumbull	State CT	Zip Code 06611-4702
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 #
				\$119.11

Name of Payee Wayne Hammond		Date of Payment 07/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>956</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 460 Second Ave		City West Haven	State CT	Zip Code 06516-5135
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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Barbara Williams		Date of Payment 07/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>957</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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.00

Name of Payee Staples		Date of Payment 07/23/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$1,341.05

Name of Payee Jacqueline M. James		Date of Payment 07/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>960</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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Michelle Boyd		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>972</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 \$101.00
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 #	

Name of Payee Canva		Date of Payment 07/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2/2 Lacey St		City Santa Clara	State CA	Zip Code 95050
Purpose of Expend Misc *	Description software			Amount \$119.40
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 #	

Name of Payee Evelyn Dukes		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>981</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 \$121.00
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Hootsuite		Date of Payment 07/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5E 8th Ave		City Vancouver	State BC	Zip Code
Purpose of Expend Misc *	Description software			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 #
				\$153.99

Name of Payee Amanda Skoldberg		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>971</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 #
				\$182.00

Name of Payee Wayne Rodriguez Jr.		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>984</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 732 Westfield Ave		City Bridgeport	State CT	Zip Code 06606-4008
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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Christina Stevens		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>994</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Pythian Ave # 3		City Torrington	State CT	Zip Code 06790-3711
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 Barbara Diggs		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>980</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 #
				\$202.00

Name of Payee Diane Bethea		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>974</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 #
				\$202.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Maceo Troy Streater		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>969</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 #
				\$220.00

Name of Payee Executive Office Services		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>973</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 #
				\$2,844.87

Name of Payee Kathleen Maldonado		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>983</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Bethel St		City Hartford	State CT	Zip Code 06120-2301
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 #
				\$348.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #	\$363.00

Name of Payee Tawana Galberth		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # 978 <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? <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 Anthony Folson		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # 982 <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? <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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Edward Lorson		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>963</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

Name of Payee Keturah Bryan		Date of Payment 07/24/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 19 Putnam Hts		City Hartford	State CT	Zip Code 06106-1323
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 #
				\$550.00

Name of Payee Sharthia Bradley		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>975</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Sunset Rdg Apt 108		City New Haven	State CT	Zip Code 06513-4776
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 #
				\$56.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Wesley Hoskie		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>976</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 #
				\$56.00

Name of Payee Bashaun Brown		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>967</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 Journi Bell le Pere		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>970</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 #
				\$66.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Coleen LePere	07/24/2018	<input checked="" type="checkbox"/> Check # <u>962</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address	City	State	Zip Code
24 Woodward Ave Apt 23	New Haven	CT	06512-3632

Purpose of Expend	Description	Amount
CNSLT		
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	Date of Payment	Method of Payment
James Jeter	07/24/2018	<input checked="" type="checkbox"/> Check # <u>968</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address	City	State	Zip Code
18 Vernon St Apt A3	Hartford	CT	06106-3216

Purpose of Expend	Description	Amount
CNSLT		
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	Date of Payment	Method of Payment
Anthony R Paoletto	07/24/2018	<input checked="" type="checkbox"/> Check # <u>965</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address	City	State	Zip Code
321 Lynne Pl	Bridgeport	CT	06610-1233

Purpose of Expend	Description	Amount
CNSLT		
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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Melinda Rivera		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>977</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 #
				\$76.00

Name of Payee Antwon Williams		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>979</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 #
				\$86.00

Name of Payee Staples		Date of Payment 07/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$89.33

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Clyde Ramos		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>966</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 #
				\$900.00

Name of Payee Sheri Middleton		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>964</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 #
				\$900.00

Name of Payee Troy Jackson		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>961</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 #
				\$975.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Marguerite Kraus		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>986</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 \$162.00
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 #	

Name of Payee Harland Clarke		Date of Payment 07/25/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15955 La Cantera Pkwy		City San Antonio	State TX	Zip Code 78256-2589
Purpose of Expend Misc *	Description checkbook			Amount \$277.77
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 #	

Name of Payee Maceo Troy Streater		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>988</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 \$18.00
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Milano		Date of Payment 07/26/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 281 Fairfield Ave		City Bridgeport	State CT	Zip Code 06604-4207
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 #	\$74.41

Name of Payee Ashlee Castellano		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>987</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Thistle Rd		City Norwalk	State CT	Zip Code 06851-1914
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 Facebook		Date of Payment 07/26/2018	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 #	\$504.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Barbara Williams		Date of Payment 07/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>991</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? 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 Louis Mazarella		Date of Payment 07/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>990</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 #
				\$40.00

Name of Payee Canva		Date of Payment 07/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2/2 Lacey St		City Santa Clara	State CA	Zip Code 95050
Purpose of Expend Misc *	Description software			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 #
				\$50.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jacqueline M. James		Date of Payment 07/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>989</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 Forestone 350, LLC		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>999</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Old Kings Hwy		City Darlen	State CT	Zip Code 06820
Purpose of Expend OVHD	Description Rent			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 #
				\$1,200.00

Name of Payee Castle Gate Media		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>993</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 15618		City Washington	State DC	Zip Code 20003-0618
Purpose of Expend Misc *	Description Media Production			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 #
				\$12,496.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Peoples United Bank		Date of Payment 07/30/2018	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

Name of Payee Staples		Date of Payment 07/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #	\$253.67

Name of Payee Jacqueline M. James		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>997</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 #	\$300.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Ortiz Boxing Gym		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>992</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 955 Connecticut Ave		City Bridgeport	State CT	Zip Code 06607-1224
Purpose of Expend Misc *	Description Media Production			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 #
				\$1,000.00

Name of Payee Greater New Haven Business and Professional Association Inc.		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>998</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 192 Dixwell Ave		City New Haven	State CT	Zip Code 06511-3451
Purpose of Expend OVHD	Description Rent			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 Canal Partners Media		Date of Payment 07/30/2018	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 Media Production			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 #
				\$75,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Crossroads Campaigns		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1023</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1825 K St NW Ste 450		City Washington	State DC	Zip Code 20006-1255
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 #
				\$12,443.00

Name of Payee Troy Jackson		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1007</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 #
				\$125.00

Name of Payee Edward Lorson		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1004</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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Bashaun Brown		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1006</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 James Jeter		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1005</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

Name of Payee Coleen LePere		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1003</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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sheri Middleton		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1000</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 #
				\$900.00

Name of Payee Troy Jackson		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1002</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 Clyde Ramos		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1001</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 #
				\$900.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 08/01/2018	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 #	\$750.00

Name of Payee James Baker		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1021</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 578 Howard Ave		City New Haven	State CT	Zip Code 06519-2142
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 #	\$70.00

Name of Payee Canva		Date of Payment 08/01/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2/2 Lacey St		City Santa Clara	State CA	Zip Code 95050
Purpose of Expend Misc *	Description software			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 #	\$55.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Maceo Troy Streater		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1011</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 #
				\$253.00

Name of Payee Lynthia Long		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1010</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 #
				\$30.30

Name of Payee Samuel Watford		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1009</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 #
				\$30.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Marguerite Kraus		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1008</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 #
				\$30.30

Name of Payee Journi Bell le Pere		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1020</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 #
				\$30.30

Name of Payee Tawana Galberth		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1013</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 #
				\$30.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Wesley Hoskie		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1018</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 #
				\$30.30

Name of Payee Melinda Rivera		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1019</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 #
				\$30.30

Name of Payee Michelle Boyd		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1015</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 #
				\$131.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Amanda Skoldberg		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1017</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 #
				\$232.00

Name of Payee Wilfredo Davila		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1014</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 #
				\$101.00

Name of Payee Harland Clarke		Date of Payment 08/01/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15955 La Cantera Pkwy		City San Antonio	State TX	Zip Code 78256-2589
Purpose of Expend Misc *	Description checkbook			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 #
				\$108.18

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Diane Bethea	Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1016</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 #
			\$202.00

Name of Payee Barbara Diggs	Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1012</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 #
			\$202.00

Name of Payee Michelle Boyd	Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1022</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 #
			\$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Howard Avenue Garage		Date of Payment 08/01/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 790 Howard Ave		City New Haven	State CT	Zip Code 06519-1371
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 #
				\$10.00

Name of Payee Peoples United Bank		Date of Payment 08/02/2018	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 #
				\$15.00

Name of Payee Canal Partners Media		Date of Payment 08/02/2018	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 Media Production			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 #
				\$15,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sage Payment Solutions		Date of Payment 08/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Rd Ste 500		City Reston	State VA	Zip Code 20190-5858
Purpose of Expend Misc *	Description Merchant Fee			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 #	\$1,906.41

Name of Payee Howard Avenue Garage		Date of Payment 08/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 790 Howard Ave		City New Haven	State CT	Zip Code 06519-1371
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 #	\$6.00

Name of Payee Wave Gas Station		Date of Payment 08/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Wave Gas Station		City Bridgeport	State CT	Zip Code
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 #	\$38.69

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Louis Mazarella		Date of Payment 08/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1025</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 #
				\$40.00

Name of Payee Barbara Williams		Date of Payment 08/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1024</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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$75.00

Name of Payee Staples		Date of Payment 08/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824-5319
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 #
				\$1,828.23

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Chip's		Date of Payment 08/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Boston Post Rd		City Orange	State CT	Zip Code 06477-3520
Purpose of Expend FOOD	Description			Amount \$66.23
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 Facebook		Date of Payment 08/03/2018	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 \$750.00
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 West Indian Independence Celebration		Date of Payment 08/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 2632		City Hartford	State CT	Zip Code 06146-2632
Purpose of Expend ATT *	Description Attendance fee for West Indian Independence Celebration			Amount \$100.00
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	7th Day Preceding Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples	Date of Payment 08/04/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06824-5319
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 #
			\$220.00
Total of Section N			\$246,352.05

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant LePere	First Coleen	MI	Date of Payment to Vendor 07/05/2018	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 West Haven Town Clerk

Street Address of Vendor 355 Main St	City West Haven	State CT	Zip Code 06516-4310
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Purpose of Expenditure (by code) Misc *	Description copies
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$24.44
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Last Name of Worker/Consultant Papandrea	First David	MI	Date of Payment to Vendor 07/17/2018	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 Saybrook Tire & Auto
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Street Address of Vendor 621 Boston Post Rd	City Old Saybrook	State CT	Zip Code 06475-1521
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Purpose of Expenditure (by code) TRVL	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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$27.00
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Malheiro	First Virginia	MI	Date of Payment to Vendor 07/18/2018	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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$119.11
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Last Name of Worker/Consultant Papandrea	First David	MI	Date of Payment to Vendor 07/19/2018	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 Saybrook Tire & Auto
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Street Address of Vendor 621 Boston Post Rd	City Old Saybrook	State CT	Zip Code 06475-1521
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Purpose of Expenditure (by code) TRVL	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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$25.00
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Jennings	First Cynthia	MI	Date of Payment to Vendor 07/19/2018	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
Name of Vendor Paid by Committee Worker/Consultant Dunkin Donuts				
Street Address of Vendor 129 Weston St		City Hartford	State CT	Zip Code 06120-1511
Purpose of Expenditure (by code) FOOD	Description			
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 \$62.67	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$258.22

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ganim for Governor	7th Day Preceding 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