



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Joe Ganim 2018			<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Maria	MI J	Last Heller		Suffix	
4. TREASURER ADDRESS					
Street Address 20 Emerald Ridge Ct	City Shelton	State CT	Zip Code 06484		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) Undetermined			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Joseph	MI P	Last Ganim		Suffix	
9. TYPE OF REPORT					
January 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
10/01/2017		thru		12/31/2017	
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	01/10/2018 4:35:47PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty 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.					

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	
Joe Ganim 2018	January 10 Filing - 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	\$88,602.16	
14. Contributions received from Individuals (Section A and B)	\$52,870.00	\$198,655.99
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$300.00
16. Other Monetary Receipts (Section D through I)	\$22.81	\$397.65
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)	\$52,892.81	\$199,353.64
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$141,494.97	\$199,353.64
20. Expenses Paid by Committee (Section N)	\$42,331.60	\$100,190.27
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$99,163.37	\$99,163.37
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)	\$514.26	\$1,580.54
24. In-Kind Contributions Received (Section K)	\$225.00	\$225.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
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	\$0.00	
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
Joe Ganim 2018	January 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY

For Nonparticipating Candidates ONLY

\$0.00**B. Itemized Contributions from Individuals**

Last Name Roach	First Stephen	MI P	Contribution ID # 1209
Residential Street Address 55 Haddon St	City Bridgeport	State CT	Zip Code 06605-3009
Principal Occupation PGA Golf Professional	Name of Employer Connecticut Golf Foundation		
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 10/02/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$125.00

Last Name Sanchez	First Gilbert	MI NY	Contribution ID # 1230
Residential Street Address 45-17 40th St # 1F	City Sunnyside	State NY	Zip Code 11104
Principal Occupation Construction	Name of Employer Appex Building 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 type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 10/04/2017	Aggregate Contributions \$275.00
			Amount of Contribution \$175.00

Last Name Allott	First Anthony	MI CT	Contribution ID # 0959
Residential Street Address 111 Sturges Hwy	City Westport	State CT	Zip Code 06880-2814
Principal Occupation President and Chief Executive Officer	Name of Employer Silgan Holdings 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/06/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fonda	First Louis	MI	Contribution ID # 1057
Residential Street Address 64 Lanes Pond Rd	City Northford	State CT	Zip Code 06472-1124
Principal Occupation Plumber	Name of Employer Enterprise Plumbing & Heating 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 10/12/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$275.00

Last Name Prete	First Neil	MI	Contribution ID # 1200
Residential Street Address 800 Grassy Hill Rd	City Orange	State CT	Zip Code 06477-1653
Principal Occupation President	Name of Employer A Prete Construction		
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 10/12/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Martin	First Raymond	MI	Contribution ID # 1135
Residential Street Address 39 Deerfield Dr	City Easton	State CT	Zip Code 06612-1144
Principal Occupation Martin's Real Estate, LLC	Name of Employer Broker		
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 10/13/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$275.00

Last Name Amster	First Bruce	MI	Contribution ID # 0962
Residential Street Address 2475 Fairfield Ave	City Bridgeport	State CT	Zip Code 06605-2648
Principal Occupation Automotive machinist	Name of Employer Lisa Miro 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/13/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Deangelis	First Lawrence	MI	Contribution ID # 1020
Residential Street Address 20 Southfield Rd	City Easton	State CT	Zip Code 06612-1737
Principal Occupation President	Name of Employer Brookfield Bus & Commercial Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input 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 10/14/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$100.00

Last Name Desruisseaux	First Pierre	MI	Contribution ID # 1027
Residential Street Address 41 Jane St	City Bridgeport	State CT	Zip Code 06608-1809
Principal Occupation Restaurant Owner	Name of Employer Metui		
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 10/14/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Santos	First Valdemiro	MI	Contribution ID # 1235
Residential Street Address 35 Joshua Hobby Ln	City Pound Ridge	State NY	Zip Code 10576-2243
Principal Occupation Partner	Name of Employer VIP Wash & Lube 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/14/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Reyes	First Eddie	MI	Contribution ID # 1206
Residential Street Address 496 E Main St	City Bridgeport	State CT	Zip Code 06608-2327
Principal Occupation Owner	Name of Employer El Coquita		
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>10212017a</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 10/17/2017
		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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bindelglass	First David	MI	Contribution ID # 0983
Residential Street Address 26 Drewbarrie Ln	City Easton	State CT	Zip Code 06612-1727
Principal Occupation MD	Name of Employer Orthopaedic Specialty 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 10/17/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Fitzgibbons	First James	MI	Contribution ID # 1056
Residential Street Address 5 Sarenee Cir	City Trumbull	State CT	Zip Code 06611-1258
Principal Occupation MD	Name of Employer Orthopaedic Specialty 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 10/17/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Fernandez	First Antonio	MI	Contribution ID # 1053
Residential Street Address 253 James St	City Bridgeport	State CT	Zip Code 06604-3132
Principal Occupation Labor	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>10192017a</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 10/19/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Ferreira	First Sandra	MI	Contribution ID # 1054
Residential Street Address 28 Crocus Ln	City Trumbull	State CT	Zip Code 06611-1217
Principal Occupation Pension Administrator	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10192017a</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 10/19/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Edwards	First Gregory	MI W	Contribution ID # 1043
Residential Street Address 7 Jasmine Ln	City Wolcott	State CT	Zip Code 06716-2209
Principal Occupation Management	Name of Employer Pepsi		
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>10192017a</u>		Date Received 10/19/2017	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 Gonzales	First Sergio	MI	Contribution ID # 1070
Residential Street Address 1341 Noble Ave Apt 2	City Bridgeport	State CT	Zip Code 06608-1066
Principal Occupation Painter	Name of Employer J.C Painter		
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>10192017a</u>		Date Received 10/19/2017	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Heltzel	First Kenneth	MI D	Contribution ID # 1090
Residential Street Address 46 Chelsea St	City Stratford	State CT	Zip Code 06615-6660
Principal Occupation Appraiser	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>10192017a</u>		Date Received 10/19/2017	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Hengrignes	First Gregorios	MI	Contribution ID # 1091
Residential Street Address 101 2nd Ave	City Stratford	State CT	Zip Code 06615-7723
Principal Occupation Fisher man	Name of Employer Self employed		
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>10192017a</u>		Date Received 10/19/2017	Aggregate Contributions \$70.00
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 \$70.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Harris	First Avraham	MI	Contribution ID # 1087
Residential Street Address 63 Cottage St	City Amherst	State MA	Zip Code 01002-2123
Principal Occupation Administrator	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 #	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 10/19/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$275.00

Last Name Barrantes	First Yuran	MI	Contribution ID # 0976
Residential Street Address 225 Shelton St	City Bridgeport	State CT	Zip Code 06608-1524
Principal Occupation Carpenter	Name of Employer Alonso Construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	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 10/19/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Braz	First Jose	MI	Contribution ID # 0990
Residential Street Address 290 George St	City Bridgeport	State CT	Zip Code 06604-3321
Principal Occupation Retired	Name of Employer Sol Mar Restaurant		
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 10/19/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Rodriguez	First Carlos	MI	Contribution ID # 1212
Residential Street Address 325 Center St	City Bridgeport	State CT	Zip Code 06604-3231
Principal Occupation Labor	Name of Employer Burnes Con.		
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 10/19/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pires	First Alexandrea	MI	Contribution ID # 1191
Residential Street Address 45 Fleet St	City Bridgeport	State CT	Zip Code 06606-2325
Principal Occupation Teacher	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>10192017a</u>		Date Received 10/19/2017	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 Pires	First Carlos	MI	Contribution ID # 1192
Residential Street Address 45 Fleet St	City Bridgeport	State CT	Zip Code 06606-2325
Principal Occupation Self Employed	Name of Employer self-employed		
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>10192017a</u>		Date Received 10/19/2017	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 Pires	First Maria	MI	Contribution ID # 1193
Residential Street Address 45 Fleet St	City Bridgeport	State CT	Zip Code 06606-2325
Principal Occupation Special Project Coordinator	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>10192017a</u>		Date Received 10/19/2017	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 Salgado	First Jose	MI D	Contribution ID # 1226
Residential Street Address 485 Alpom Dr	City Orange	State CT	Zip Code 06477-2605
Principal Occupation Sales Manager	Name of Employer Pepsi 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10192017a</u>		Date Received 10/19/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Salgado		First Maria		MI I	Contribution ID # 1227
Residential Street Address 26 Andrew Ln		City Orange		State CT	Zip Code 06477-1902
Principal Occupation Nurse's Aide			Name of Employer Bridgeport Health Care 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10192017a</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 10/19/2017 Aggregate Contributions \$100.00	
Last Name Lobo		First Fernando		MI CT	Contribution ID # 1129
Residential Street Address 364 Knapps Hwy		City Fairfield		State CT	Zip Code 06825-4341
Principal Occupation Home Inn provemet			Name of Employer Self OCS 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10192017a</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 10/19/2017 Aggregate Contributions \$250.00	
Last Name Merena		First Daniel		MI CT	Contribution ID # 1148
Residential Street Address 32 Eastway Rd		City Bridgeport		State CT	Zip Code 06606-1901
Principal Occupation Retired			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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10192017a</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 10/19/2017 Aggregate Contributions \$50.00	
Last Name Meyer IV		First Jonas J		MI DE	Contribution ID # 1149
Residential Street Address 22569 Sussex Pines Rd		City Georgetown		State DE	Zip Code 19947-6450
Principal Occupation sales			Name of Employer Robinson-Harrison Poultry Co 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <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 10/19/2017 Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Milorthy	First Matt	MI	Contribution ID # 1155
Residential Street Address 29 Harbor Ave	City Bridgeport	State CT	Zip Code 06605-3142
Principal Occupation Homemaker	Name of Employer Self employed		
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>10192017a</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 10/19/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Moura	First Domingos	MI	Contribution ID # 1163
Residential Street Address 178 Porters Hill Rd	City Trumbull	State CT	Zip Code 06611-1419
Principal Occupation Clerk	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>10212017a</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 10/19/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Paoletti	First Christopher	MI	Contribution ID # 1173
Residential Street Address 6486 Main St	City Trumbull	State CT	Zip Code 06611-1311
Principal Occupation Manager	Name of Employer Paoletti & Gusmano		
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 10/19/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Santos	First Jorge	MI	Contribution ID # 1234
Residential Street Address 634 Booth Hill Rd	City Shelton	State CT	Zip Code 06484-3451
Principal Occupation Sanitation	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>10192017a</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 10/19/2017
		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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Teixeira	First Ana	MI	Contribution ID # 1261
Residential Street Address 560 Amsterdam Ave	City Bridgeport	State CT	Zip Code 06606-4100
Principal Occupation Acontt	Name of Employer Coopersurgical		
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>10192017a</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 10/19/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Teixeira	First Antonio	MI	Contribution ID # 1262
Residential Street Address 104 Commercial St	City Bridgeport	State CT	Zip Code 06604-2819
Principal Occupation Owner	Name of Employer Tex Auto 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>10192017a</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 10/19/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Teixeira	First Jefery	MI	Contribution ID # 1263
Residential Street Address 560 Amsterdam Ave	City Bridgeport	State CT	Zip Code 06606-4100
Principal Occupation Labor	Name of Employer Burns Const.		
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>10192017a</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 10/19/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Teixeira	First Tiffany	MI	Contribution ID # 1264
Residential Street Address 104 Commercial St	City Bridgeport	State CT	Zip Code 06604-2819
Principal Occupation Nurse	Name of Employer Yale		
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>10192017a</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 10/19/2017
		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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vaz	First Fernazes	MI	Contribution ID # 1273
Residential Street Address 306 Chamberlain Ave	City Bridgeport	State CT	Zip Code 06606-3948
Principal Occupation Labor	Name of Employer City of New York		
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>10192017a</u>		Date Received 10/19/2017	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Pizarro	First David	MI	Contribution ID # 1196
Residential Street Address 1423 WEST35TH St	City Lorain	State OH	Zip Code 44053
Principal Occupation Self Employed	Name of Employer Division floors		
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/20/2017	Aggregate Contributions \$175.00
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 \$175.00	

Last Name Romu	First Angelo	MI F	Contribution ID # 1216
Residential Street Address 41 Westfield Ave	City Bridgeport	State CT	Zip Code 06606-4102
Principal Occupation Real Estate	Name of Employer Self Employed		
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>10212017a</u>		Date Received 10/20/2017	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 Banaga	First Tageldin	MI	Contribution ID # 0975
Residential Street Address 1333 E Main St	City Bridgeport	State CT	Zip Code 06608-1400
Principal Occupation	Name of Employer		
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>10212017a</u>		Date Received 10/20/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dehlro	First Thomas	MI A	Contribution ID # 1023
Residential Street Address 6461 Main St	City Trumbull	State CT	Zip Code 06611-2032
Principal Occupation Clerk	Name of Employer Chase		
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>10212017a</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 10/20/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name ALVES	First VIVIAN	MI	Contribution ID # 0960
Residential Street Address 1116 Madison Ave	City Bridgeport	State CT	Zip Code 06606-4627
Principal Occupation TAX PREPARER	Name of Employer ATLANTIS TAX & ACCOUNTING		
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 10/20/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Adams	First Shannon	MI	Contribution ID # 0957
Residential Street Address 2 Blake Dr	City Fairfield	State CT	Zip Code 06824-5602
Principal Occupation EVP Business Development	Name of Employer Trinity Promotions		
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>10212017a</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 10/21/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$75.00	

Last Name Bernal	First Javier	MI G	Contribution ID # 0981
Residential Street Address 34 Clark Hill Rd	City Milford	State CT	Zip Code 06460-6700
Principal Occupation Public Facilitor	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>10212017a</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 10/21/2017	Aggregate Contributions \$125.00
		Amount of Contribution \$125.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bond	First Maritza	MI	Contribution ID # 0986
Residential Street Address 665 W Main St	City West Haven	State CT	Zip Code 06516-4825
Principal Occupation Director of 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 # 10212017a		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 10/21/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$275.00

Last Name Brown	First Kelly	MI	Contribution ID # 0992
Residential Street Address 217 Mill St	City Shelton	State CT	Zip Code 06484-4615
Principal Occupation Sales	Name of Employer Sephora Benefit Cosm		
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 # 10212017a		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 10/21/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name DeRosa	First Mary	MI	Contribution ID # 1024
Residential Street Address 233 Old Oaks Rd	City Fairfield	State CT	Zip Code 06825-1931
Principal Occupation CT Demolition	Name of Employer Office Manager		
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 # 10212017a		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 10/21/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$100.00

Last Name Dobi	First Roger J.	MI	Contribution ID # 1032
Residential Street Address 39 Beech St	City Trumbull	State CT	Zip Code 06611-3511
Principal Occupation	Name of Employer		
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 # 10212017a		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 10/21/2017
		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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dorgan	First Johanna	MI	Contribution ID # 1033
Residential Street Address 88 Lance Cir	City Bridgeport	State CT	Zip Code 06606-1045
Principal Occupation Library Assistant	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10212017a</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 10/21/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Carrena	First Elizabeth	MI	Contribution ID # 1002
Residential Street Address 24 Tuckahoe Rd	City Easton	State CT	Zip Code 06612-2052
Principal Occupation Director of Nursing	Name of Employer St Vincents		
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>10212017a</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 10/21/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Hernandez	First Juan O.	MI	Contribution ID # 1094
Residential Street Address 44 Elmwood Pl	City Bridgeport	State CT	Zip Code 06605-1406
Principal Occupation Operations Manager	Name of Employer New England Investment, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10212017a</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 10/21/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hernandez	First Orlando	MI	Contribution ID # 1095
Residential Street Address 44 Eward Pc	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Management	Name of Employer New England		
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>10212017a</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 10/21/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hernandez	First Temys	MI	Contribution ID # 1096
Residential Street Address 15 Steuben St Unit 13	City Bridgeport	State CT	Zip Code 06608-2645
Principal Occupation Administrative Asistance	Name of Employer American Magnet		
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>10212017a</u>		Date Received 10/21/2017	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 Gonzalez	First Barbara	MI	Contribution ID # 1071
Residential Street Address 114 Intervale Rd	City Bridgeport	State CT	Zip Code 06610-1014
Principal Occupation Principle	Name of Employer Beyond Homecare		
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>10212017a</u>		Date Received 10/21/2017	Aggregate Contributions \$400.00
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 Gonzalez	First Joel	MI	Contribution ID # 1072
Residential Street Address 909 Maplewood Ave	City Bridgeport	State CT	Zip Code 06605-1636
Principal Occupation Service Assistant	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10212017a</u>		Date Received 10/21/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Grant	First Benjamin	MI	Contribution ID # 1076
Residential Street Address 148 Hunington Tpk	City Trumbull	State CT	Zip Code 06611
Principal Occupation Design Buider	Name of Employer Self Employed		
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>10212017a</u>		Date Received 10/21/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DiMaio		First Thomas		MI E	Contribution ID # 1029
Residential Street Address 2258 Steinway St		City Astoria		State NY	Zip Code 11105-1836
Principal Occupation Banker			Name of Employer Alma Bank		
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 # <u>10212017a</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 10/21/2017	
Last Name Feliz		First Diomedes		MI Y	Contribution ID # 1052
Residential Street Address 275 Garfield Ave		City Bridgeport		State CT	Zip Code 06606-5271
Principal Occupation Barber			Name of Employer Evolution Barber Shop		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10212017a</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 10/21/2017	
Last Name Garrido		First Juan		MI J	Contribution ID # 1064
Residential Street Address 44 Cowan Ave		City Stamford		State CT	Zip Code 06906-2407
Principal Occupation Manager			Name of Employer Shoprite		
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 # <u>10212017a</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 10/21/2017	
Last Name Roman		First Jennipher		MI	Contribution ID # 1215
Residential Street Address 743 Stillman St		City Bridgeport		State CT	Zip Code 06608-1300
Principal Occupation Secretary			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		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10212017a</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 10/21/2017	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rodriguez	First Amber	MI	Contribution ID # 1210
Residential Street Address 439 Church Hill Rd	City Trumbull	State CT	Zip Code 06611-3837
Principal Occupation Insurance Asst.	Name of Employer Moran Agency		
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>10212017a</u>		Date Received 10/21/2017	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 Ramos	First Chelsea	MI	Contribution ID # 1202
Residential Street Address 743 Stillman St	City Bridgeport	State CT	Zip Code 06608-1300
Principal Occupation Groomer	Name of Employer Dog Groomer		
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>10212017a</u>		Date Received 10/21/2017	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 Pizarro	First Joshua	MI	Contribution ID # 1197
Residential Street Address 7535 NW 68th Way , Fl 33067	City Parkland	State FL	Zip Code 33067-3936
Principal Occupation Deputy	Name of Employer Broward Sheriff Office		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 10/21/2017	Aggregate Contributions \$150.00
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 \$150.00	

Last Name Phillips	First Stefanie	MI	Contribution ID # 1189
Residential Street Address 41 Yarwood St	City Stratford	State CT	Zip Code 06615-6930
Principal Occupation Computer cocnsultant	Name of Employer SLR 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	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10212017a</u>		Date Received 10/21/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pires		First Maria		MI	Contribution ID # 1194
Residential Street Address 45 Fleet St		City Bridgeport		State CT	Zip Code 06606-2325
Principal Occupation Special Project Coordinator			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		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10212017a</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 10/21/2017	
				Aggregate Contributions \$200.00	\$100.00
Last Name Sanchez		First Luis		MI	Contribution ID # 1231
Residential Street Address 385 Oronoque Rd		City Milford		State CT	Zip Code 06461-1748
Principal Occupation			Name of Employer		
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 # <u>10212017a</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 10/21/2017	
				Aggregate Contributions \$75.00	\$75.00
Last Name Smith		First Nessah		MI J	Contribution ID # 1248
Residential Street Address 500 Evers St		City Bridgeport		State CT	Zip Code 06610-1305
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 # <u>10212017a</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 10/21/2017	
				Aggregate Contributions \$150.00	\$50.00
Last Name Paoletto		First Anthony		MI	Contribution ID # 1174
Residential Street Address 321 Lynne Pl		City Bridgeport		State CT	Zip Code 06610-1233
Principal Occupation Security			Name of Employer St Vincent's Hospital		
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 # <u>10212017a</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 10/21/2017	
				Aggregate Contributions \$375.00	\$275.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Paoletto	First Richard	MI	Contribution ID # 1175
Residential Street Address 321 Lynne Pl	City Bridgeport	State CT	Zip Code 06610-1233
Principal Occupation Sewer 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>10212017a</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 10/21/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$75.00

Last Name Musthafa	First Ghulam	MI	Contribution ID # 1164
Residential Street Address 625 W Taft Ave	City Bridgeport	State CT	Zip Code 06604-1829
Principal Occupation Clerk	Name of Employer Grade 17		
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>10212017a</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 10/21/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Ortiz	First Dave	MI	Contribution ID # 1169
Residential Street Address 175 Wade St	City Bridgeport	State CT	Zip Code 06604-1818
Principal Occupation Mechanic	Name of Employer Dan Perkins Suban		
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>10212017a</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 10/21/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Ortiz	First Jose	MI	Contribution ID # 1170
Residential Street Address 88 Raleigh Rd	City Bridgeport	State CT	Zip Code 06606-1037
Principal Occupation President/CAO	Name of Employer Hispanic Health Council		
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>10212017a</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 10/21/2017
		Aggregate Contributions \$300.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Maya	First Alma	MI L	Contribution ID # 1144
Residential Street Address 220 Funston Ave	City Bridgeport	State CT	Zip Code 06606-3036
Principal Occupation Special Project Coordinator	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10212017a</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 10/21/2017	Aggregate Contributions \$175.00
		Amount of Contribution \$25.00	

Last Name Martin	First Sylvia	MI	Contribution ID # 1136
Residential Street Address 85 Corinthian Ave	City Stratford	State CT	Zip Code 06615-6540
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>10212017a</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 10/21/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Martinez	First Lydia	MI	Contribution ID # 1137
Residential Street Address 92 Grant St	City Bridgeport	State CT	Zip Code 06610-2708
Principal Occupation Town Clerk	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>10212017a</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 10/21/2017	Aggregate Contributions \$300.00
		Amount of Contribution \$100.00	

Last Name Matos	First Dalmarys	MI	Contribution ID # 1142
Residential Street Address 1115 Main St Unit	City Bridgeport	State CT	Zip Code 06604-4417
Principal Occupation Commencators Asst.	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>10212017a</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 10/21/2017	Aggregate Contributions \$70.00
		Amount of Contribution \$70.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Labella	First Michelle	MI	Contribution ID # 1123
Residential Street Address 52 Carriage Path S	City Milford	State CT	Zip Code 06460-7544
Principal Occupation Lease Administrator	Name of Employer Yale New Haven Health		
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>10212017a</u>		Date Received 10/21/2017	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Vermont	First Carolyn	MI	Contribution ID # 1275
Residential Street Address 90 Dodd Ave	City Bridgeport	State CT	Zip Code 06606-3029
Principal Occupation Director	Name of Employer CT against Gun Violence		
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>10212017a</u>		Date Received 10/21/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Taylor	First Chris	MI	Contribution ID # 1257
Residential Street Address 27 4th St	City Bridgeport	State CT	Zip Code 06607-1306
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 # <u>10212017a</u>		Date Received 10/21/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Vines	First James Lee	MI	Contribution ID # 1280
Residential Street Address 120 Bond St	City Bridgeport	State CT	Zip Code 06610-2202
Principal Occupation Software Specialist	Name of Employer People's United Bank		
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>10212017a</u>		Date Received 10/21/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Testa		First Debra		MI	Contribution ID # 1260
Residential Street Address 240 S Main St		City Wallingford		State CT	Zip Code 06492-4601
Principal Occupation Sales			Name of Employer Lockton		
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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232017a</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 10/23/2017 Aggregate Contributions \$100.00	
Last Name Vendetto		First Mark		MI	Contribution ID # 1274
Residential Street Address 310 Huntington St		City Shelton		State CT	Zip Code 06484-4607
Principal Occupation Asst. 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232017a</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 10/23/2017 Aggregate Contributions \$100.00	
Last Name Stratton		First Kevin		MI A	Contribution ID # 1253
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? 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232017a</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 10/23/2017 Aggregate Contributions \$100.00	
Last Name Rozen		First Kate		MI	Contribution ID # 1222
Residential Street Address 1087 Johnson Rd		City Woodbridge		State CT	Zip Code 06525-2618
Principal Occupation Executive Assistant			Name of Employer Yale university		
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 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? <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 10/23/2017 Aggregate Contributions \$40.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rumbin	First Marco	MI	Contribution ID # 1224
Residential Street Address 95 Toomlinsa Rd .	City Seymour	State CT	Zip Code 06483
Principal Occupation Sales	Name of Employer MajorI		
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>10232017a</u>		Date Received 10/23/2017	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 Prete	First Jonathan	MI	Contribution ID # 1199
Residential Street Address 800 Grassy Hill Rd	City Orange	State CT	Zip Code 06477-1653
Principal Occupation Vice President	Name of Employer A. Prete Construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232017a</u>		Date Received 10/23/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Gallo	First Anthony	MI J	Contribution ID # 1061
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>10232017a</u>		Date Received 10/23/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Esposito	First Ronnie	MI	Contribution ID # 1047
Residential Street Address 8 Woodmere Cir	City North Haven	State CT	Zip Code 06473-1287
Principal Occupation Owner	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10232017a</u>		Date Received 10/23/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hall	First John	MI	Contribution ID # 1083
Residential Street Address 19 Marietta St	City Hamden	State CT	Zip Code 06514-2507
Principal Occupation President	Name of Employer Divhello 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? If yes, list Event # <u>10232017a</u>		Date Received 10/23/2017	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 Cannon	First Patrick	MI	Contribution ID # 0997
Residential Street Address 194 Wayland St	City North Haven	State CT	Zip Code 06473-4354
Principal Occupation Firefighter	Name of Employer New Haven Fire		
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>10232017a</u>		Date Received 10/23/2017	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 Coppola	First Lisa	MI E	Contribution ID # 1009
Residential Street Address 3230 Whitney Ave	City Hamden	State CT	Zip Code 06518-2157
Principal Occupation Sr. Compliance Officer	Name of Employer Woltus Klinner		
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>10232017a</u>		Date Received 10/23/2017	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 Antonucci	First Paula	MI	Contribution ID # 0965
Residential Street Address 32 Justine Dr	City North Haven	State CT	Zip Code 06473-3553
Principal Occupation Office Manager	Name of Employer Lourary Disposal		
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>10232017a</u>		Date Received 10/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Arcangelo	First Charles	MI	Contribution ID # 0966
Residential Street Address 384 Old Turnpike Rd	City Plantsville	State CT	Zip Code 06479-1566
Principal Occupation Operator - AP	Name of Employer Chuck and Eddie- AP		
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>10232017a</u>		Date Received 10/23/2017	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 Goulet	First Heather	MI	Contribution ID # 1075
Residential Street Address 91 Jewett Ave	City Bridgeport	State CT	Zip Code 06606-2825
Principal Occupation State Marshal	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/24/2017	Aggregate Contributions \$275.00
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 Zarelli	First Joseph	MI B	Contribution ID # 1288
Residential Street Address 47 Huntington Rd	City Stratford	State CT	Zip Code 06614-4007
Principal Occupation	Name of Employer Self employed		
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>10262017a</u>		Date Received 10/24/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Garden	First Justyna	MI	Contribution ID # 1062
Residential Street Address 2187 Siesta Dr	City Sarasota	State FL	Zip Code 34239-5235
Principal Occupation Aesthetician	Name of Employer Justyna 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/25/2017	Aggregate Contributions \$375.00
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 \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Finn	First Michael	MI	Contribution ID # 1055
Residential Street Address 217 Indian Hill Trl	City Glastonbury	State CT	Zip Code 06033-1460
Principal Occupation Attorney	Name of Employer Monstream & May LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11132017a</u>		Date Received 10/26/2017	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 Eastman	First Brian	MI R	Contribution ID # 1039
Residential Street Address 113 Wyldeewood Rd	City Easton	State CT	Zip Code 06612-1527
Principal Occupation Asphalt maintenance	Name of Employer self employed		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 Eastman	First Brian	MI R	Contribution ID # 1040
Residential Street Address 113 Wyldeewood Rd	City Easton	State CT	Zip Code 06612-1527
Principal Occupation Asphalt maintenance	Name of Employer self employed		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$275.00	

Last Name Hagen	First Nicholas	MI J	Contribution ID # 1082
Residential Street Address 255 Lalley Blvd	City Fairfield	State CT	Zip Code 06824-6709
Principal Occupation Sales Manager	Name of Employer Datto 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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$275.00
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 \$275.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Harris	First Arthur	MI c	Contribution ID # 1085
Residential Street Address 256 Governors Hill Rd	City Oxford	State CT	Zip Code 06478-1348
Principal Occupation Safety Admin	Name of Employer G Pic of 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	
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 Harris	First Arthur	MI c	Contribution ID # 1086
Residential Street Address 256 Governors Hill Rd	City Oxford	State CT	Zip Code 06478-1348
Principal Occupation Safety Admin	Name of Employer G Pic of 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	
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$275.00	

Last Name Gunther	First Cynthia	MI B	Contribution ID # 1078
Residential Street Address 128 Fernwood Rd	City Trumbull	State CT	Zip Code 06611-2904
Principal Occupation Director of Global Health	Name of Employer Sacred Heart University		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$275.00
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 \$275.00	

Last Name Gunther	First Frederick	MI	Contribution ID # 1079
Residential Street Address 128 Fernwood Rd	City Trumbull	State CT	Zip Code 06611-2904
Principal Occupation Builder	Name of Employer Gunther Homes 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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gunther	First Frederick	MI	Contribution ID # 1080
Residential Street Address 128 Fernwood Rd	City Trumbull	State CT	Zip Code 06611-2904
Principal Occupation Builder	Name of Employer Gunther Homes 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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$275.00	

Last Name Hittman	First Seth	MI	Contribution ID # 1099
Residential Street Address 10 Debra Ln	City Westport	State CT	Zip Code 06880-4013
Principal Occupation	Name of Employer		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Buckley	First Carmel	MI	Contribution ID # 0993
Residential Street Address 70 Garden Ter	City Bridgeport	State CT	Zip Code 06605-3308
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? If yes, list Event # <u>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$400.00
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 Bartoli	First Daniel	MI	Contribution ID # 0977
Residential Street Address 51 Hills Point Rd	City Trumbull	State CT	Zip Code 06611-1713
Principal Occupation Project Manager	Name of Employer T. Mdivini Company 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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bartoli	First Daniel	MI	Contribution ID # 0978
Residential Street Address 51 Hills Point Rd	City Trumbull	State CT	Zip Code 06611-1713
Principal Occupation Project Manager	Name of Employer T. Mdivini Company 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 # 10262017a		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 10/26/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$275.00

Last Name Capuano	First Anthony	MI	Contribution ID # 1000
Residential Street Address 180 Flagler Ave	City Stratford	State CT	Zip Code 06614-2364
Principal Occupation Excavation	Name of Employer Capuano Const 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 # 10262017a		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 10/26/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$100.00

Last Name Capuano	First Anthony	MI	Contribution ID # 1001
Residential Street Address 180 Flagler Ave	City Stratford	State CT	Zip Code 06614-2364
Principal Occupation Excavation	Name of Employer Capuano Const 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 # 10262017a		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 10/26/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$275.00

Last Name Collins	First Sonia	MI	Contribution ID # 1006
Residential Street Address 67 Cranbury Dr	City Trumbull	State CT	Zip Code 06611-1466
Principal Occupation Manager	Name of Employer Colonial Coatings		
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 # 10262017a		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 10/26/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Collins	First Sonia	MI	Contribution ID # 1007
Residential Street Address 67 Cranbury Dr	City Trumbull	State CT	Zip Code 06611-1466
Principal Occupation Manager	Name of Employer Colonial Coatings		
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>10262017a</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 10/26/2017	Aggregate Contributions \$375.00 Amount of Contribution \$275.00

Last Name Cavalli	First Anthony	MI	Contribution ID # 1003
Residential Street Address 35 Primrose Dr	City Trumbull	State CT	Zip Code 06611-5042
Principal Occupation Electrical 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>10262017a</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 10/26/2017	Aggregate Contributions \$375.00 Amount of Contribution \$275.00

Last Name Cortina	First Albert	MI A	Contribution ID # 1013
Residential Street Address 65 Lilac Ln	City Easton	State CT	Zip Code 06612-2065
Principal Occupation Electrical Contractor	Name of Employer County Electric Const. 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>10262017a</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 10/26/2017	Aggregate Contributions \$425.00 Amount of Contribution \$275.00

Last Name Cortina	First Michael	MI A	Contribution ID # 1014
Residential Street Address 73 Tuckahoe Rd	City Easton	State CT	Zip Code 06612-2053
Principal Occupation Electrician	Name of Employer County Electric		
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>10262017a</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 10/26/2017	Aggregate Contributions \$375.00 Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cortina	First Michael	MI A	Contribution ID # 1015
Residential Street Address 73 Tuckahoe Rd	City Easton	State CT	Zip Code 06612-2053
Principal Occupation Electrician	Name of Employer County Electric		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$275.00	

Last Name Norko	First John	MI CT	Contribution ID # 1166
Residential Street Address 230 Holland Rd	City Bridgeport	State CT	Zip Code 06610-1041
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Petillo	First Oresto	MI M	Contribution ID # 1186
Residential Street Address 125 McLeod Pl	City Stratford	State CT	Zip Code 06614-2165
Principal Occupation Senior Vice President, Financial Planning	Name of Employer EDR		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Petonito	First James P.	MI CT	Contribution ID # 1187
Residential Street Address 730 Goose Ln	City Guilford	State CT	Zip Code 06437-2111
Principal Occupation Self Employed	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? If yes, list Event # <u>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ranocchia	First Michael	MI A	Contribution ID # 1204
Residential Street Address 71 Barbara Ln	City Stratford	State CT	Zip Code 06614-2104
Principal Occupation Painting	Name of Employer Michael Anthony Contracting 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>10262017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 10/26/2017 Aggregate Contributions \$375.00 \$375.00

Last Name Sampieri	First Nicholas	MI CT	Contribution ID # 1228
Residential Street Address 323 Fairfield Ave	City Bridgeport	State CT	Zip Code 06604-4293
Principal Occupation Zoning 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>10262017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 10/26/2017 Aggregate Contributions \$375.00 \$175.00

Last Name Sampieri	First Vincent	MI CT	Contribution ID # 1229
Residential Street Address 59 Purdy Hill Rd	City Monroe	State CT	Zip Code 06468-2242
Principal Occupation	Name of Employer		
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>10262017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 10/26/2017 Aggregate Contributions \$375.00 \$375.00

Last Name Schemansky	First Irvin	MI CT	Contribution ID # 1237
Residential Street Address 67 Harborview Pl	City Bridgeport	State CT	Zip Code 06605-3338
Principal Occupation Administrative Assistant	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10262017a</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 10/26/2017 Aggregate Contributions \$425.00 \$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Julian	First Anthony	MI	Contribution ID # 1110
Residential Street Address 56 Lafayette Dr	City Trumbull	State CT	Zip Code 06611-2759
Principal Occupation Real Estate Develop. & Const.	Name of Employer Julian Enterprises		
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>10262017a</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 10/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Julian	First Paula	MI	Contribution ID # 1111
Residential Street Address 155 Burr St	City Fairfield	State CT	Zip Code 06824-7106
Principal Occupation Real Estate Dev & Const	Name of Employer Julian Enterprises		
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>10262017a</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 10/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Mauzerall	First Michael	MI	Contribution ID # 1143
Residential Street Address 95 Copper Kettle Rd	City Stratford	State CT	Zip Code 06614-1411
Principal Occupation Contractor	Name of Employer M&M Fence & Works 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>10262017a</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 10/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Massaro	First Cal	MI	Contribution ID # 1138
Residential Street Address 88 Towerview Dr	City Trumbull	State CT	Zip Code 06611-3267
Principal Occupation Realtor	Name of Employer Coldwell Banker		
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>10262017a</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 10/26/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lively	First Jayna	MI M	Contribution ID # 1128
Residential Street Address 581 Whitney Ave	City Trumbull	State CT	Zip Code 06611-2061
Principal Occupation Accountant	Name of Employer		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Middlemass	First Matthew	MI P	Contribution ID # 1152
Residential Street Address 3 Wesley Dr	City Shelton	State CT	Zip Code 06484-5234
Principal Occupation Manager	Name of Employer City Carting		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 Middlemass	First Matthew	MI P	Contribution ID # 1153
Residential Street Address 3 Wesley Dr	City Shelton	State CT	Zip Code 06484-5234
Principal Occupation Manager	Name of Employer City Carting		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$275.00	

Last Name Miller	First Gandace	MI E	Contribution ID # 1154
Residential Street Address L Saley Road	City Milford	State CT	Zip Code 06460
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Magliocco	First Angelo	MI	Contribution ID # 1134
Residential Street Address 49 Harvester Rd	City Trumbull	State CT	Zip Code 06611-2138
Principal Occupation Landscaper	Name of Employer Artistic Designs		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Parente	First Michael	MI	Contribution ID # 1176
Residential Street Address 91 Shelton Rd	City Trumbull	State CT	Zip Code 06611-5147
Principal Occupation Funeral Director	Name of Employer Parente - Lauro Funeral Home		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Zarrelli	First Allison	MI M	Contribution ID # 1289
Residential Street Address 40 Oriole Ln	City Trumbull	State CT	Zip Code 06611-4918
Principal Occupation Manager	Name of Employer Ryan John Salon		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Ward	First Michael	MI C	Contribution ID # 1282
Residential Street Address 559 Wahington Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Office Manager	Name of Employer Parente- Lauro Funeral Home		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Uzarski	First Cathy	MI	Contribution ID # 1269
Residential Street Address 423 Salem St	City Bridgeport	State CT	Zip Code 06606-4684
Principal Occupation Trident Insurance	Name of Employer Accountant		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 Uzarski	First Cathy	MI	Contribution ID # 1270
Residential Street Address 423 Salem St	City Bridgeport	State CT	Zip Code 06606-4684
Principal Occupation Trident Insurance	Name of Employer Accountant		
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>10262017a</u>		Date Received 10/26/2017	Aggregate Contributions \$375.00
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 \$275.00	

Last Name Garden	First Niles	MI	Contribution ID # 1063
Residential Street Address 2187 Siesta Dr	City Sarasota	State FL	Zip Code 34239-5235
Principal Occupation President	Name of Employer Stellar Entertainment 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	
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 10/27/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Voytek	First Michael	MI	Contribution ID # 1281
Residential Street Address 746 Westfield Ave	City Bridgeport	State CT	Zip Code 06606-4008
Principal Occupation Attorney	Name of Employer Voytek Law, 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 10/31/2017	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ghaly	First Tamer	MI	Contribution ID # 1066
Residential Street Address 60 Prinz Ct	City Cheshire	State CT	Zip Code 06410-2972
Principal Occupation Physician	Name of Employer NOSS		
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 11/01/2017	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Ebrahim	First Ahmed	MI	Contribution ID # 1041
Residential Street Address 18 Old Stratford Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Professor	Name of Employer Fairfield University		
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>11052017a</u>		Date Received 11/05/2017	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 Elleithy	First Khaled	MI M	Contribution ID # 1044
Residential Street Address 142 White Plains Rd	City Trumbull	State CT	Zip Code 06611-5220
Principal Occupation Associate vice president	Name of Employer University 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>11052017a</u>		Date Received 11/05/2017	Aggregate Contributions \$75.00
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 \$75.00	

Last Name Hassan	First Mostafa	MI I	Contribution ID # 1088
Residential Street Address 304 Knapps Hoy	City Fairfield	State CT	Zip Code 06825
Principal Occupation Manager	Name of Employer Educational & Cultural Travel		
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>11052017a</u>		Date Received 11/05/2017	Aggregate Contributions \$50.00
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 \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hassan		First Othman		MI	Contribution ID # 1089
Residential Street Address 9 Tuniper Rd		City Trumbull		State CT	Zip Code 06611
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			<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11052017a</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 11/05/2017 Aggregate Contributions \$100.00	
Last Name Hussein		First Maher		MI	Contribution ID # 1101
Residential Street Address 194 Burnsford Ave		City Bridgeport		State CT	Zip Code 06606-3400
Principal Occupation Cabinet Maker			Name of Employer MFH Design 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			<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11052017a</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 11/05/2017 Aggregate Contributions \$100.00	
Last Name Alzubi		First Hasan		MI A	Contribution ID # 0961
Residential Street Address 299 Berkshire Ave		City Bridgeport		State CT	Zip Code 06608-1436
Principal Occupation Owner			Name of Employer Oasis Market and Deli		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11052017a</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 11/05/2017 Aggregate Contributions \$75.00	
Last Name Sheikh		First Furqan		MI	Contribution ID # 1241
Residential Street Address 26 Sunset Rd		City Easton		State CT	Zip Code 06612-1748
Principal Occupation Business Owner			Name of Employer Halah Resturant		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11052017a</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 11/05/2017 Aggregate Contributions \$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sheikh	First Hasain	MI	Contribution ID # 1242
Residential Street Address 900 State St	City Bridgeport	State CT	Zip Code 06605-1501
Principal Occupation	Name of Employer Self employed		
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>11052017a</u>		Date Received 11/05/2017	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 Sheikh	First Khorram	MI	Contribution ID # 1243
Residential Street Address 197 Scribner Ave	City Norwalk	State CT	Zip Code 06854-1314
Principal Occupation Businessman	Name of Employer Hole In The Wall		
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>11052017a</u>		Date Received 11/05/2017	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 Seyal	First Aziz	MI	Contribution ID # 1239
Residential Street Address 138 Mona Ter	City Fairfield	State CT	Zip Code 06824-6458
Principal Occupation Real Estate Investor	Name of Employer Aziz Seyal International Real Estate Group		
Is contributor a 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>11052017a</u>		Date Received 11/05/2017	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 Ditchkus	First Elizabeth	MI	Contribution ID # 1030
Residential Street Address 171 Housatonic Dr	City Milford	State CT	Zip Code 06460-4900
Principal Occupation Realtor	Name of Employer Ditchkus RE		
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 11/06/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ignace	First Jennifer	MI C	Contribution ID # 1102
Residential Street Address 23 Carriage Dr	City Seymour	State CT	Zip Code 06483-2457
Principal Occupation Paralegal	Name of Employer Sousa & Minogue 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>11132017a</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 11/07/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name DeFelippo	First Thomas	MI CT	Contribution ID # 1021
Residential Street Address 6461 Main St	City Trumbull	State CT	Zip Code 06611-2032
Principal Occupation Truck Driver	Name of Employer Eden Bros.		
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 11/07/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Sousa	First Sydnee	MI C	Contribution ID # 1250
Residential Street Address 252 St John St .	City New Haven	State CT	Zip Code 06511-4917
Principal Occupation Paralegal Assistant	Name of Employer Sousa & Minogue, 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>11132017a</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 11/08/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Santiago	First Maria	MI CT	Contribution ID # 1233
Residential Street Address 12 Mountain Laurel Rd	City New Milford	State CT	Zip Code 06776-2406
Principal Occupation Cleaner	Name of Employer Custom Care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11172017a</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 11/09/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rosiello	First Diana	MI D	Contribution ID # 1220
Residential Street Address 23 Beverly Dr	City Brookfield	State CT	Zip Code 06804-2501
Principal Occupation PA/Caretaker	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11172017a</u>		Date Received 11/09/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name O'Connor	First Kevin	MI CT	Contribution ID # 1167
Residential Street Address 41 Christian Ln	City Brookfield	State CT	Zip Code 06804-3510
Principal Occupation Dentist	Name of Employer O'Connor Dental 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11172017a</u>		Date Received 11/10/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Tagliaferro	First Nancy	MI NY	Contribution ID # 1255
Residential Street Address 7 Eleanor Dr	City Holmes	State NY	Zip Code 12531-5459
Principal Occupation Attorney	Name of Employer Nancy Tagliaferro		
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>10262017a</u>		Date Received 11/10/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Taylor	First Paul	MI NY	Contribution ID # 1258
Residential Street Address 6883 Route 55	City Wingdale	State NY	Zip Code 12594-1238
Principal Occupation Head of Building	Name of Employer Brewster Central School District		
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 checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>11172017a</u>		Date Received 11/10/2017	Aggregate Contributions \$375.00
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 \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vernile	First Micheal	MI	Contribution ID # 1276
Residential Street Address 18 Rockwell Pl	City West Hartford	State CT	Zip Code 06107-1437
Principal Occupation Attorney	Name of Employer Monstream + May LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Weaver	First Thomas	MI A	Contribution ID # 1285
Residential Street Address 85 Timms Hill Rd	City Haddam	State CT	Zip Code 06438-1042
Principal Occupation Attorney	Name of Employer Law Office of Thomas A. Weaver		
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>11132017a</u>		Date Received 11/13/2017	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 Vargas	First Amado	MI J	Contribution ID # 1272
Residential Street Address 26 Paley Farm	City Portland	State CT	Zip Code 06480
Principal Occupation Attorney	Name of Employer McHugh, Chapman & Vargas		
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>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Statile	First Dominick	MI	Contribution ID # 1251
Residential Street Address 28 Hampden Cir	City Simsbury	State CT	Zip Code 06070-1265
Principal Occupation Attorney	Name of Employer Self Monstream + May LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sousa	First Robert	MI	Contribution ID # 1249
Residential Street Address 105 5th Ave	City Milford	State CT	Zip Code 06460-5265
Principal Occupation Attorney	Name of Employer Sousas Minosne LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Shah	First Tushar	MI G	Contribution ID # 1240
Residential Street Address 17 Highland St	City Wethersfield	State CT	Zip Code 06109-4070
Principal Occupation Attorney	Name of Employer Montstream & May LLP; Quinnipiac Univ.		
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>11132017a</u>		Date Received 11/13/2017	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 Parker	First Gina	MI	Contribution ID # 1178
Residential Street Address 245 Alvord Park Rd	City Torrington	State CT	Zip Code 06790-3493
Principal Occupation Comp Coordinator	Name of Employer Lilchfield Hills Ortho		
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>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$40.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$40.00	

Last Name Patel	First Bhavesh	MI R	Contribution ID # 1179
Residential Street Address 938 Rainbow Trl	City Orange	State CT	Zip Code 06477-1033
Principal Occupation Physician	Name of Employer FSSM		
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>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Minogue	First Thomas	MI E	Contribution ID # 1156
Residential Street Address 80 Roberton Xing	City Fairfield	State CT	Zip Code 06825-1161
Principal Occupation Attorney	Name of Employer Self- Sousa & Minogue		
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>11132017a</u>		Date Received 11/13/2017	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 Lollar	First Kevin	MI CT	Contribution ID # 1130
Residential Street Address 27 Bingham Ct	City New Britain	State CT	Zip Code 06051-3708
Principal Occupation Warehouse	Name of Employer Burriss Logistics		
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>11132017a</u>		Date Received 11/13/2017	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	

Last Name Kelly	First David	MI CT	Contribution ID # 1114
Residential Street Address 94 Sachem Dr	City Glastonbury	State CT	Zip Code 06033-2726
Principal Occupation Attorney	Name of Employer Monstream + May		
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>11132017a</u>		Date Received 11/13/2017	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 Kennedy	First Kenneth	MI CT	Contribution ID # 1115
Residential Street Address 246 Terry Rd	City Hartford	State CT	Zip Code 06105-1113
Principal Occupation Attorney	Name of Employer CT- Attorney's General's Office		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" 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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kilby	First Patrick	MI M	Contribution ID # 1116
Residential Street Address 12 Reshing Dr .	City Plainville	State CT	Zip Code 06060
Principal Occupation Paralegal	Name of Employer Parano Dombroask		
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>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Kronholm	First John	MI	Contribution ID # 1121
Residential Street Address 697 Pequot Trl	City Stonington	State CT	Zip Code 06378-2228
Principal Occupation Insurance Agent	Name of Employer Kronholm Insurance Services		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11132017a</u>		Date Received 11/13/2017	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 Crawford	First Margaret	MI	Contribution ID # 1016
Residential Street Address 44 Orchard St	City Avon	State CT	Zip Code 06001-3213
Principal Occupation Attorney	Name of Employer Monstream & May LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11132017a</u>		Date Received 11/13/2017	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 Dalsino	First Denise	MI	Contribution ID # 1019
Residential Street Address 245 Alvord Park Rd	City Torrington	State CT	Zip Code 06790-3493
Principal Occupation Med-Legal Coordinator	Name of Employer Litchfield Hills Orthopedics		
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>11132017a</u>		Date Received 11/13/2017	Aggregate Contributions \$40.00
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 \$40.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DeRouen	First Marlon	MI R	Contribution ID # 1026
Residential Street Address 388 Brown Brook Rd	City Southbury	State CT	Zip Code 06488-1013
Principal Occupation Pharmaceutical Sales203	Name of Employer Boehringer- Ingelheim Pharm.		
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>11132017a</u>		Date Received 11/13/2017	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 Ale	First Claudia	MI P	Contribution ID # 0958
Residential Street Address 21 Allspice Ln	City Glastonbury	State CT	Zip Code 06033-4329
Principal Occupation Interpreter- Sarnish - Freelance	Name of Employer Self - Claudia Ale		
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>11132017a</u>		Date Received 11/13/2017	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 Ashkar	First Saamer	MI	Contribution ID # 0968
Residential Street Address 2 Lakeside Ave	City Middletown	State CT	Zip Code 06457-4157
Principal Occupation Sales	Name of Employer Middletown Toyota		
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>11132017a</u>		Date Received 11/13/2017	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 Farrell	First Christopher	MI	Contribution ID # 1050
Residential Street Address 1062 Boulevard Apt A6	City West Hartford	State CT	Zip Code 06119-1803
Principal Occupation Attorney	Name of Employer Boyle Shaughnessy Law, P.C.		
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>11132017a</u>		Date Received 11/13/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gaudet	First Monique	MI	Contribution ID # 1065
Residential Street Address 354 Green Rock	City Shelton	State CT	Zip Code 06484-2809
Principal Occupation Office Manager	Name of Employer Sousa & Minogue LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11132017a</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 11/13/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Fritz	First Gerald	MI	Contribution ID # 1059
Residential Street Address 24 Union St	City Waterbury	State CT	Zip Code 06706-1128
Principal Occupation Steel Creator	Name of Employer Steel Work		
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>11132017a</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 11/13/2017	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Capocci	First Liz	MI	Contribution ID # 0998
Residential Street Address 74 Harmony Rd	City Pawling	State NY	Zip Code 12564-3101
Principal Occupation	Name of Employer		
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>11172017a</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 11/14/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Suits	First Paul	MI	Contribution ID # 1254
Residential Street Address 18 Balmoral Way	City Homer	State NY	Zip Code 13077-9437
Principal Occupation Contractor	Name of Employer Suit Kote Corp		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11172017a</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 11/14/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rosiello	First Debbie	MI	Contribution ID # 1219
Residential Street Address 23 Beverly Dr	City Brookfield	State CT	Zip Code 06804-2501
Principal Occupation Caretaker	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>11172017a</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 11/14/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Rosiello	First Diana	MI	Contribution ID # 1221
Residential Street Address 12 Hidden Brook Dr	City Brookfield	State CT	Zip Code 06804-1306
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>11172017a</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 11/14/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Rosario	First Dominick	MI	Contribution ID # 1217
Residential Street Address 853 Fairfield Ave	City Bridgeport	State CT	Zip Code 06604-3703
Principal Occupation Marine	Name of Employer U.S. Government		
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>11172017a</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 11/17/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Richard	First Bill	MI	Contribution ID # 1208
Residential Street Address 122 Old Castle Dr	City Monroe	State CT	Zip Code 06468-2072
Principal Occupation Realtor	Name of Employer Higgins Realty		
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>11172017a</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 11/17/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Johnson	First Frederick	MI E	Contribution ID # 1108
Residential Street Address 19 Elm St	City East Haven	State CT	Zip Code 06512-2341
Principal Occupation Principal	Name of Employer The Johnson Insurance Group & America LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11172017a</u>		Date Received 11/17/2017	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 Johnson	First Kim	MI E	Contribution ID # 1109
Residential Street Address 314 Seaview Ave	City Bridgeport	State CT	Zip Code 06607-2434
Principal Occupation Web Developer	Name of Employer Johnson Insurance Group of America 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 checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>11172017a</u>		Date Received 11/17/2017	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 Kane	First Cynthia	MI	Contribution ID # 1112
Residential Street Address 9 Bayberry Ln	City Shelton	State CT	Zip Code 06484-3772
Principal Occupation Paralegal	Name of Employer R.Christopher Meyer, Esquire		
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>11172017a</u>		Date Received 11/17/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Krasznai	First Charles	MI	Contribution ID # 1120
Residential Street Address 1015 Lakeside Dr	City Bridgeport	State CT	Zip Code 06606-1953
Principal Occupation Consulting Chief Engineer	Name of Employer A&E Global Des		
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>11172017a</u>		Date Received 11/17/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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B. Itemized Contributions from Individuals

Last Name McKenzie	First Roger	MI	Contribution ID # 1146
Residential Street Address 1078 Laurel Ave	City Bridgeport	State CT	Zip Code 06604-2147
Principal Occupation Sales and Marketing	Name of Employer Marketing		
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>11172017a</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 11/17/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Meyer	First Betsey	MI	Contribution ID # 1150
Residential Street Address 39 Woodbine Cir	City Bridgeport	State CT	Zip Code 06606-1931
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>11172017a</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/17/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Miceli	First Joseph	MI	Contribution ID # 1151
Residential Street Address 154 Huntington St	City Shelton	State CT	Zip Code 06484-5215
Principal Occupation Consultant	Name of Employer Consolidated 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11172017a</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 11/17/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Ortiz	First Nicholas	MI P	Contribution ID # 1171
Residential Street Address 20 Ridge Rd	City Ansonia	State CT	Zip Code 06401-1314
Principal Occupation Police Officer	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>11172017a</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 11/17/2017
		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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ossei	First Joseph	MI	Contribution ID # 1172
Residential Street Address 120 Huntington Tpke	City Bridgeport	State CT	Zip Code 06610-1443
Principal Occupation My Brother's Keeper Coordinator	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>11172017a</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 11/17/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Coates	First Kadisha	MI	Contribution ID # 1004
Residential Street Address 40 Standish St	City Bridgeport	State CT	Zip Code 06610-2120
Principal Occupation President	Name of Employer Networks Infrastructure 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>11172017a</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 11/17/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Corso	First Thomas	MI	Contribution ID # 1012
Residential Street Address 3 Bayberry Rd	City Hamden	State CT	Zip Code 06517-3401
Principal Occupation Economist	Name of Employer AMS 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11172017a</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 11/17/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Aufgang	First Ariel	MI	Contribution ID # 0969
Residential Street Address 3 Zeck Ct	City Suffern	State NY	Zip Code 10901-3425
Principal Occupation Architect	Name of Employer Self		
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 11/17/2017
		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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Aurilio		First James		MI	Contribution ID # 0971
Residential Street Address 97 Northwood Dr		City Easton		State CT	Zip Code 06612-1351
Principal Occupation Owner			Name of Employer Jim's Auto Body		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11172017a</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 11/17/2017	
				Aggregate Contributions \$200.00	\$200.00
Last Name Abbate		First Deena		MI	Contribution ID # 0955
Residential Street Address 33 South St		City Milford		State CT	Zip Code 06460-7874
Principal Occupation RN			Name of Employer VA Hospital		
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 # <u>11172017a</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 11/17/2017	
				Aggregate Contributions \$100.00	\$100.00
Last Name Amster		First Bruce		MI	Contribution ID # 0963
Residential Street Address 2475 Fairfield Ave		City Bridgeport		State CT	Zip Code 06605-2648
Principal Occupation Automotive machinist			Name of Employer Lisa Miro 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		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11172017a</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 11/17/2017	
				Aggregate Contributions \$750.00	\$375.00
Last Name Cales		First Norberto		MI	Contribution ID # 0994
Residential Street Address 125 Spring St		City Stratford		State CT	Zip Code 06614-4739
Principal Occupation Trainer			Name of Employer Junes Guided Fitness		
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 # <u>11172017a</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 11/17/2017	
				Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bradley	First Alida	MI	Contribution ID # 0988
Residential Street Address 853 Fairfield Ave	City Bridgeport	State CT	Zip Code 06604-3703
Principal Occupation Domestic Engineer	Name of Employer Bradley Family		
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>11172017a</u>		Date Received 11/17/2017	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 Brannelly	First John	MI	Contribution ID # 0989
Residential Street Address 1475 Burr St	City Fairfield	State CT	Zip Code 06824-1861
Principal Occupation Fundraiser	Name of Employer American Cancer Societ		
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>11172017a</u>		Date Received 11/17/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Farreley	First Brian	MI C	Contribution ID # 1049
Residential Street Address 2 Round Hill Rd	City Shelton	State CT	Zip Code 06484-1688
Principal Occupation Office Employee	Name of Employer People's United Bank		
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>11172017a</u>		Date Received 11/17/2017	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 Vilorio	First Edward	MI W	Contribution ID # 1278
Residential Street Address 330 Pearl St	City Bridgeport	State CT	Zip Code 06608-1222
Principal Occupation Owner	Name of Employer E & H Construction LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11182017a</u>		Date Received 11/17/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vincencia	First Adusei	MI	Contribution ID # 1279
Residential Street Address 360 Fairfield Ave	City Bridgeport	State CT	Zip Code 06604-6007
Principal Occupation President/Business Owner	Name of Employer Vase Management		
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>11172017a</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 11/17/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Topar	First Bradley	MI A	Contribution ID # 1265
Residential Street Address 935 Lakeside Dr	City Bridgeport	State CT	Zip Code 06606-1952
Principal Occupation Business Owner	Name of Employer Stanley H. Topak 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>11172017a</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 11/17/2017
		Aggregate Contributions \$150.00	Amount of Contribution \$150.00

Last Name Uguna	First Fausto	MI	Contribution ID # 1267
Residential Street Address 169 Bradley St	City Bridgeport	State CT	Zip Code 06610-2006
Principal Occupation Owner	Name of Employer White's Diner		
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>11182017a</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 11/18/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Uribe	First Sebastian	MI	Contribution ID # 1268
Residential Street Address 36 Woodbury Ave Apt 1D	City Norwalk	State CT	Zip Code 06850-3550
Principal Occupation Advertising	Name of Employer Print 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>11182017a</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 11/18/2017
		Aggregate Contributions \$60.00	Amount of Contribution \$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Washington	First Fonta	MI	Contribution ID # 1283
Residential Street Address 25 Nelson Ter	City Bridgeport	State CT	Zip Code 06610-1811
Principal Occupation Law Clerk	Name of Employer Corgan LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Washington	First Jeremy	MI	Contribution ID # 1284
Residential Street Address 25 Nelson Ter	City Bridgeport	State CT	Zip Code 06610-1811
Principal Occupation Mixologist	Name of Employer Joyous Juice Bar		
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>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Esteves	First Carlos	MI	Contribution ID # 1048
Residential Street Address 1 Woody Crst	City West Haven	State CT	Zip Code 06516-7245
Principal Occupation Owner	Name of Employer C's Masonry 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>11182017a</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 11/18/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Duran	First Elda	MI T	Contribution ID # 1037
Residential Street Address 29 5th St	City Bridgeport	State CT	Zip Code 06607-1312
Principal Occupation RN	Name of Employer St. Vincent's Medical 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	
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>11182017a</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 11/18/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Durango		First Fabian		MI	Contribution ID # 1038
Residential Street Address 237 Helen St		City Bridgeport		State CT	Zip Code 06608-2047
Principal Occupation Insurance Broker			Name of Employer Durango 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		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11182017a</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 11/18/2017	
				Aggregate Contributions \$100.00	\$100.00
Last Name Echegaray		First Jose		MI	Contribution ID # 1042
Residential Street Address 340 Stonehouse Rd		City Trumbull		State CT	Zip Code 06611-1628
Principal Occupation Owner/Mortgage Banker			Name of Employer Pryma Lending		
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 # <u>11182017a</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 11/18/2017	
				Aggregate Contributions \$200.00	\$100.00
Last Name Hilario		First Luis		MI F	Contribution ID # 1097
Residential Street Address 34 Vine St		City Bridgeport		State CT	Zip Code 06604-3041
Principal Occupation Carpenter			Name of Employer Self		
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 # <u>11182017a</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 11/18/2017	
				Aggregate Contributions \$100.00	\$100.00
Last Name Gutierrez		First Basilio		MI	Contribution ID # 1081
Residential Street Address 28 Hillside Dr		City Easton		State CT	Zip Code 06612-2027
Principal Occupation Owner			Name of Employer Sazon Y Mambo		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11182017a</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 11/18/2017	
				Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gonzalez	First Laura	MI	Contribution ID # 1073
Residential Street Address 65 Steuben St Unit 12	City Bridgeport	State CT	Zip Code 06608-2657
Principal Occupation Nurse	Name of Employer Yale Hospital		
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>11182017a</u>		Date Received 11/18/2017	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 Camacho	First Nestor	MI	Contribution ID # 0995
Residential Street Address 29 Perth St	City Bridgeport	State CT	Zip Code 06606-4945
Principal Occupation Realtor	Name of Employer Keller Williams Realty		
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 checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>11182017a</u>		Date Received 11/18/2017	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 Beato	First Diana	MI M	Contribution ID # 0979
Residential Street Address 176 Yaremich Dr Apt A	City Bridgeport	State CT	Zip Code 06606-2553
Principal Occupation CNA	Name of Employer Home Health		
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>11182017a</u>		Date Received 11/18/2017	Aggregate Contributions \$40.00
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 \$40.00	

Last Name Bernal	First Javier	MI G	Contribution ID # 0982
Residential Street Address 34 Clark Hill Rd	City Milford	State CT	Zip Code 06460-6700
Principal Occupation Public Facilitor	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>11182017a</u>		Date Received 11/18/2017	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 \$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Aceveda	First Yesica	MI	Contribution ID # 0956
Residential Street Address 14 Regina Ave .	City Mohegan Lake	State NY	Zip Code 10547-1505
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>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Badillo	First Jomar	MI J	Contribution ID # 0973
Residential Street Address 65 Steuben St Unit 13	City Bridgeport	State CT	Zip Code 06608-2657
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cordero	First Daniel	MI	Contribution ID # 1010
Residential Street Address 187 Sherman St	City Stratford	State CT	Zip Code 06615-6249
Principal Occupation Maintenance	Name of Employer Self - High Level Construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cordero	First Lucy	MI	Contribution ID # 1011
Residential Street Address 181 Sherman St .	City Stratford	State CT	Zip Code 06615-6240
Principal Occupation Office Engineer	Name of Employer Haks Engineering		
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>11182017a</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 11/18/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DosSantos	First Antonio	MI T	Contribution ID # 1034
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? <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>11182017a</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 11/18/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Navarro	First Israel	MI	Contribution ID # 1165
Residential Street Address 16 Fullin Ct	City Norwalk	State CT	Zip Code 06851-3412
Principal Occupation Excu	Name of Employer Eurostar Industries 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>11182017a</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 11/18/2017	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Morales	First Angela	MI	Contribution ID # 1160
Residential Street Address 88 Moose Hill Rd	City Trumbull	State CT	Zip Code 06611-1430
Principal Occupation Realtor	Name of Employer Re Max Right Choice		
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>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Moran	First Cirilo	MI	Contribution ID # 1161
Residential Street Address 243 Jefferson St	City Bridgeport	State CT	Zip Code 06607-2422
Principal Occupation Owner	Name of Employer Master Handyman		
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>11182017a</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 11/18/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Patel		First Pranay		MI	Contribution ID # 1180
Residential Street Address 20 French Ave		City East Haven		State CT	Zip Code 06512-3314
Principal Occupation Owner			Name of Employer East End Package Store		
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 # <u>11182017a</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 11/18/2017	
Last Name Pena		First Alexis		MI	Contribution ID # 1181
Residential Street Address 221 Pacific St		City Bridgeport		State CT	Zip Code 06604-2109
Principal Occupation General Manager			Name of Employer Alex Food Corp - Compare Foods		
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 # <u>11182017a</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 11/18/2017	
Last Name Mendoza		First Terangel		MI	Contribution ID # 1147
Residential Street Address 34 Vine St		City Bridgeport		State CT	Zip Code 06604-3041
Principal Occupation CNE			Name of Employer Nora Home Care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11182017a</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 11/18/2017	
Last Name Lima		First Maria		MI	Contribution ID # 1127
Residential Street Address 513 Fairview Ave		City Bridgeport		State CT	Zip Code 06606-4602
Principal Occupation Activist			Name of Employer Jose Verde Attorney		
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 # <u>11182017a</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 11/18/2017	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lopez	First Alexander	MI	Contribution ID # 1131
Residential Street Address 141 Infield St	City Bridgeport	State CT	Zip Code 06606-4828
Principal Occupation Maintenance	Name of Employer Lopez Cleaning		
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>11182017a</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 11/18/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Mata	First Dalma	MI	Contribution ID # 1140
Residential Street Address 1420 Kossuth St	City Bridgeport	State CT	Zip Code 06608-1136
Principal Occupation Teacher	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>11182017a</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 11/18/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Mata	First Roger	MI	Contribution ID # 1141
Residential Street Address 1420 Kossuth St	City Bridgeport	State CT	Zip Code 06608-1136
Principal Occupation Landscaper	Name of Employer Oasis Landscapes		
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>11182017a</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 11/18/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Rodriguez	First Martin	MI	Contribution ID # 1213
Residential Street Address 65 Steuben St Unit 13	City Bridgeport	State CT	Zip Code 06608-2657
Principal Occupation Painter	Name of Employer Ability Beyond		
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>11182017a</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 11/18/2017
		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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rodriguez	First Yulissa	MI	Contribution ID # 1214
Residential Street Address 170 Bruce Ave	City Stratford	State CT	Zip Code 06615-6104
Principal Occupation Sales	Name of Employer Lexus Dealership		
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>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rosario-Mora	First Jenny	MI	Contribution ID # 1218
Residential Street Address 68 Lindley St Fl 3	City Bridgeport	State CT	Zip Code 06604-2905
Principal Occupation Engineer	Name of Employer Turner		
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>11182017a</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 11/18/2017	Aggregate Contributions \$150.00
		Amount of Contribution \$50.00	

Last Name Ramos	First Jonathan	MI	Contribution ID # 1203
Residential Street Address 315 Nichols St	City Bridgeport	State CT	Zip Code 06608-2708
Principal Occupation Driver	Name of Employer Truck Driver		
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>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rodriguez	First Bryan	MI	Contribution ID # 1211
Residential Street Address 223 Pearl Harbor St	City Bridgeport	State CT	Zip Code 06610-2320
Principal Occupation Customer Service	Name of Employer AllState		
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>11182017a</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 11/18/2017	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Olmo		First John		MI A	Contribution ID # 1168
Residential Street Address 635 Granfield Ave		City Bridgeport		State CT	Zip Code 06610-2407
Principal Occupation Medical Record Supervisor			Name of Employer Advanced Radiology Consultants		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11182017a</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 11/18/2017 Aggregate Contributions \$100.00	
Last Name Perez		First Keidy		MI CT	Contribution ID # 1185
Residential Street Address 547 Brooks St		City Bridgeport		State CT	Zip Code 06608-1302
Principal Occupation Administration			Name of Employer St. Vincent Hospital		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11182017a</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 11/18/2017 Aggregate Contributions \$25.00	
Last Name Ramirez		First Israel		MI CT	Contribution ID # 1201
Residential Street Address 126A Oak Ave		City Shelton		State CT	Zip Code 06484-3018
Principal Occupation Sales Manager			Name of Employer State Farm		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11182017a</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 11/18/2017 Aggregate Contributions \$100.00	
Last Name Pimentel		First Nayari		MI CT	Contribution ID # 1190
Residential Street Address 1375 North Ave Apt 104		City Bridgeport		State CT	Zip Code 06604-2600
Principal Occupation Cleaning			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			<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11182017a</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 11/18/2017 Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Polanco	First Ruben	MI	Contribution ID # 1198
Residential Street Address 106 Bradley St	City Bridgeport	State CT	Zip Code 06610-2008
Principal Occupation Store Owner	Name of Employer Wayne Grocery		
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>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Santiago	First Ezequiel	MI	Contribution ID # 1232
Residential Street Address 991 State St	City Bridgeport	State CT	Zip Code 06605-1504
Principal Occupation Project Coordinator	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11182017a</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 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sepulveda Velez	First Jorge	MI	Contribution ID # 1238
Residential Street Address 315 Nichols St	City Bridgeport	State CT	Zip Code 06608-2708
Principal Occupation Tractor Trailer Driver	Name of Employer Edwin Transport		
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>11182017a</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 11/18/2017	Aggregate Contributions \$400.00
		Amount of Contribution \$200.00	

Last Name Mastella	First Daniel	MI	Contribution ID # 1139
Residential Street Address 4 Hidden Spring Dr	City Farmington	State CT	Zip Code 06032-2765
Principal Occupation Hand Surgeon	Name of Employer The Hand Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input 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 11/20/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lambert	First Bonnie	MI	Contribution ID # 1124
Residential Street Address 46 Ferry Ct	City Stratford	State CT	Zip Code 06615-6061
Principal Occupation Ass't Special Proj Coord	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/21/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$175.00	

Last Name McCarthy	First Matt	MI	Contribution ID # 1145
Residential Street Address 29 Harbor Ave	City Bridgeport	State CT	Zip Code 06605-3142
Principal Occupation CPA	Name of Employer Blum Shapiro		
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>11172017a</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 11/21/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Baldino	First Virginia	MI	Contribution ID # 0974
Residential Street Address 408 Hawthorne Ave	City Derby	State CT	Zip Code 06418-1039
Principal Occupation Office Manager	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/21/2017	Aggregate Contributions \$275.00
		Amount of Contribution \$175.00	

Last Name Iniguez	First Franklin	MI	Contribution ID # 1103
Residential Street Address 145 Baker St	City Bridgeport	State CT	Zip Code 06606-4035
Principal Occupation	Name of Employer		
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 11/21/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hilario		First Maria		MI	Contribution ID # 1098
Residential Street Address 243 Jefferson St		City Bridgeport		State CT	Zip Code 06607-2422
Principal Occupation Housekeeper			Name of Employer Moran Agency		
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 # <u>11182017a</u>		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 11/22/2017	
				Aggregate Contributions \$100.00	\$100.00
Last Name Andres		First Lora		MI	Contribution ID # 0964
Residential Street Address 169 Calhoun Ave		City Bridgeport		State CT	Zip Code 06604-3111
Principal Occupation Technician			Name of Employer Optimum		
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 # <u>11182017a</u>		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 11/22/2017	
				Aggregate Contributions \$50.00	\$50.00
Last Name Constante		First Marco		MI	Contribution ID # 1008
Residential Street Address 505 Jewett Ave		City Bridgeport		State CT	Zip Code 06606-2849
Principal Occupation coach			Name of Employer GZS		
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 # <u>11182017a</u>		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 11/22/2017	
				Aggregate Contributions \$100.00	\$100.00
Last Name Valeria		First Sara		MI	Contribution ID # 1271
Residential Street Address 61 Wade St		City Bridgeport		State CT	Zip Code 06604-1815
Principal Occupation			Name of Employer		
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 11/22/2017	
				Aggregate Contributions \$375.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Monelli	First Anthony	MI	Contribution ID # 1159
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? If yes, list Event #		Date Received 11/26/2017	Aggregate Contributions \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$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			

Last Name Arus	First Aida	MI	Contribution ID # 0967
Residential Street Address 255 Main St	City Hartford	State CT	Zip Code 06106-1821
Principal Occupation Attorney	Name of Employer Law Office of Aida Arus		
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 11/28/2017	Aggregate Contributions \$100.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$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			

Last Name Hodges	First Fransica	MI	Contribution ID # 1100
Residential Street Address 536 W Jackson Ave	City Bridgeport	State CT	Zip Code 06604-1610
Principal Occupation Attorney	Name of Employer Law Office of Fransica Hodges		
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 11/28/2017	Aggregate Contributions \$150.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$150.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			

Last Name Framularo	First Nicholas	MI G	Contribution ID # 1058
Residential Street Address 2900 Main St # 2B	City Stratford	State CT	Zip Code 06614-4946
Principal Occupation Attorney	Name of Employer Law Offices of Framularo Nicholas G		
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 11/28/2017	Aggregate Contributions \$200.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$200.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gable	First Jennifer	MI	Contribution ID # 1060
Residential Street Address 145 Sunnyside Ave	City Fairfield	State CT	Zip Code 06824-4619
Principal Occupation Attorney	Name of Employer Law Offices of Jennifer D. Gable		
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>11292017a</u>		Date Received 11/29/2017	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 Febbraio	First Thomas	MI	Contribution ID # 1051
Residential Street Address 2 Minard Dr	City Westport	State CT	Zip Code 06880-6421
Principal Occupation Real Estate	Name of Employer Coldwell Banker Commercial - Febbraio 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11292017a</u>		Date Received 11/29/2017	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 Jacobs	First Daniel	MI	Contribution ID # 1104
Residential Street Address 21 Fresh Meadow Rd	City Easton	State CT	Zip Code 06612-2215
Principal Occupation Attorney	Name of Employer Daniel L. Jacobs Jr. 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>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Henry	First Patrick	MI K	Contribution ID # 1092
Residential Street Address 130 Eastfield Dr	City Fairfield	State CT	Zip Code 06825-1178
Principal Occupation Attorney	Name of Employer Patrick K. Henry Attorney 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	
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>11292017a</u>		Date Received 11/29/2017	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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Henry	First Patrick	MI K	Contribution ID # 1093
Residential Street Address 130 Eastfield Dr	City Fairfield	State CT	Zip Code 06825-1178
Principal Occupation Attorney	Name of Employer Patrick K. Henry Attorney 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	
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>11292017a</u>		Date Received 11/29/2017	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 Goulden	First Christopher	MI	Contribution ID # 1074
Residential Street Address 123 Warner Hill Rd	City Stratford	State CT	Zip Code 06614-1423
Principal Occupation Attorney	Name of Employer Larracuente and Goulden 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>11292017a</u>		Date Received 11/29/2017	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 Greenwood	First Christopher T	MI	Contribution ID # 1077
Residential Street Address 6057 Main St	City Trumbull	State CT	Zip Code 06611-2435
Principal Occupation Attorney	Name of Employer Law Offices Of Christopher Greenwood		
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>11292017a</u>		Date Received 11/29/2017	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 Auger	First Joseph	MI	Contribution ID # 0970
Residential Street Address 178 Pepperidge Cir	City Stratford	State CT	Zip Code 06614-1019
Principal Occupation Self	Name of Employer Joesph W. Auger Attorney 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	
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>11292017a</u>		Date Received 11/29/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Aurilio	First James	MI	Contribution ID # 0972
Residential Street Address 97 Northwood Dr	City Easton	State CT	Zip Code 06612-1351
Principal Occupation Owner	Name of Employer Jim's Auto Body		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$400.00
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 Bortolot	First Richard V.	MI	Contribution ID # 0987
Residential Street Address 14 Mills St	City Westport	State CT	Zip Code 06880-5502
Principal Occupation Attorney	Name of Employer Richard V Bortolot Law Offices		
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>11292017a</u>		Date Received 11/29/2017	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 Driscoll	First Maureen	MI E	Contribution ID # 1035
Residential Street Address 1959 N Benson Rd	City Fairfield	State CT	Zip Code 06824-3445
Principal Occupation Attorney	Name of Employer Self		
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 11/29/2017	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 Digennaro	First Philip	MI	Contribution ID # 1028
Residential Street Address 607 Fairfield Beach Rd	City Fairfield	State CT	Zip Code 06824-6730
Principal Occupation	Name of Employer Self		
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>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$375.00
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 \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Czepiga		First Edward		MI	Contribution ID # 1017
Residential Street Address 56 Lyon Ter		City Bridgeport		State CT	Zip Code 06604-4022
Principal Occupation Attorney			Name of Employer Law Offices of Edward Czepiga		
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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11292017a</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 11/29/2017 Aggregate Contributions \$100.00	
Last Name DeRosa		First Mary		MI	Contribution ID # 1025
Residential Street Address 233 Old Oaks Rd		City Fairfield		State CT	Zip Code 06825-1931
Principal Occupation CT Demolition			Name of Employer Office Manager		
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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11292017a</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 11/29/2017 Aggregate Contributions \$200.00	
Last Name Mladina		First Jakov		MI	Contribution ID # 1157
Residential Street Address 120 Bick Ter		City Bridgeport		State CT	Zip Code 06604-1407
Principal Occupation Owner			Name of Employer MP Machine 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11292017a</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 11/29/2017 Aggregate Contributions \$150.00	
Last Name Monahan		First Ursula		MI	Contribution ID # 1158
Residential Street Address 753 Lakeside Dr		City Bridgeport		State CT	Zip Code 06606-1950
Principal Occupation Business Manager			Name of Employer National Personnel Corp		
Is contributor a principal of a state contractor or prospective state contractor? 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11292017a</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 11/29/2017 Aggregate Contributions \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Parente-Dimartino	First Michelle	MI	Contribution ID # 1177
Residential Street Address 23 Randolph Farm Rd	City Milford	State CT	Zip Code 06461-1968
Principal Occupation Consultant	Name of Employer Self		
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>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

Last Name Larracuente	First Jerome	MI	Contribution ID # 1125
Residential Street Address 22 Country Pl Unit 22	City Shelton	State CT	Zip Code 06484-3862
Principal Occupation Attorney	Name of Employer Goulden 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>11292017a</u>		Date Received 11/29/2017	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 Kligerman	First Bard	MI	Contribution ID # 1117
Residential Street Address 1140 Post Rd	City Fairfield	State CT	Zip Code 06824-6020
Principal Occupation Real estate development	Name of Employer Connecticut Realty Trust		
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>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Kohut	First Jeffery	MI	Contribution ID # 1118
Residential Street Address 30 Wickliffe Cir	City Bridgeport	State CT	Zip Code 06606-1929
Principal Occupation Private Tutor	Name of Employer Traditional Tudoring 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>11292017a</u>		Date Received 11/29/2017	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lyons	First Thomas	MI	Contribution ID # 1133
Residential Street Address 91 Jewett Ave	City Bridgeport	State CT	Zip Code 06606-2825
Principal Occupation Driver	Name of Employer Hummell Bros. 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>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Schafler	First Noah	MI J	Contribution ID # 1236
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	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Stowell	First Mark	MI	Contribution ID # 1252
Residential Street Address 55 Hayes St	City Easton	State CT	Zip Code 06612-1014
Principal Occupation Owener	Name of Employer Hilltop Painting Services LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11292017a</u>		Date Received 11/29/2017	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 Pires	First Maria	MI	Contribution ID # 1195
Residential Street Address 47 Saint Nicholas Dr	City Bridgeport	State CT	Zip Code 06604-1023
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 # <u>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$175.00
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 \$75.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rich	First Thomas	MI	Contribution ID # 1207
Residential Street Address 128 Ann Ter	City Stratford	State CT	Zip Code 06614-2122
Principal Occupation Accountant	Name of Employer Thomas D. Rich, 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? If yes, list Event # <u>11292017a</u>		Date Received 11/29/2017	Aggregate Contributions \$150.00
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 \$150.00	

Last Name Reale	First Matthew	MI	Contribution ID # 1205
Residential Street Address 34 Brewster Pl	City Trumbull	State CT	Zip Code 06611-3023
Principal Occupation Attorney	Name of Employer Self (Anthony + Reale Law Firm)		
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>11292017a</u>		Date Received 11/29/2017	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 Tyma	First James	MI	Contribution ID # 1266
Residential Street Address 24 Greenfield Dr	City Ansonia	State CT	Zip Code 06401-2742
Principal Occupation Attorney	Name of Employer Shawn K Splan Law Offices: Tyma James J		
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>11292017a</u>		Date Received 11/29/2017	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 Goncalves	First Grace	MI	Contribution ID # 1069
Residential Street Address 15 Cole St	City Bridgeport	State CT	Zip Code 06604-5225
Principal Occupation public facilities admin.	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 11/30/2017	Aggregate Contributions \$375.00
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 \$175.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ellis	First Dr. Michael	MI	Contribution ID # 1045
Residential Street Address 5 Dempsey Rd	City Broad Brook	State CT	Zip Code 06016-9574
Principal Occupation Medicine	Name of Employer CRMG		
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>12022017a</u>		Date Received 12/02/2017	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Ellis	First Jason	MI	Contribution ID # 1046
Residential Street Address 98 Hockanum Blvd	City Vernon	State CT	Zip Code 06066-4055
Principal Occupation Engineer	Name of Employer Karl Storz		
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>12022017a</u>		Date Received 12/02/2017	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Harrell	First Shirley	MI	Contribution ID # 1084
Residential Street Address 120 Terry Pl	City Bridgeport	State CT	Zip Code 06606-4136
Principal Occupation Attorney	Name of Employer Skyers, Skyers & Harrell		
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>12022017a</u>		Date Received 12/02/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

Last Name Jenkins	First Sharon	MI	Contribution ID # 1105
Residential Street Address 1261 Forest Rd	City New Haven	State CT	Zip Code 06515-2452
Principal Occupation Attorney	Name of Employer Skyers Skyers & Harrell		
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>12022017a</u>		Date Received 12/02/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jennings	First Cynthia	MI	Contribution ID # 1106
Residential Street Address 86 Hartland St	City Hartford	State CT	Zip Code 06112-1130
Principal Occupation Attorney	Name of Employer City of Hartford		
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>12022017a</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 12/02/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dumont	First Chad	MI E	Contribution ID # 1036
Residential Street Address 56 Newgate Rd	City Oxford	State CT	Zip Code 06478-1589
Principal Occupation Chiropractic	Name of Employer Dumont Chiropractic		
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>12022017a</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 12/02/2017	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Coleman	First Sharon	MI L	Contribution ID # 1005
Residential Street Address 34 Rutland St	City Hartford	State CT	Zip Code 06120-1128
Principal Occupation Executive Director	Name of Employer CT Coalition for Environmental Justice		
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>12022017a</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 12/02/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Britt	First William	MI J	Contribution ID # 0991
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? <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>12022017a</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 12/02/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Camera	First Katrina	MI K	Contribution ID # 0996
Residential Street Address 52 Hubbell Ln	City Shelton	State CT	Zip Code 06484-2166
Principal Occupation Lawyer	Name of Employer Schalfer & 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	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>12022017a</u>		Date Received 12/02/2017	Aggregate Contributions \$375.00
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 \$375.00	

Last Name Bloodworth	First Earl	MI	Contribution ID # 0984
Residential Street Address 1001 Whalley Ave # B	City New Haven	State CT	Zip Code 06515-1722
Principal Occupation Director	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>12022017a</u>		Date Received 12/02/2017	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 Bogardus	First John	MI	Contribution ID # 0985
Residential Street Address 94 Midlock Rd	City Fairfield	State CT	Zip Code 06824-1826
Principal Occupation Financial Advisor	Name of Employer Barnum Financial		
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>12022017a</u>		Date Received 12/02/2017	Aggregate Contributions \$60.00
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 \$60.00	

Last Name Skyers	First Angela	MI	Contribution ID # 1245
Residential Street Address 1 Crozier Ct	City Oxford	State CT	Zip Code 06478-2720
Principal Occupation Assistant Dean of Admissions & Student Affairs	Name of Employer Univ. of St. Joseph's School of Pharmacy		
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>12022017a</u>		Date Received 12/02/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Skyers	First Erell	MI	Contribution ID # 1246
Residential Street Address 687 Elm St	City New Haven	State CT	Zip Code 06511-4100
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>12022017a</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 12/02/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Skyers	First Vashti	MI	Contribution ID # 1247
Residential Street Address 687 Elm St	City New Haven	State CT	Zip Code 06511-4100
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>12022017a</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 12/02/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kohut	First Jeffery	MI	Contribution ID # 1119
Residential Street Address 30 Wickliffe Cir	City Bridgeport	State CT	Zip Code 06606-1929
Principal Occupation Private Tutor	Name of Employer Traditional Tudoring 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>12022017a</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 12/02/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Lesser	First Stanton	MI H	Contribution ID # 1126
Residential Street Address 85 Split Rock Rd	City Southport	State CT	Zip Code 06890-1266
Principal Occupation Attorney	Name of Employer Stanton H Lesser Attorney		
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>11292017a</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 12/04/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Capozzi		First Louis		MI	Contribution ID # 0999
Residential Street Address 4652 Main St		City Bridgeport		State CT	Zip Code 06606-1839
Principal Occupation Broker			Name of Employer Self Employed		
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 # <u>11172017a</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 12/04/2017	
				Aggregate Contributions \$375.00	\$275.00
Last Name DeFusco		First Leopold		MI	Contribution ID # 1022
Residential Street Address 35 Catherine St		City Trumbull		State CT	Zip Code 06611-2403
Principal Occupation Attorney			Name of Employer DeFusco Law Firm		
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 # <u>11292017a</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 12/04/2017	
				Aggregate Contributions \$200.00	\$100.00
Last Name DaCruz		First Carlos		MI M	Contribution ID # 1018
Residential Street Address 231 Seaver Cir		City Bridgeport		State CT	Zip Code 06606-1226
Principal Occupation Maintenance			Name of Employer Inframark		
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 # <u>12162017a</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 12/16/2017	
				Aggregate Contributions \$100.00	\$100.00
Last Name Beck		First Robert		MI B	Contribution ID # 0980
Residential Street Address 75 Sterling Blvd		City Englewood		State NJ	Zip Code 07631-4836
Principal Occupation Sales			Name of Employer Momar, 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 # <u>12162017a</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 12/16/2017	
				Aggregate Contributions \$375.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jensen	First David	MI T	Contribution ID # 1107
Residential Street Address 14 Oronoque Trl	City Shelton	State CT	Zip Code 06484-5423
Principal Occupation Sewer Maintenance	Name of Employer Inframark LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>12162017a</u>		Date Received 12/16/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" 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 Dixon	First Daryl	MI E	Contribution ID # 1031
Residential Street Address 83 Yarneck Dr .	City Bridgeport	State CT	Zip Code 06604
Principal Occupation	Name of Employer		
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>12162017a</u>		Date Received 12/16/2017	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 Giblin	First Daniel	MI J	Contribution ID # 1067
Residential Street Address 34 Primrose Dr	City Trumbull	State CT	Zip Code 06611-5043
Principal Occupation	Name of Employer		
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>12162017a</u>		Date Received 12/16/2017	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 Giblin	First John	MI	Contribution ID # 1068
Residential Street Address 25 Pemberton Dr	City Trumbull	State CT	Zip Code 06611-2205
Principal Occupation Electrician	Name of Employer Inframark		
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>12162017a</u>		Date Received 12/16/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kearney	First Patrick	MI J	Contribution ID # 1113
Residential Street Address 51 Rock Creek Rd	City New Haven	State CT	Zip Code 06515-1207
Principal Occupation Plumber	Name of Employer Severn Trent 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12162017a</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 12/16/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Lopez	First Angel	MI L	Contribution ID # 1132
Residential Street Address 7 William St	City Ansonia	State CT	Zip Code 06401-1917
Principal Occupation Processor	Name of Employer WPCA		
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>12162017a</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 12/16/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Pereira	First Constance	MI	Contribution ID # 1182
Residential Street Address 15 Larkey Rd	City Oxford	State CT	Zip Code 06478-1120
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12162017a</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 12/16/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Pereira	First John	MI	Contribution ID # 1183
Residential Street Address 745 Laurel Ave	City Bridgeport	State CT	Zip Code 06604-2403
Principal Occupation Maintenance	Name of Employer Inframark		
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>12162017a</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 12/16/2017
		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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pereira	First Manuel	MI	Contribution ID # 1184
Residential Street Address 15 Larkey Rd	City Oxford	State CT	Zip Code 06478-1120
Principal Occupation Parks and Rec	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>12162017a</u>		Date Received 12/16/2017	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 Moreno	First Manuel	MI	Contribution ID # 1162
Residential Street Address 319 Greenwood St	City Bridgeport	State CT	Zip Code 06606-3826
Principal Occupation Maintainence Worker	Name of Employer Inframark		
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>12162017a</u>		Date Received 12/16/2017	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 Taraglio	First Barbara	MI	Contribution ID # 1256
Residential Street Address 1000 North St	City Milford	State CT	Zip Code 06461-2021
Principal Occupation Branch Manager	Name of Employer Webster Bank		
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>12162017a</u>		Date Received 12/16/2017	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 Ryan	First John	MI	Contribution ID # 1225
Residential Street Address 580 Wilmot Ave	City Bridgeport	State CT	Zip Code 06607-1107
Principal Occupation	Name of Employer		
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>12162017a</u>		Date Received 12/16/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rua	First Miguel	MI	Contribution ID # 1223
Residential Street Address 12 Douglas Rd	City Oxford	State CT	Zip Code 06478-1123
Principal Occupation Maintenance Worker	Name of Employer Inframark		
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>12162017a</u>		Date Received 12/16/2017	Aggregate Contributions \$200.00
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 \$200.00	

Last Name Pettway	First James	MI V	Contribution ID # 1188
Residential Street Address 281 Johnson Ave	City Stratford	State CT	Zip Code 06614-4745
Principal Occupation Maintenance	Name of Employer Inframark		
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>12162017a</u>		Date Received 12/16/2017	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 Teixeria	First Rui	MI	Contribution ID # 1259
Residential Street Address 16 Glendale Ter	City Shelton	State CT	Zip Code 06484-4313
Principal Occupation mechanic	Name of Employer Inframark		
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>12162017a</u>		Date Received 12/16/2017	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 Vidal	First Agosto	MI	Contribution ID # 1277
Residential Street Address 393 Windsor Ave	City Stratford	State CT	Zip Code 06614-4209
Principal Occupation Utility Worker	Name of Employer Inframark		
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>12162017a</u>		Date Received 12/16/2017	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
Joe Ganim 2018	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Woodson	First Andre	MI	Contribution ID # 1286
Residential Street Address 205 Bostwick Ave	City Bridgeport	State CT	Zip Code 06605-2435
Principal Occupation Mechanic	Name of Employer Inframark		
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>12162017a</u>		Date Received 12/16/2017	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 Siggars Ford	First Ralphine	MI	Contribution ID # 1244
Residential Street Address 222 1/2 N State St Rear House Behind 222	City Ansonia	State CT	Zip Code 06401-3045
Principal Occupation Revenue Examiner - Auditor	Name of Employer State of CT - Dept of Revenue Services		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/20/2017	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 Wygol	First John	MI	Contribution ID # 1287
Residential Street Address 39 Sunset Rd	City Darien	State CT	Zip Code 06820-3527
Principal Occupation Insurance	Name of Employer John H. Wygol & Co. 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 12/22/2017	Aggregate Contributions \$150.00
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 \$150.00	

Last Name Kronholm	First Mona	MI	Contribution ID # 1122
Residential Street Address 697 Pequot Trl	City Stonington	State CT	Zip Code 06378-2228
Principal Occupation Insurance Agent	Name of Employer Kronholm Insurance Services		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$375.00
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 \$375.00	

Total of Section B		\$52,870.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B) (Total on Line 14, Column A of Summary Page)	\$52,870.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer		
Address		Is this contribution associated with an event reported in Section J1?		Yes	No	Amount of Contribution
		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
Joe Ganim 2018	January 10 Filing - 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
Joe Ganim 2018	January 10 Filing - 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
Joe Ganim 2018	January 10 Filing - 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
Joe Ganim 2018	January 10 Filing - 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
Joe Ganim 2018	January 10 Filing - 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
Joe Ganim 2018	January 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Staples	11/13/2017	
Street Address	City	State
292 US Highway 1	New London	CT
Zip Code		
		06320
Description		
Refund of office supplies		\$22.81
Total of Section I		\$22.81

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

J1. Event Information

Event # Date of Event 10/19/2017	Letter a	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 290 George St		City Bridgeport	State CT
Zip Code 06608-2329			
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 10/21/2017	Letter a	Description Party Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1491 Huntingon Tpke		City Trumbull	State CT
Zip Code 06608-2329			
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 10/23/2017	Letter a	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 937 State St		City New Haven	State CT
Zip Code 06511			
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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

J1. Event Information

Event # Date of Event 10/26/2017	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 Bridgeport Ct # 6		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

Event # Date of Event 11/05/2017	Letter a	Description Breakfast Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 441 Post Rd		City Fairfield	State CT
Zip Code 06608-2329			
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 11/13/2017	Letter a	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 597 W Main St		City New Britain	State CT
Zip Code 06608-2329			
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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

J1. Event Information

Event # Date of Event 11/17/2017	Letter a	Description Party Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 753 Lakeside Dr		City Bridgeport	State CT
Zip Code 06604			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
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 <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
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 <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 11/18/2017	Letter a	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address Club 91 91 Booth St		City Bridgeport	State CT
Zip Code 06606			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
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 <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
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 <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 11/29/2017	Letter a	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 2370 Park Ave		City Bridgeport	State CT
Zip Code 06606			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
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 <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
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 <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Joe Ganim 2018		January 10 Filing - Original	
J1. Event Information			
Event # Date of Event 12/02/2017	Letter a	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1 Crozier Ct		City Oxford	State CT Zip Code 06478
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
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 <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
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 <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>
Event # Date of Event 12/16/2017	Letter a	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 15 Larkey Rd		City Oxford	State CT Zip Code 06478
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
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 <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
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 <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>
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
Joe Ganim 2018	January 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

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

Total of Section J3	
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II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

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

Name of Host John Pereira		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 15 Larkey Rd	City Oxford	State CT	Zip Code 06478-1120
Description of Donation Food for house party fundraiser			Fair Market Value of Donation
Event # 12162017a	Aggregate value of this Event - all hosts \$234.13	Aggregate value of all Events - this host/candidate \$234.13	\$234.13

Name of Host Daniel Pizarro		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 1419 Huntington Tpke	City Trumbull	State CT	Zip Code 06611-5341
Description of Donation Food for house party fundraiser			Fair Market Value of Donation
Event # 10212017a	Aggregate value of this Event - all hosts \$280.13	Aggregate value of all Events - this host/candidate \$280.13	\$280.13

Total of Section J4	\$514.26
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

K. In-Kind Contributions

Name Finn Michael				
Street Address 217 Indian Hill Trl		City Glastonbury	State CT	Zip Code 06033-1460
Is this contribution associated with an event reported in Section J1? If yes, list Event# <u>11172017a</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 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	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship	11/13/2017	\$100.00		\$100.00

Name Malheiro Virginia				
Street Address 11 Botsford Pl		City Trumbull	State CT	Zip Code 06611-4702
Is this contribution associated with an event reported in Section J1? If yes, list Event#	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of In-Kind Contribution complimentary cigars for fundraiser		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	<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	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship	12/30/2017	\$375.00		\$125.00

Total of Section K

\$225.00

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - 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
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee John K Ricci		Date of Payment 10/02/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>169</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 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 #
				\$328.52

Name of Payee Sage Payment Solutions		Date of Payment 10/02/2017	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 #
				\$547.72

Name of Payee Forstone 350, LLC		Date of Payment 10/04/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>170</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Old Kings Hwy		City Darien	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 #
				\$1,650.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Hassett & George, P.C.		Date of Payment 10/04/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 945 Hopmeadow St		City Simsbury	State CT	Zip Code 06070-1865
Purpose of Expend Misc *	Description Legal 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 #
				\$10,000.00

Name of Payee Ben Hyde		Date of Payment 10/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>168</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Lower Blvd		City New London	State CT	Zip Code 06320-4351
Purpose of Expend CNSLT	Description Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,000.00

Name of Payee John K Ricci		Date of Payment 10/20/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>172</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 Payment for DJ at 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 #
				\$300.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anthony Paoletto		Date of Payment 10/20/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>176</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Lynne Pl		City Bridgeport	State CT	Zip Code 06610-1233
Purpose of Expend RMB	Description 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 #
				\$39.49

Name of Payee Virginia Malheiro		Date of Payment 10/20/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>174</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 Printing costs			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$90.20

Name of Payee Solmar		Date of Payment 10/20/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>179</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 290 George St		City Bridgeport	State CT	Zip Code 06604-3321
Purpose of Expend FNDR *	Description Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$325.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Vazzy		Date of Payment 10/20/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>173</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 337 Kenyon St		City Stratford	State CT	Zip Code 06614-2512
Purpose of Expend FOOD	Description Food			Amount \$906.00
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 MDW Communications, LLC		Date of Payment 10/23/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 333 Las Olas Way # CU1		City Fort Lauderdale	State FL	Zip Code 33301-2363
Purpose of Expend WEB	Description			Amount \$2,000.00
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 CVS Pharmacy		Date of Payment 10/23/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3710 Main St		City Bridgeport	State CT	Zip Code 06606-3613
Purpose of Expend OFFICE	Description office supplies			Amount \$147.00
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
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Ben Hyde		Date of Payment 10/27/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>175</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Lower Blvd		City New London	State CT	Zip Code 06320-4351
Purpose of Expend CNSLT	Description Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,000.00

Name of Payee Optimum		Date of Payment 10/27/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 9256		City Chelsea	State MA	Zip Code 02150-9256
Purpose of Expend OVHD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is 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 Peoples Bank		Date of Payment 11/02/2017	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 bank 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 #
				\$15.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Peoples Bank		Date of Payment 11/02/2017	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 Bank 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 #	\$15.00

Name of Payee Joel Gonzalez		Date of Payment 11/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 909 Maplewood Ave		City Bridgeport	State CT	Zip Code 06605-1636
Purpose of Expend REF	Description Bounced check			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 #	\$100.00

Name of Payee Marco Rumbin		Date of Payment 11/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Toomlinsa Rd .		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description Bounced check			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 #	\$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 11/02/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 292 US Highway 1		City New London	State CT	Zip Code 06320
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 #
				\$51.42

Name of Payee Sage Payment Solutions		Date of Payment 11/02/2017	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 Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$131.10

Name of Payee Virginia Malheiro		Date of Payment 11/04/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>177</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 Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$134.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Ben Hyde		Date of Payment 11/08/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>178</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Lower Blvd		City New London	State CT	Zip Code 06320-4351
Purpose of Expend CNSLT	Description Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,000.00

Name of Payee Staples		Date of Payment 11/13/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 292 US Highway 1		City New London	State CT	Zip Code 06320
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 #	\$30.79

Name of Payee United States Postal Service		Date of Payment 11/17/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 120 Middle St		City Bridgeport	State CT	Zip Code 06602-9998
Purpose of Expend POST	Description Postage			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 #	\$294.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Jesus Ortiz		Date of Payment 11/19/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>205</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 91 Booth St .		City Bridgeport	State CT	Zip Code 06608-2611
Purpose of Expend FNDR *	Description Food			Amount \$250.00
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 Virginia Malheiro		Date of Payment 11/21/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>182</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 Reimbursement for Dj payment			Amount \$350.00
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 Ben Hyde		Date of Payment 11/21/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>180</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Lower Blvd		City New London	State CT	Zip Code 06320-4351
Purpose of Expend CNSLT	Description Consultant			Amount \$2,000.00
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
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Circle Diner		Date of Payment 11/21/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>181</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 441 Post Rd		City Fairfield	State CT	Zip Code 06824-6240
Purpose of Expend FNDR *	Description Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$364.39

Name of Payee John K Ricci		Date of Payment 12/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>185</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 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 #
				\$789.20

Name of Payee Vazzy		Date of Payment 12/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>184</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 337 Kenyon St		City Stratford	State CT	Zip Code 06614-2512
Purpose of Expend FNDR *	Description Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Sage Payment Solutions		Date of Payment 12/04/2017	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 Fees			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 #	\$88.89

Name of Payee NGP Van		Date of Payment 12/06/2017	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 WEB	Description NGP VAN			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,850.00

Name of Payee CVS Pharmacy		Date of Payment 12/06/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hawley Ln		City Stratford	State CT	Zip Code 06614-1200
Purpose of Expend POST	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 #	\$245.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Ben Hyde		Date of Payment 12/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>183</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Lower Blvd		City New London	State CT	Zip Code 06320-4351
Purpose of Expend CNSLT	Description Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,000.00

Name of Payee Ben Hyde		Date of Payment 12/20/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>186</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Lower Blvd		City New London	State CT	Zip Code 06320-4351
Purpose of Expend CNSLT	Description Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,000.00

Name of Payee Staples		Date of Payment 12/22/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 292 US Highway 1		City New London	State CT	Zip Code 06320
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 #
				\$33.99

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Forstone 350, LLC		Date of Payment 12/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>189</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 #
				\$1,917.74

Name of Payee Barbara Gonzalez		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>193</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 114 Intervale Rd		City Bridgeport	State CT	Zip Code 06610-1014
Purpose of Expend REF	Description Refund of contribution over aggregate limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00

Name of Payee Albert A Cortina		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>191</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Lilac Ln		City Easton	State CT	Zip Code 06612-2065
Purpose of Expend REF	Description Refund of contribution over aggregate limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is 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
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Thomas E DiMaio		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>200</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2258 Steinway St		City Astoria	State NY	Zip Code 11105-1836
Purpose of Expend REF	Description Refund of contribution over cash limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Diomedes Y Feliz		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>192</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 275 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5271
Purpose of Expend REF	Description Refund of contribution over aggregate limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00

Name of Payee Bruce Amster		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>197</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2475 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-2648
Purpose of Expend REF	Description Refund of contribution over aggregate limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$375.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee James Aurilio Jr		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>190</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Northwood Dr		City Easton	State CT	Zip Code 06612-1351
Purpose of Expend REF	Description Refund of amount over aggregate limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00

Name of Payee Yuran Barrantes		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>199</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 225 Shelton St		City Bridgeport	State CT	Zip Code 06608-1524
Purpose of Expend REF	Description Refund of contribution over cash limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Virginia Malheiro		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>201</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 FNDR *	Description Fundraiser 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 #
				\$125.01

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Jennipher Roman		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>194</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 743 Stillman St		City Bridgeport	State CT	Zip Code 06608-1300
Purpose of Expend REF	Description Refund of contribution over aggregate limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$25.00

Name of Payee Portofino's Restaurant & Bar		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>202</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 937 State St		City New Haven	State CT	Zip Code 06511-3926
Purpose of Expend FNDR *	Description Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 10232017a \$186.10

Name of Payee Joseph Passaretti		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>203</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Lincoln Dr		City Wallingford	State CT	Zip Code 06492-5117
Purpose of Expend FNDR *	Description Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 11132017a \$284.84

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Irvin Schemansky		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>195</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Harborview Pl		City Bridgeport	State CT	Zip Code 06605-3338
Purpose of Expend REF	Description Refund of contribution over aggregate limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is 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 Jorge Sepulveda Velez		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>196</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 315 Nichols St		City Bridgeport	State CT	Zip Code 06608-2708
Purpose of Expend REF	Description Refund of contribution over aggregate limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00

Name of Payee Furqan Sheikh		Date of Payment 12/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>198</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Sunset Rd		City Easton	State CT	Zip Code 06612-1748
Purpose of Expend REF	Description Refund of contribution over cash limit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is 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
Joe Ganim 2018	January 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee City of Bridgeport		Date of Payment 12/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>206</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 999 Broad St		City Bridgeport	State CT	Zip Code 06604-4320
Purpose of Expend Misc *	Description Mileage Reimbursement			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,440.25
Total of Section N				\$42,331.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	January 10 Filing - 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	Amount
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
Joe Ganim 2018	January 10 Filing - 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
Joe Ganim 2018	January 10 Filing - 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
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Virginia	First Malheiro	MI	Date of Payment to Vendor 10/10/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 174 <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) PRNT	Description Printing
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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 \$15.63
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Last Name of Worker/Consultant Virginia	First Malheiro	MI	Date of Payment to Vendor 10/10/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 174 <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) PRNT	Description Printing
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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 \$3.51
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
John	Ricci	K	10/10/2017	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Geoffrey Benevides

Street Address of Vendor	City	State	Zip Code
190 Stratfield Pl	Bridgeport	CT	06606-4002

Purpose of Expenditure (by code)	Description
Misc *	DJ services

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$300.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Virginia	Malheiro		10/17/2017	<input checked="" type="checkbox"/> Check # 174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor	City	State	Zip Code
1201 Kings Hwy	Fairfield	CT	06824-5319

Purpose of Expenditure (by code)	Description
PRNT	Printing

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$0.52

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Virginia	Malheiro		10/17/2017	<input checked="" type="checkbox"/> Check # 174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor	City	State	Zip Code
1201 Kings Hwy	Fairfield	CT	06824-5319

Purpose of Expenditure (by code)	Description
PRNT	Printing

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$10.42

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Virginia	Malheiro		10/17/2017	<input checked="" type="checkbox"/> Check # 174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor	City	State	Zip Code
1201 Kings Hwy	Fairfield	CT	06824-5319

Purpose of Expenditure (by code)	Description
PRNT	Printing

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$15.63

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Virginia	First Malheiro	MI	Date of Payment to Vendor 10/17/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 174 <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) PRNT	Description Printing
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$2.81
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Virginia	First Malheiro	MI	Date of Payment to Vendor 10/17/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 174 <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) PRNT	Description Printing
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$20.84
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Virginia	First Malheiro	MI	Date of Payment to Vendor 10/17/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 1201 Kings Hwy		City Fairfield		State CT
		Zip Code 06824-5319		
Purpose of Expenditure (by code) PRNT	Description Printing			
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 \$20.84
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Anthony	First Paoletto	MI	Date of Payment to Vendor 10/20/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 176 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 1201 Kings Hwy		City Fairfield		State CT
		Zip Code 06824-5319		
Purpose of Expenditure (by code) OFFICE	Description office supplies			
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 \$39.49
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Virginia	Malheiro		10/21/2017	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Happy Dollars

Street Address of Vendor	City	State	Zip Code
4541 Main St	Bridgeport	CT	06606-1818

Purpose of Expenditure (by code)	Description
FNDR *	docorations

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$58.38

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Virginia	Malheiro		10/21/2017	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Stop & Shop

Street Address of Vendor	City	State	Zip Code
4531 Main St	Bridgeport	CT	06606-1846

Purpose of Expenditure (by code)	Description
FNDR *	food

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$69.98

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Virginia	First Malheiro	MI	Date of Payment to Vendor 11/04/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Luigi's Italian Pastry
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Street Address of Vendor 4090 Main St	City Bridgeport	State CT	Zip Code 06606-2301
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Purpose of Expenditure (by code) FOOD	Description Food
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$134.95
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant John	First Ricci	MI K	Date of Payment to Vendor 11/11/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 185 <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 3 Armstrong Dr	City Shelton	State CT	Zip Code 06484-4706
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Purpose of Expenditure (by code) OFFICE	Description office supplies
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$28.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant John	First Ricci	MI K	Date of Payment to Vendor 11/11/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 185 <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 office supplies
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$45.69
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant John	First Ricci	MI K	Date of Payment to Vendor 11/15/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 185 <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 office supplies
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$73.90
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant John	First Ricci	MI K	Date of Payment to Vendor 11/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 1201 Kings Hwy		City Fairfield		State CT
		Zip Code 06824-5319		
Purpose of Expenditure (by code) OFFICE	Description office supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$123.36
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant John	First Ricci	MI K	Date of Payment to Vendor 11/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 1201 Kings Hwy		City Fairfield		State CT
		Zip Code 06824-5319		
Purpose of Expenditure (by code) OFFICE	Description Office supplies			
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 \$76.55
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant John	First Ricci	MI K	Date of Payment to Vendor 11/30/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant United States Postal Service				
Street Address of Vendor 120 Middle St		City Bridgeport	State CT	Zip Code 06602-9998
Purpose of Expenditure (by code) POST	Description Postage			
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 \$441.00	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$1,482.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Ganim 2018	January 10 Filing - 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 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 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 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