#### **SEEC FORM 26—SHORT FORM**

**Independent Expenditure Statement for Persons** 

Revised August 2014



# BRIDGEPORT, CONN. LAND RECORDS KEL-D FOR RECORD FILEN

Original

☐ Amendment

Page 1 of 8

1. NAME OF PERS	SON MAKING INDEPEN	IDENT EXPEN	DITURE		
				ATTEST:	
BRIDGER	PORT GENERAT	10N Now	VOTES	Lesoles D. Lemons In	
2. NAME OF INDI	VIDUAL FILING INDEP	ENDENT EXPI	ENDITURE STA	TEMENT ON THOMS. JR.	
First Name		MI	Last Name	oct an	Suffix
NIELS :	BELLEAN!	H	HEILMAI	VN	
Title					
TREASU					
3. TELEPHONE & (Include Area Code)	EMAIL ADDRESS OF I	NDIVIDUAL FI Email Address	LING INDEPE	NDENT EXPENDITURE STATEMENT	
917 608	7936	1 1 1	ptgennow	votes aca	
4. DATE (Check One			p- germon	40.00.1013	
/					
Primary Sep	12,2023	☐ Election _		□ Referendum	
5. TYPE OF REPO	RT (Check One Box)				e de la seguina de la compansión de la comp
☐ January 10	☐ 7th day preceding prim	narv	☐ 7th day	☐ 24 hour Independent Expenditure Statement for Pr	rimary
•		•	preceding	•	,
□ April 10	□ 30 days following prin	nary	referendum	☐ 24 hour Independent Expenditure Statement for El	ection
☑ July 10	☐ 7th day preceding elec		□ 00 dava	☐ 24 hour Independent Expenditure Statement for Sp	pecial Election
October 10	☐ 7th day preceding spec		following referendum	☐ Amendment to (Type of Report)	
	☐ 45 days following spec	ial election	TOTOTOTIGUITI		
				\$\begin{align*}	
C DEDICT COVER	PD.	A STATE OF THE STA	Market Transport	<b>*</b>	
6. PERIOD COVER	(CD	* 1607		<b>%</b>	
	Ве	eginning Date		Ending Date	
	<u>4/</u>	1/2023	through	6/30/2023	
7. CERTIFICATIO	N OF INDIVIDUAL FILE	ING THE INDE	PENDENT EX	PENDITURE STATEMENT	
I hereby certify	and state, under penalties	of false stateme	ent, that I have a	ccepted my appointment as the individual authorized	i to file the
Independent E	Expenditure Statement on	behalf of the per	son. I further co	ertify and state, under the penalties of false statement	t, that the
to be made by the	person, for the period cov	penditure Statem ered, and that th	ient is a true, act iese expenditure	curate and complete itemization of expenditures made and obligations were made independent of any other	le or obligated er individual.
political c	committee, party committee	ee, or candidate of	committee, or ag	ent thereof, and that the person has not been reimbu	rsed.
1,010/	/ /				
/ Vice W	1		NIELS.	HEILMANN 07	107/2023
SIGNATURE			PRINT NAME		(mm/dd/yyyy)

BRIDGEPORT GENERATION NOW VOTES July 10 SUMMARY						
	COLUMN A This Period	COLUMN B Aggregate				
Expenditures Made by a Person (Section A - Page 3)	14,937,34	15,568.45				
Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	95,998					
D. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)	95,998					
	13,416					
FF		π.				

### SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDEN	T EXPEND	TURE (As rep	orted on Pag	e I, Line I)	TYPE OF	REPORT	i and it so	
BRIDGEPORT GENERAT						july 10	3	
	Control of the Contro	dent Expen	STREET, WATER STREET,	Made by Po	Charles and the second section of the second			
Name of Payee							Date o	of Expenditure
VEGAN CUISINE			City			······	State 6	1/2/23
							State	Zip Code
4790 PARK AVE Independent Expenditure on behalf of more than one candidate?	Description		BRID	<u>GEPORT</u>	<u> </u>		LCT	06664
	•		<i>7</i> . m	*******	- 0.0			
Yes Yoo If yes, complete Section A. Addendum  Name of Candidate (only complete if Independent Expenditure is on beha	FOO!			NUASSE	ffice Sought			
MARILYN MOORE	.,,,,	y			MAYO	R		Supported Opposed
Purpose of Expenditure		Expenditure Nui	mber	Associated with	Referendum?		Amour	it
MISC		007		☐ Yes	<b>™</b> No	\$ 34	1.20	
Name of Payee							Date o	f Expenditure
DECADENT DOG Street Address			City				State	12/23
				n,	~~			Zip Code
500 BROAD 57 Independent Expenditure on behalf of more than one candidate?	Description	=	DKI	DGEPO.	K I	A	CT	06604
☐ Yes No If yes, complete Section A. Addendum	Food	Tan	e 44 ti	00 0 C = 0 C	1			
Name of Candidate (only complete if Independent Expenditure is on beha				MASSERS	fice Sought			
a	90	8.39	•		Ü	- 0		Supported Opposed
MARILYN MOORE Purpose of Expenditure		Expenditure Nur	nber	Associated with	Referendum?	ok_	Amoun	
MISC	^	(if applicable)		☐ Yes		41	6.00	
Name of Payee		008				4		Expenditure
GARY JUDKINS							6	/3/23
Street Address			City				State	Zip Code
94 PRINCE ST			BRID	GEPORT			CT	06610
Independent Expenditure on behalf of more than one candidate?	Description			_		^		
☐ Yes ☑No If yes, complete Section A. Addendum	PHOTO	GRAPL	1Y, E	INDORS	EMENT	ANNO	DUCEM	ENT
Name of Candidate (only complete if Independent Expenditure is on behal	f of ONF candidate	—if more than one, Co	omplete Section A	Addendum) Off	ice Sought			Supported
MARILYN MOORE					MAY	OR		☐ Opposed
Purpose of Expenditure by code)		Expenditure Num	iber	Associated with I		1.	Amount	
MISC	ŀ	009		☐ Yes [	₩o	$\mathcal{J}$	1250	26
			•	A	•			
		SURTOT	AL Section	on A This	Page	dl (	200	200
	,,,,	Part Live				<b>J</b> ) 1,	<u> 300 .</u>	70
		TOTAL of a	dditional	Section A. I	Pages	\$ 13	,637.	14
TOTAL OF ALL INDEPENDENT EXPI	ENDITURE	ES MADE B		N THIS PE		1 14	1,937	34

### SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES Revised August 2014

NAME OF PERSON MAKING INDEPENDENT EXPEND	TIDE (4. mar	outed on Da	na I Lina II	TYPE OF I	EDODT	San Section 1886	Maria Commune
			ge 1, Line 1)			AND THE STATE OF	
BRIDGEPORT GENERATION A  B. Independent Expendit			A ALLA	JUL		en men	
Name of Creditor	iures Obliga	neu by r	erson this	reriou but	NOTPAIG	Date	Obligated
WEARERALLY, LLC						6	19/22
Street Address		City				State	Zip Code
5670 WILSHIRE BLVD, SUITI	E 820	Los	ANGEL	ES		CA	90036
Independent Expenditure on behalf of more than one candidate? Description  Yes No If yes, complete Section B. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	nte—if more than one, (	Complete Section	B. Addendum) O	ffice Sought		375	
MARILYN MOORE				MAYOR			Supported Opposed
Purpose of Expenditure	Expenditure Nu	mber	Associated with			mount Ob	l
MISC, A.DM, A-WEB, A.SIGN	(if applicable)	7	☐ Yes	No	95	998	5
Name of Creditor		•					Obligated
H.						ļ	
Street Address		City		-		State	Zip Code
Independent Expenditure on behalf of more than one candidate? Description					<u>_</u>		
☐ Yes ☐ No If yes, complete Section B. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	te—if more than one, (	'omplete Section	B. Addendum) Of	Tice Sought			☐ Supported
							Opposed
Purpose of Expenditure (by code)	Expenditure Nur	nber	Associated with	Referendum?	A	mount Obl	igated
			☐ Yes	□ No			
Name of Creditor						Date O	bligated
Start Address		al:					
Street Address		City				State	Zip Code
Independent Expenditure on behalf of more than one candidate? Description			_				
☐ Yes ☐ No If yes, complete Section B. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	e —if more than one, Co	omplete Section i	B. Addendum) Off	ice Sought		<del></del>	
W.							Supported Opposed
Purpose of Expenditure (by code)	Expenditure Num (f applicable)	iber	Associated with I		Aı	nount Obli	gated
	arvanestaar (1966)			10000000000	<del>-</del>		
	SUBTO	TAL Sect	on B This	Page	95	998	
	TOTAL of	additiona	Section B.	Pages			
TOTAL OF ALL INDEPENDENT EXPENS DURING THIS PERIOD BUT NOT PAID	DITURES O	Service of the State of the Sta	ED BY PER	White State of the	95	998	5
Previous Reported Independent Expe	enditures Un	paid and		iding	0	)	
TOTAL OF ALL INDEPENDENT EXPENDI		IGATED	SALES CONTRACTOR DE LA CO	PAID	95.	998	

# SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES Revised August 2014

NAME OF PERSON MAK	ING INDEPENDENT	EXPENDITURE (As re	ported on Page 1, Line 1)	TYPE OF REPO	RT	
		C. Itemization	of Reimbursements			
Name of Individual Reimbursed						
NIELS HEIL						
Name of Vendor, Person or Entity Pai	id by Individual					
JESSICA S	TANKEY					
Street Address of Vendor, Person or E	Entity	85	City		State	Zip Code
2121 PAULDI	NG AVE		BRONK		NY	10462
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure				Expenditure Nu	mber
06/05/23	MISC					
Description			9		Am	ount
Band Fee					2,00	0 -
Name of Individual Reimbursed			.73		<u></u>	
		7,4				
Name of Vendor, Person or Entity Paid	d by Individual	- 13	111			
Street Address of Vendor, Person or E	ntity		City		State	Zip Code
Date of Payment to Vendor, Person	Purpose of Expenditure		<u>.                                    </u>		Expenditure Nun	nber
or Entity	(by code)				(If applicable)	
Description					Amo	ount
	9		18			
Name of Individual Reimbursed		3.00				
Name of Vendor, Person or Entity Paid	by Individual					
Street Address of Vendor, Person or Er	ntity		City		State	Zip Code
Date of Payment to Vendor, Person	Purpose of Expenditure		(1)		Expenditure Num	ber 11
or Entity	(by code)				(If applicable)	
Description					Amo	unt
					Aillu	unt
	PS-GS-VARS-LATER HES-VAR-LAS-SALES			RELEGIAL		
		SUBTO	TAL Section C This P	age	1,000	#
		TOTAL of	additional Section C. Pa			
			ALL REIMBURSEME		000	
				9	-,000	

#### INDEPENDENT EXPENDITURES

☐ See Additional Page(s)

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE OF REPORT BRIDGEPORT GENERATION NOW VOTES 10 D. Covered Transfers in Excess of \$5,000 If the independent expenditures reported in this form were made or obligated to be made on or after the date that is one hundred and eighty (180) days prior to the applicable primary or election, you must report any "covered transfers" received during the twelve month period prior to the applicable primary or election that are five thousand dollars or more in the aggregate. One or more of the pertinent covered transfers have been reported to the Federal Election Commission (FEC) or Internal Revenue Service (IRS) and the person filing this form has submitted a copy of that previously filed report in lieu of reporting such covered transfers here. If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Identification Number here: FEC Filer ID or IRS EIN # Note: Any covered transfers occurring within the relevant time period and not reported on the attached FEC or IRS filings must be reported below. Source of Covered Transfer—Name of Person Making Covered Transfer NIELS HEILMANN Address of Person Making Covered Transfer - City Zip Code GROVERS AVE BRIDGEPORT Source of Covered Transfer Name of Individual who Signed Check or Authorized Covered Transfer Amount HEILMANN Source of Covered Transfer-Name of Person Making Covered Transfer Address of Person Making Covered Transfer-City State Zip Code Source of Covered Transfer-Name of Individual who Signed Check or Authorized Covered Transfer Amount Source of Covered Transfer—Name of Person Making Covered Transfer Address of Person Making Covered Transfer-City State Zip Code Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer Amount Source of Covered Transfer-Name of Person Making Covered Transfer Address of Person Making Covered Transfer-City State Zip Code Source of Covered Transfer-Name of Individual who Signed Check or Authorized Covered Transfer Amount

### INDEPENDENT EXPENDITURES

Page 7 of 8

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)  TYPE O	FREPORT		
E E LONG CONTRACTOR D'ALCOND			1405 Q-9 4405 A
E. Five Largest Covered Transfers Disclosed in Communication	tuon		
If the independent expenditure reported in this form was for a communication made or obliga date that is ninety (90) days immediately prior to the applicable primary or election, please re "covered transfers" received during the received during the twelve month period prior to the applicable primary or election, please re	port the fiv	e largest	aggregate
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure	Number
		Section	Number
Address of Person Making Covered TransferCity	State	Zi	Code Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Section	Number Number
Address of Person Making Covered Transfer—City	State	Zij	Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer Name of Person Making Covered Transfer	3%	Expenditure 1	
		Section	Number
Address of Person Making Covered Transfer—City	State	Ziı	Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure 1	Number Number
		Section	Number
Address of Person Making Covered Transfer—City	State	Ziŗ	Code
	2::		
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure N	lumber Number
		occinon.	
Address of Person Making Covered Transfer—City	State	Zip	Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	

#### INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE OF REPORT F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in Communication Ž. Name of Person Making Covered Transfer to Person Reported in Section E. Address of Person Making Covered Transfer-City (if known) State Zip Code Name of Person Receiving Covered Transfer as Reported in Section E. Expenditure Number Name of Person Making Covered Transfer to Person Reported in Section E. Address of Person Making Covered Transfer City (if known) State Zip Code **Expenditure Number** Name of Person Receiving Covered Transfer as Reported in Section E. Name of Person Making Covered Transfer to Person Reported in Section E. Address of Person Making Covered Transfer-City (if known) State Zip Code Expenditure Number Name of Person Receiving Covered Transfer as Reported in Section E. Name of Person Making Covered Transfer to Person Reported in Section E. State Zip Code Address of Person Making Covered Transfer—City (if known) Name of Person Receiving Covered Transfer as Reported in Section E. Expenditure Number Name of Person Making Covered Transfer to Person Reported in Section E. State Address of Person Making Covered Transfer—City (if known) Zip Code Name of Person Receiving Covered Transfer as Reported in Section E. Expenditure Number Name of Person Making Covered Transfer to Person Reported in Section E. State Zip Code Address of Person Making Covered Transfer-City (if known) Name of Person Receiving Covered Transfer as Reported in Section E. Expenditure Number

	See	Additional	Page(s)
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### (For use with SEEC Form 26—SHORT)

(Note: Asterisk \* adjacent to the left of an Expenditure Code indicates that Description Field is Mandatory)

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit funds. Include the costs for both the development and the delivery of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below. If a single advertising message is developed for several of the delivery mechanisms listed below, report all applicable codes for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used.

A-DM-expenditure to advertise through direct mail.

A-MAG: expenditure to advertise through a magazine.

A-NEWS: expenditure to advertise through a newspaper.

A-ATM: expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK: expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

A-RAD: expenditure to advertise on radio.

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard signs visible from any street or highway.

A-TV: expenditure to advertise on television.

A-WEB: expenditure to advertise on the World Wide Web. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See WEB for other web related expenditures.

**A-OTH**: any expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, *etc.* for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

OFFICE: expenditures for office supplies such as paper, pens, printer cartridges, etc.

**POLLS**: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report.

**POST**: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT: expenditures associated with the costs of printing, photocopying or reproducing literature, stationery, invitations and the like.

**RMB**: expenditures to **Reimburse Individuals**. This is when the cost of payment for something needed by the person is advanced by the individual and reimbursement is sought and obtained from the person who authorized the payment. After making payment to the individual in Section A., report the **name of each Vendor** paid by the individual in Section C., "Itemization of Reimbursements."

WEB: Expenditures for accessing and having a presence on the WEB. This includes payments to develop or maintain: (a) a website and homepage; (b) an internet provider; (c) a domain name on the internet; and (d) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web. See A-WEB above.

\*MISC: expenditures of Miscellaneous items that are not listed above. The text box of the Description Field, which is mandatory, must explain in narrative form, with sufficient clarity, the purpose of this expenditure. If more than one of the above codes applies to an expenditure, do not use MISC and instead report all applicable codes.

	onal pages are					
Sect	ion of the forn appropriate					
For Section	ns A., B. and C	~ reprod	uce the "Ad	dendum Da	age" for the	annronriota
		-			_	
section if a	transaction is	associated	d with or be	nefiting mo	ore than tw	o candidates.
section if a	transaction is	associated	d with or be	nefiting mo	ore than tw	o candidates.
section if a	transaction is	associated	d with or be	nefiting mo	ore than tw	o candidates.
section if a	transaction is	associated	d with or be	nefiting mo	ore than tw	o candidates.
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		associated	d with or be	enefiting mo	ore than tw	o candidates.
		associated	d with or be	enefiting mo		
		associated	d with or be	enefiting mo		o candidates.
		associated	d with or be	enefiting mo		

# Section A. ADDITIONAL PAGE 1 of 9

NAME OF PERSON MAKING INDEPENDENT EXPEN	DITURE (4s ren	orted on Page 1 Tine 11	TVDE O	REPORT	(19) - 45 may 12 m	
0 -	_	or the one ingeri, have if				
BRIDGEPORT GENERATION NOT	the second secon	Alterna Wasta ber	Jul	y 10	ES (40 de es es es	na ser en en en en
Name of Payee	naent Expen	ditures Made by	rerson		Date of	f Expenditure
ASHLEY AGUILERRA					6	11/23
Street Address		City			State	Zip Code
83 VOIGHT AVE		BRIDGEPO	RT		CT	06606
Independent Expenditure on behalf of more than one candidate? Description						
	E : CANY				. 28	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candid	late-if more than one, C	omplete Section A. Addendum	Office Sought			Supported
MARILYN MOORE			MAY	OR		Opposed
Purpose of Expenditure	Expenditure Nun	nber Associated v	ith Referendum?	4	Amoun	t
MISC	010	□ Y	es M No	#44	8.50	
Name of Payce				4		Expenditure
DIANA BUSTILLO						2/23
Street Address		City			State	Zip Code
299 MERRITY ST		BRIDGEPOI	25		CT	06606
Independent Expenditure on behalf of more than one candidate? Description	_					
	E CANV					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate)	nte—if more than one, Co	omplete Section A. Addendum)	Office Sought			<b>⊠</b> Supported
MARILYN MOORE		Ę.,	MAYO	R		Opposed
Purpose of Expenditure by code)	Expenditure Num		ith Referendum?	.t	Amount	
MISC	OIL	□ Ye	s 🖸 No	\$ 1.	20	
Name of Payce						xpenditure
CHUNTANG BRUYNDER					61	12/23
Street Address	(	City			State	Zip Code
1282 NORTH AVE		BRIDGEPO	RT		CT	06604
ndependent Expenditure on behalf of more than one candidate? Description				<u></u>		
Yes No If yes, complete Section A. Addendum WAGE	CANVE	788				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidat	e—if more than one, Cor	mplete Section A. Addendum)	Office Sought			Supported
MARILYN MOORE		N - N	MAYOR	L		Opposed
urpose of Expenditure	Expenditure Numb	Associated wi	h Referendum?		Amount	
MISC	012	☐ Ye	No No	\$ 1	120	
		-	<u></u>			
	CHETOT	AL Section A Th		A) / 0 0		
	SUBIUI.	alloculum A 10	D Lage	\$881	.50	

### Section A. ADDITIONAL PAGE 2 of 9

Street Address  7 8 CROWN ST  REPORTED TO 66 W  PYES BYNO I JUNE, complete Section A. Address and Complete Section A. Address	NAME OF PERSON MAKING INDEPENDENT EXPEN	DITURÉ (As rej	ported on Page 1, Line 1,	TYPE OF	REPORT	, and set	400 MAYES
Name of Payee    City   State   City   State   City   State   City   Supported	BRIDGEPORT GENERATION	Now	VOTES	July			
Size Address   Size   Address   Size   Zip Code   CT   O66 W   State   Zip Code   CT   O66 W   Size   CT	A. Indepe	CONTRACTOR AND STREET, SALES	AND INCOMES AND RESIDENCE AND RESIDENCE AND RESIDENCE				
Street Address  TREE CROWN ST Independent Exponditure on behalf of more than one candidate?  Description  WAGE, CANVASS  Name of Candidate (only complete Section A. Addendum)  WAGE, CANVASS  Name of Candidate (only complete Section A. Addendum)  WAGE, CANVASS  Name of Candidate (only complete Section A. Addendum)  WAGE, CANVASS  Name of Candidate (only complete Section A. Addendum)  WAGE, CANVASS  City  BRIDGEPORT  Amount  State Zip Code  CT 0660  WAGE, CANVASS  City  BRIDGEPORT  City  State Zip Code  CT 06604  CT 06604  State Zip Code  CT 06606	Name of Payee					Date of E	openditure
Street Address  TREE CROWN ST Independent Expenditure on behalf of more than one candidate?  PRINCEPORT  WAGE, CANVASS  Name of Candidate (only complete Section A. Addendom  WAGE, CANVASS  Name of Candidate (only complete Section A. Addendom  WAGE, CANVASS  Name of Candidate (only complete Section A. Addendom  WAGE, CANVASS  Name of Candidate (only complete Section A. Addendom  WAGE, CANVASS  Name of Payee  CHUNTANG BRYUNDER  City  State Zip Code  CT 06604  Amount  State Zip Code  CT 06604  Amount  Office Sought  MAYOR  Date of Expenditure  CHUNTANG BRYUNDER  City  State Zip Code  CT 06604  State Zip Code  CT 06604  MAYOR  Possoported Expenditure in one behalf of more than one candidate? Description  WAGE, CANVASS  State Office Sought  MAYOR  Office Sought  MAYOR  Date of Expenditure  Office Sought  MAYOR  Date of Expenditure  Office Sought  MAYOR  Office Sought  MAYOR  Date of Expenditure  Office Sought  MAYOR  Office Sought  MAYOR  Office Sought  MAYOR  Date of Expenditure  Office Sought  MAYOR	MADONNA KONGAL					61	15/23
Pescription	Street Address		City		15	State Z	ip Code
Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  Name of Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS  NAME OF Candidate (only complete Section A. Addendam NAGE; CANVASS)  NAME OF CANVASS  NAME	78 CROWN ST		BRIDGER	ORT		CI	06610
Name of Candidate (only complete (Independent Expenditure is on behalf of ONE candidate - If more than one, Complete Section A. Addendam)  MARILYN MODRE  Expenditure Number (Independent Expenditure)  MISC  Name of Expenditure  O13  City  State  City  State  City  State  Associated with Referendum?  Office Sought  MAYOR  Associated with Referendum?  Office Sought  MAYOR  State  State  City  Supported  Office Sought  MAYOR  Office Sought							
MARILYN MODRE  Purpose of Expenditure  WISC  Name of Payee  CHUNTANG BRYUNDER  CTUY  State  CTO G6604  State  CTO G6604  MAYOR  Payes of Expenditure  CHUNTANG BRYUNDER  CTO G6606  Amount  State  CTO G6606  Amount  CTO G6606  CTO G6							
MARILYN MOORE  Throughout of Expenditure Number of Payee  CHUNTANG BRYUNDER  Street Address  City  Rel DGEPORT  CT 06604  Supposed Texpenditure on behalf of more than one candidate?  Was complete Section A. Addendum  WAGE: CANVASS  Warreet Address  City  Supposed Way Complete Section A. Addendum  WAGE: CANVASS  Warreet Address  City  Supposed Way Complete Section A. Addendum  WAGE: CANVASS  Warreet Address  City  Supposed Way Complete Section A. Addendum  WAGE: CANVASS  Warreet Address  City  Supposed Way Complete Section A. Addendum  WAGE: CANVASS  Warreet Address  City  Supposed Way Complete Section A. Addendum  WAGE: CANVASS  City  State  City  City  State  City  City  State  City  State  City  State  City  State  City  State  City  State  City  City  State  City  State  City  State  City  City  State  City  State  City  State  City  State  City  State  City	Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candid	late—if more than one,	Complete Section A. Addendum)	Office Sought			Supported
Name of Payee  CHUNTANG BRYUNDER  City  CITY  RRIDGEPORT  CT 06604  Street Address  City  RRIDGEPORT  CT 06604  CT 06604  CT 06604  CT 06606  CT 0	MARILYN MOORE		W	MAYOR	<b>.</b>		Opposed
Name of Payce  CHUNTANG BRYUNDER  City  City  BRIDGEPORT  CT 06604  State Zip Code  CT 06604  Addendum  WAGE: CANVASS  Name of Candidate (only complete Section A. Addendum)  WAGE: CANVASS  Amount  City  BRIDGEPORT  CT 06606  C	Purpose of Expenditure		mber Associated	with Referendum?			
CHUNTANG BRYUNDER  Street Address  City  BRIDGEPORT  CT 06604  Description  WAGE: CANVASS  Name of Candidate (any complete Section A. Addendum)  MAGE: CANVASS  Name of Expenditure  WAGE: CANVASS  NAME OF Section A. Addendum  WAGE: CANVASS  ABOUNT  OIH  Supported  OPE Section A. Addendum  WAGE: CANVASS  ABOUNT  OIH  OIH  OIH  OIH  OIH  OIH  OIH  OI	MISC	013	, 🗆	es 🖸 No	Br	10	
City   RRIDGEPORT   CT   O6604    1282   No   State   Zip Code     CT   O6604    CT   O6606    CT	Name of Payee	· · · · · · · · · · · · · · · · · · ·				Date of Ex	penditure
City   Rependent   Starte   Zip Code	CHUNTANG BRYUNDER	2				611	5/23
Yes   No   If yes, complete Section A. Addendum   WACE: CANVASS     Anne of Candidate (anity complete If Independent Expenditure is on behalf of ONE condidate—If more than one, Complete Section A. Addendum)   Office Sought   MAYOR     WACE: CANVASS     Amount   Office Sought     WACE: CANVASS     Amount   Office Sought     WACE: CANVASS     WACE: CANVAS	Street Address		City		. 8	tate Zi	Code
Yes   No   If yes, complete Section A. Addendum   WAGE: CANVASS	1282 NORTH AVE		BRIDGER	ORT		CTC	6604
NARILYN MORE  Expenditure Number of Expenditure Number of Expenditure Section A. Addendum)  Date of Expenditure Number on Expenditure Number of Expenditure Number on Expenditure on Expenditure Number on Expenditure Number on Expenditure Number on Expenditure on Ex							
MALLYN MODRE    Supported   Opposed   Opposed				<del>,</del>			
MARILYN MODRE  Large of Expenditure Number  Lift opposed with Referendum?  MISC  Large of Payce  Date of Payce  Date of Expenditure  City  State  Zip Code  CT  O6606  LY es No  LY es No  LY es No  Description  LY es No  LY es	Name of Canadate (only complete if Independent Expenditure is on behalf of ONE condide	ste—If more than one, (	Complete Section A. Addendum)	Office Sought		_	Supported
MISC  ame of Payee  Date of Expenditure  OIH  Ves No  Date of Expenditure  OIH  Date of Expenditure  OIH  Date of Expenditure  OIH  State  Zip Code  CT  O6606  Description  I Yes No  If yes, complete Section A. Addendum  WAGE: CANVAS  ame of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)  MARILYN  MOORE  Those of Expenditure  Description  Office Sought  MAYOR  Description  Amount  Amount  Amount  Amount					R		Opposed
DIANA BUSTILLO  City  State Zip Code  299 Me RRITT ST  BRIDGEPORT  CT 06606  Description  I Yes No If yes, complete Section A. Addendum  WAGE: CANVASI  arms of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—If more than one, Complete Section A. Addendum)  MARILYN MOORE  Expenditure Number of Expenditure  Expenditure Number of opplace with Referendum?  Amount  Amount	by code)				h	Amount	
DIANA BUSTILLO  treet Address  City  State  Zip Code  Z99 M&RRITT ST  dependent Expenditure on behalf of more than one candidate?  Description  I Yes No If yes, complete Section A. Addendum  WAGE: CANVASS  arms of Candidate (only complete I Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)  MARILYN MOORE  Expenditure Number  of Expenditure  Expenditure Number  of gapticoshie)  Associated with Referendum?  Amount		014	□ Y	es No	IL	20	
Treet Address    City   State   Zip Code	Name of Payee						
299 MERRITT ST  BRIDGEPORT  CT 06606  dependent Expenditure on behalf of more than one candidate?  Description  WAGE: CANVASS  arms of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)  Office Sought  MARILYN MOORE  Expenditure Number (1f applicable)  Associated with Referendum?  Amount					<u>-</u>	611	5/23
dependent Expenditure on behalf of more than one candidate?  Description  WAGE: CANVASS  arms of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)  Office Sought  MAYOR  Expenditure  Office Sought  MAYOR  Expenditure Number (If applicable)  Associated with Referendum?  Amount	~ ^ ^		_		Sta	ite Zip	Code
Amount  1 Yes No If yes, complete Section A. Addendum WAGE: CANVASS  ame of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)  Office Sought  MAYOR  Expenditure Number (If applicable)  Associated with Referendum?  Amount			BRIDGEP	ort _	(	27 0	6606
ame of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)  Office Sought  MAYOR  Topose of Expenditure  (or opplicable)  Expenditure Number (of applicable)  Associated with Referendum?  Amount		M					
MARILYN MOORE  Expenditure Number (If applicable)  Associated with Referendum?  Amount				0000			83
rpose of Expenditure		e—y more man one, c.c	этрген Зесиоп А. дааенашт)			30	Supported
(if applicable)		In 15 31			R		LI Opposed
17113C 1015 1189	y code)	(If applicable)			Ж	100	72
	MISC	015	Ш че	9 DA (40	7	189	
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				and the second second			
SUBTOTAL Section A This Page 349		SUBTOT	AL Section A Th	is Page	J 3'	49	

# Section A. ADDITIONAL PAGE 3 of 9

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NAME OF PERSON MAKING INDEPENDENT EXPEN	DITURE (As rep	ioried on Page I, Li	ne I)	TYPE OF RE	PORT	5 7 6 7 7	
BRIDGEPORT GENERATION N	JOW VOTI	ع		July	ló		
	the state of the s	ditures Made	by Pers	on			
Name of Payee		The state of the s			er_2010100000	Date of	Expenditure
MADONNA KONGAL						61	15/23
Street Address		City	·····			State	Zip Code
78 CROWN ST		DOING	10-0			CT	00/10
Independent Expenditure on behalf of more than one candidate? Description		BRIDG	Erok	1		01	06610
	(- F 0 A						
	GE: CAN			G			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candid	sate -ij more inan one, c	complete Section A. Adden	Maum) Office	Sought			Supported
MARILYN MOORE				MAYOR			☐ Opposed
Purpose of Expenditure	Expenditure Nur	mber Associ	iated with Ref	ferendum?		Amount	ì
MISC	016		☐ Yes ☑	No	R.	120	
Name of Payee						Date of	Expenditure
ERIKA ALVAREZ							116/23
ERIKA ALVAREZ  Street Address		City	····	<u> </u>	-		Zip Code
		-	_		• [	State	
368 EZRA ST		BRIDGE	POR ?	<u>.</u>		01	06606
Independent Expenditure on behalf of more than one candidate? Description							
	GE" CAN						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate)	ate—if more than one, C	omplete Section A. Addend	tum) Office	Sought			Supported
MARILYN MOORE				MAYO	R		Opposed
Purpose of Expenditure	Expenditure Nun	nber Associa	ated with Refe		-	Amount	
MISC	017	1	Yes 🗗	No		160	
Name of Payee	1 017				4		expenditure
Outstand - Dove							, ,
CHUNTANG BRYUNDER		<i></i>		··-··			26/23
Street Address		City			3	tate 2	Zip Code
1281 NORTH AVE		BRIDGE	[ PORT			CT	06604
ndependent Expenditure on behalf of more than one candidate? Description							
Yes No If yes, complete Section A. Addendum WAG	E: CAN	IVASS					Ţ
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE condidate	te-if more than one, Ca	mplete Section A. Addenda	um) Office S	ought			56
MARILYN MOORE			\ \rangle	layor			Supported Opposed
urpose of Expenditure	Expenditure Num	ber Associat	ted with Refer			Amount	
V andri	((fapplicable)		] Yes ☑∕N	io l	þ		97
Misc	018				4	1230	,
27		•					_
	/A			<u> </u>			
	SUBTOT	AL Section A.	This Par	ge	H	510	,
	SIMPLE STREET	COLD BOOK TO THE TAXABLE		145325	. N.	3 I L	/

# Section A. ADDITIONAL PAGE 4 of 9

NAME OF PERSON MAKING INDEPENDENT EXPEN	DITURE (As re	ported on Pag	e 1, Line 1)	TYPEO	REPORT		
BRIDGEPORT. GENERATION N	dow Vo	TES		30	lu k	ت ا	
AND AND THE PROPERTY OF THE PR	ndent Expe		Made by	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Party of			
Name of Payee						Date o	f Expenditure
DIANA BUSTILLO						6	26/23
Street Address		City				State	Zip Code
299 MERRITT ST		BRID	GEPOR	1		CI	06606
Independent Expenditure on behalf of more than one candidate? Description							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE, candid	GE: CA			Office Course			
	anc -y more unin trae,	Complete Section	A. Ашистинт)	Office Sought	_		Supported  Opposed
MARILYN MOORE Purpose of Expenditure	Expenditure Nu	mber	A secondated up	MAYC	)R		
(by code)	(if applicable)	mioci		s No	4 1-	Amoun	ι
MISC Name of Payee	019			5 (g) 110	(B)	70	
•						Date of	Expenditure
FACE BOOK Street Address		City		<u> </u>		State	Zip Code
1 HACKER WAY		1	LO P	0 0 K	•	CA	-
Independent Expenditure on behalf of more than one candidate? Description	<u>.</u>	1 (610	CO P	HKK		Ch	94025
□ Yes ☑No If yes, complete Section A. Addendum FB PF	ROMOTION	,					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate			1. Addendum) (	Office Sought			
JOE GANIM			]	MAYO	R		Supported Opposed
Purpose of Expenditure by code:	Expenditure Nur	nber	Associated wit	th Referendum?		Amount	
A. WEB	020		☐ Yes	No	4	768.9	0
Name of Payee							Expenditure
FACEBOOK						6/1	/23
Street Address		City			· ·	State	Zip Code
I HACKER WAY		MEN	LO PA	IRK		eA	94025
ndependent Expenditure on behalf of more than one candidate? Description	<b>.</b>						
	ROMOTION						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidat	le—ij more than one, (2	ompiete Section A.	Addendum) (O	ffice Sought			Supported
MARILYN MOORE urpose of Expenditure	P. Jan V.			MAYO	)R		Opposed
v code)	Expenditure Num	iber /	Associated with		Ц	Amount	
A. WEB	021		i ies	Dy No	3	1081.3	7
•							
		altoria (de a		o constituenta			
	SUBTOT	AL Sectio	n A Thi	s Page	\$ 20	020.6	7

# Section A. ADDITIONAL PAGE 5 of 9

NAME OF PERSON MAKING INDEPENDENT EXPEN	DITURE (As reported on	Page 1, Line 1) TYPE OF	REPORT	
BRIDGEPORT GENERATION NO		301	u la	
Total principal community and the principal control of the principal co	ndent Expenditure			
Name of Payce  ERIKA ALVAREZ				Date of Expenditure 6/26/23
Street Address	City		State	Zip Code
368 EZRA ST	BR	IDGEPORT	C	T 06606
Independent Expenditure on behalf of more than one candidate? Description  ☐ Yes ☐ No If yes, complete Section A. Addendum  ☐ Xes ☐ No If yes, complete Section A. Addendum	E: CANVASS			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate)	date—if more than one, Complete Se	ction A. Addendum) Office Sought		Supported
MARILYN MOORE		MAYOR	2	☐ Opposed
Purpose of Expenditure	Expenditure Number (if applicable)	Associated with Referendum?	A	mount
MISC	022	☐ Yes ☑No	\$ 20	O
Name of Payee				Date of Expenditure
ASHLEY AGUILLERA Street Address	City		Panta	6/29/23
83 VOIGHT AVE		IDGEPORT	State	Zip Code
Independent Expenditure on behalf of more than one candidate? Description				
☐ Yes ☑ No If yes, complete Section A. Addendum ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		4		
MARILYN MOORE	uie~g mai e man one, Campiese sec	office Sought	R	Supported Opposed
Purpose of Expenditure by codes	Expenditure Number	Associated with Referendum?	\u A	nount
MISC	023	☐ Yes ☑ No	\$491	.50
Name of Payee			С	ate of Expenditure
MADONNA KONGAL				6/26/23
78 CROWN ST	City	DGEPORT	State	2ip Code 06610
ndependent Expenditure on behalf of more than one candidate? Description	019	DUETON		100010
Yes No If yes, complete Section A. Addendum WAG	E: CANVASS			. 2
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate of the Candidate o	ie—if more than one, Complete Secti	Office Sought		Supported Opposed
urpose of Expenditure	Expenditure Number	Associated with Referendum?		ount
MISC	024	☐ Yes ☑ No	42	30
	**	8		
,	75¢		- 11	
		ction A This Page	192	1.50

# Section A. ADDITIONAL PAGE 6 of 9

NAME OF PERSON MAKING INDEPENDENT EXPEND	OFTURE (As reported	on Page 1, Lins 1)	TYPE OF RE	PORT		
BRIDGEPORT GENERATION NO	W VOTES		JULY	16		
AND RESIDENCE OF THE PROPERTY	STREET, STREET	res Made by Per				
Name of Payee					Date of Ex	penditure
ERIKA ALVAREZ					6/2	16/23
Street Address	City			Sta		p Code
368 EZRA ST	L B	RIDGEPOR	27		CT (	26606
Independent Expenditure on behalf of more than one candidate? Description		-				
	E: CANVAS			···		
Name of Candidate (only complete if Independent Expenditure Is on behalf of ONE candidate	ate—if more than one, Complet		e Sought			Supported
MARILYN MOORE			MAYOR			Opposed
Purpose of Expenditure (by code)	Expenditure Number	Associated with Re	100	ж . <sup>(1)</sup>	Amount	
MISC	025	☐ Yes 🖸	'No	18	70	
Name of Payee					Date of Exp	
CHUNTANG BRUYNDER					1	6/23
Street Address	City		_	Stat	e Zig	Code
1282 NORTH AVE	18	RIDGEPOR'	<u> </u>		7	16604
Independent Expenditure on behalf of more than one candidate? Description  If yes, complete Section A. Addendum  WAG	E. CANVAS	2				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candida		····	Sought			
MARILYN MOORE	3	The face of	layor		İ	Supported Opposed
Purpose of Expenditure	Expenditure Number	Associated with Ref			Amount	
MISC	026	☐ Yes ☑	No	J 2	45	
Name of Payee					Date of Exp	enditure
DIANA BUSTILLO					6/26	/23
Street Address	City			State	1 61	Code
299 MERRITI ST	E	RIDGEPOR	7	(	10	4606
ndependent Expenditure on behalf of more than one candidate? Description						
	E · CANVA					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	e—if more than one, Complete	Section A. Addendum) Office :	Sought			☑ Supported
MARILYN MOORE		1	MAYOR		Ш	Opposed
urpose of Expenditure y code)	Expenditure Number	Associated with Refe		11	Amount	5.3
MISC	027	☐ Yes 【】	40	9	50	
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			Processor	ni.	····	

# Section A. ADDITIONAL PAGE 7 of 9

NAME OF PERSON MAKING INDEPENDENT EXPEN	DITURE (As n	eported on Pa	e I, Line I)	TYPE OF R	EPORT		
BRIDGEPORT GENERATION N				JOLY			
Edited in the first and the first in the control of the state of the edited of the state of the edited of the state of the	endent Expe	CARL CONTRACTOR CONTRACTOR	Made by	A CONTRACTOR OF THE PARTY OF TH		11/22/04	
Name of Payee			N. N. C. S. S. S. S. S. S. S.			Date of	Expenditure
ASHLEY AGUILERRA						61	12/23
Street Address		City				State	Zip Code
83 VOIGHT AVE		BR	DGEP	ORT		05	06606
Independent Expenditure on behalf of more than one candidate? Description	14.57				1		
☐ Yes No If yes, complete Section A. Addendum WAG	E	2-2-5-2-6					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE cand	lidate—if more than one	e, Complete Section	A. Addendum)	Office Sought	=		Supporte
MARILYN MOORE				MAYOR			Opposed
Purpose of Expenditure	Expenditure N	lumber	Associated w	ith Referendum?		Amount	
Misc	028		□ Ye	s 🗆 No	45	94.9	8
Name of Payee	1000				40	THE OWNER OF TAXABLE PARTY.	Expenditure
GOOGLE						1 41	3/23
Street Address		City			S		Zip Code
1600 AMPHITHENTRE PARKW	iay	Mou	NTAIN	VIEW		CAL	94043
Independent Expenditure on behalf of more than one candidate? Description		1					
Yes No If yes, complete Section A. Addendum G SU	ITE						
Name of Candidate (only complete (f Independent Expenditure ts on behalf of ONE condi-	date—if more than one,	Complete Section	A. Addendum)	Office Sought			По
JOE GANIM				MAYOR			Supported Opposed
Purpose of Expenditure	Expenditure No	umber	Associated wi	th Referendum?		Amount	
A-WEB	029	400	☐ Ye	s 🖬 No	-	76.57	7
Name of Payee							xpenditure
GOOGLE						61:	2/23
Street Address		City		- W-12-	St	ato Z	ip Code
1600 AMPHITHEATRE PARKEN	AY	Moun	TAIN V	IEIN)		CA	94043
ndependent Expenditure on behalf of more than one candidate? Description		1. 0010		100-			11012
Yes No If yes, complete Section A. Addendum   G St	SITE						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE condid		Complete Section A	. Addendum) O	ffice Sought			
MARILYN MOORE			1	MAYOR			Supported Opposed
hurpose of Expenditure	Expenditure Nu	mber	Associated with			Amount	
A. WEB	030		☐ Yes	No	76.	57	
	1		Same of the same o		,,,,		
	grinera			24,903	٠ - الم		
	PORTO	TAL Section	n A Ihi	rage	317L	18.12	

# Section A. ADDITIONAL PAGE 8 of 9

NAME OF PERSON MAKING INDEPENDENT	EXPENDITURE (As reported	on Page I, Line I) TYPE	OF REPORT	
BRIDGEPORT GENERAT	ION NOW YOTE	2	ULY 10	
<ul> <li>Transfer out in the product of the first of the product of the produ</li></ul>	Independent Expenditu			
Name of Payee				Date of Expenditure
ASHLEY AGUILLERA				6120123
Street Address	City		Stat	
83 VOIGHT AVE	8	BRIDGEPORT	1	T 06606
Independent Expenditure on behalf of more than one candidate?	escription	V		
Yes No If yes, complete Section A. Addendum	WAGE			
Name of Candidate (only complete if Independent Expenditure is on behalf	of ONE condidate—If more than one, Complete	Section A. Addendum) Office Sought		☐ Supported
MARILYN MOORE		MA	YOR	☐ Opposed
Purpose of Expenditure	Expenditure Number	Associated with Referendum	1 1	Amount
MISC	031	☐ Yes 【YNo	\$612.	27
Name of Payee		*		Date of Expenditure
CALABRIA HEILMANN	1			6130123
Street Address	City		State	Zíp Code
89 GROVERS AVE	B	RIDGEPORT	C	7 06605
	scription	ii e		
Yes No If yes, complete Section A. Addendum	WAGE, HOURS	ALLOCATED TO I	E	
Name of Candidate (only complete if Independent Expenditure is on behalf of	f ONE candidate—if more than one, Complete	Section A. Addendura) Office Sought		☐ Supported
				☐ Opposed
Purpose of Expenditure	Expenditure Number	Associated with Referendum	7	Amount
MISC	032	☐ Yes ᡚ∕No	\$217.	2.8\
Name of Payee				Date of Expenditure
GEMEEM DAVIS	4			6/30/23
Street Address	City		State	Zip Code
33 COTTAGE PLACE	Be	UDGEPORT	C	7 06604
······································	eription			
Yes No If yes, complete Section A. Addendum	NAGE HOURS	ALLOCATED TO	IE	25
Name of Candidate (only complete if Independent Expenditure is on behalf aj	ONE candidate—if more than one, Complete S			
				Supported Opposed
Purpose of Expenditure	Expenditure Number	Associated with Referendum?	A	mount
Misc	033	☐ Yes 👿 No	\$269	11 02
				· / O ds
•				
	The Land of the Land		1,	
	SUBTUTAL	lection A This Page	\$5471	6.10

# Section A. ADDITIONAL PAGE 9 of 9

NAME OF PERSON MAKING INDEPENDENT EXPEN	DITURE (As re	ported on Page 1, Line 1)	TYPE OF	REPORT		
BRIDGEPORT GENERATION NOW	VOTES		70	LY 10		
Contribute and the contribute on the Contribute Contrib	ndent Expe	nditures Made by	the second second second second			
Name of Payee  IDEAL PRINTING					Date o	Expenditure
Street Address		City			State	Zip Code
228 FOOD TERMINAL PLAZA		NEW HAVE	EN		et	06511
Independent Expenditure on behalf of more than one candidate? Description						
☐ Yes 🖾 Yoo If yes, complete Section A. Addendum PALM	CAROS				100	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candid	late—if more than one,	Complete Section A. Addendum)	Office Sought			Supported
MARILYN MOORE			MAY	DR.		Opposed
Purpose of Expenditure	Expenditure Nu	Associated	with Referendum?		Amoun	t
PRNT	034	D Y	es 🖾 No	, X 2	45	
Name of Payce	· · · · · · · · · · · · · · · · · · ·					Expenditure
RUUTHAI'S KITCHEN		Lev			6	127/23
648 BEECHWOOD AVE		BRIDGEPE	ORT	•	State	2ip Code 0 6604
Independent Expenditure on behalf of more than one candidate? Description		× 1				
☐ Yes ☑No If yes, complete Section A. Addendum FOO D	FOR CAN	NASSERS				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE condide	ate—if more than one, (	Complete Section A. Addendum)	Office Sought			15/2
MARILYN MOORE	\$3		MAYOR			Supported Opposed
Purpose of Expenditure	Expenditure Nu	mber Associated v	vith Referendum?	91	Amount	:
MISC	035	Y	es 🖸 No	B	113.2	5
Name of Payee					Date of I	Expenditure
NIELS HEILMANN						30/23
Street Address		City			1	Zip Code
89 GROVERS AVE		BRIDGEPOI	R7		CT	06605
ndependent Expenditure on behalf of more than one candidate? Description  Yes No If yes, complete Section A. Addendum  SEE	SECTION	C	<u>8</u>	30		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE condidate	e—if more than one, C	Omplete Section A. Addendum)	Office Sought			<b>■</b> Supported
MARILYN MOORE			MAYO	R		Opposed
rurpose of Expenditure	Expenditure Nun	nber Associated w	ith Referendum?		Amount	
RMB	836		s D No	20	00	
**************************************						
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			100000000000000000000000000000000000000	(IM)	8.25	

# Section A. ADDENDUM PAGE 1 of 2

NAME OF PERSON MAKING IN	DEPENDENT EXPENDIT	URE (As reported on Page 1, Line	1)	TYPE OF REPO	ORT 18
BRIDGEPORT G	ENERATION NOI	~ Votes		JULY 1	(0
	A. Independent Exp	penditures Made by Pers	on <i>Add</i>	dendum 🛞	
Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpos	se of Expenditure Ay	code)
032	\$2172.8	1	M	Isc	
Description					
WAGE: HOURS	ALLOCATED 70	IE			
Name of Candidate		Office Sought (if applicable)		Supported	Amount Allocated to Candidate
MARILYN MOOR	É	MAYOR	8	Opposed	1221.25
Name of Candidate	8.	Office Sought (if applicable)		[] Supported	Amount Allocated to Candidate
JOE GANIM		MAYOR		Supported Opposed	951.56
Name of Candidate	,	Office Sought (if applicable)		☐ Supported	Amount Allocated to Candidate
				☐ Opposed	
Name of Candidate		Office Sought (if applicable)			Amount Allocated to Candidate
8				Supported Opposed	
Name of Candidate		Office Sought (if applicable)		-	Amount Allocated to Candidate
		,		Supported Opposed	
<u>g</u>					
Name of Candidate		Office Sought (if applicable)		☐ Supported	Amount Allocated to Candidate
			į	Opposed	
Name of Candidate		Office Sought (if applicable)			Amount Allocated to Candidate
				☐ Supported ☐ Opposed	
				) =	
Name of Candidate		Office Sought (if applicable)		☐ Supported	Amount Allocated to Candidate
			ĺ	Opposed	
Name of Candidate		Office Sought (if applicable)		П	Amount Allocated to Candidate
		i	ŀ	Supported Opposed	
Name of Candidate		Office Sought (if applicable)			Amount Allocated to Candidate
				☐ Supported ☐ Opposed	110
Name of Candidate		Office Sought (if applicable)		☐ Supported	Amount Allocated to Candidate
				Opposed	

# Section A. ADDENDUM PAGE 2 of 2

NAME OF PERSON MAKING IN	DEPENDENT EXPEND:	TURE (As reported on Page 1, Line	TYPE OF REPO	ORT .
	A Independent E	openditures Made by Pers	eon Addendum	
Expenditure Number as reported in Section A	Total Amount of the Expenditure	penditure of transaction of	Purpose of Expenditure	code)
033	2691,0	)2	MISC	
Description .	(8)		ě	
WAGE: Hours	ALLOCATED	TO IE		10
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate
MARILUN M	LODRE	MAYOR	Opposed	1815,92
Name of Candidate		Office Sought (if applicable)	C Summerted	Amount Allocated to Candidate
JOE GANIN	1	MAYOR	Supported Supposed	875.10
Name of Candidate		Office Sought (If applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (If applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	v	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate

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#### SEEC FORM 26—SHORT FORM

#### Section B. ADDITIONAL PAGE \_\_\_\_ of \_\_\_

NAME OF PERSON MAKING INDEPENDENT EXPE	NDITURE (As reported on .	Page 1, Line 1)	TYPE OF RE	PORT	
B. Independent Expend	ditures Obligated by	Person thi	s Period but N	ot Paid	
Name of Creditor					Date Obligated
				Í	
Street Address	City			State	Zip Code
				8	
Independent Expenditure on behalf of more than one candidate? Description					
			5		
	to a Campleta Ca	D. 444	OCT - Carreta	10	T
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE can	sdidate—if more than one, Complete Sec	tion B. Addendum)	Office Sought		☐ Supporte☐ Opposed
					☐ Opposed
Purpose of Expenditure	Expenditure Number	Associated v	with Referendum?	Amoun	nt Obligated
	76.0000000	□ Y	es □ No		
Name of Creditor				1	Date Obligated
					•
Street Address	City			State	Zip Code
one in the state of the state o	1				Zip code
	<u></u>				
Independent Expenditure on behalf of more than one candidate? Description					
☐ Yes ☐ No If yes, complete Section B. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE cand	didate—if more than one, Complete Sec.	tion B. Addendum)	Office Sought		☐ Supported
					Opposed
Purpose of Expenditure	Expenditure Number	Associated v	vith Referendum?	Amoun	t Obligated
(by code)	(if applicable)		es 🗆 No		
Name of Condins					
Name of Creditor				D	Date Obligated
2					
Street Address	City		2	State	Zip Code
ndependent Expenditure on behalf of more than one candidate? Description	•				
Yes No If yes, complete Section B. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candi	lidate—if more than one, Complete Sect	ion B. Addendum)	Office Sought		
~			-		☐ Supported ☐ Opposed
Purpose of Expenditure	Expenditure Number	Associated w	ith Referendum?	Amount	t Obligated
	34,	□ Ye	es 🗆 No		
	en roomstaan kan makan				
	SUBTOTAL C.	otion D T	his Dage		

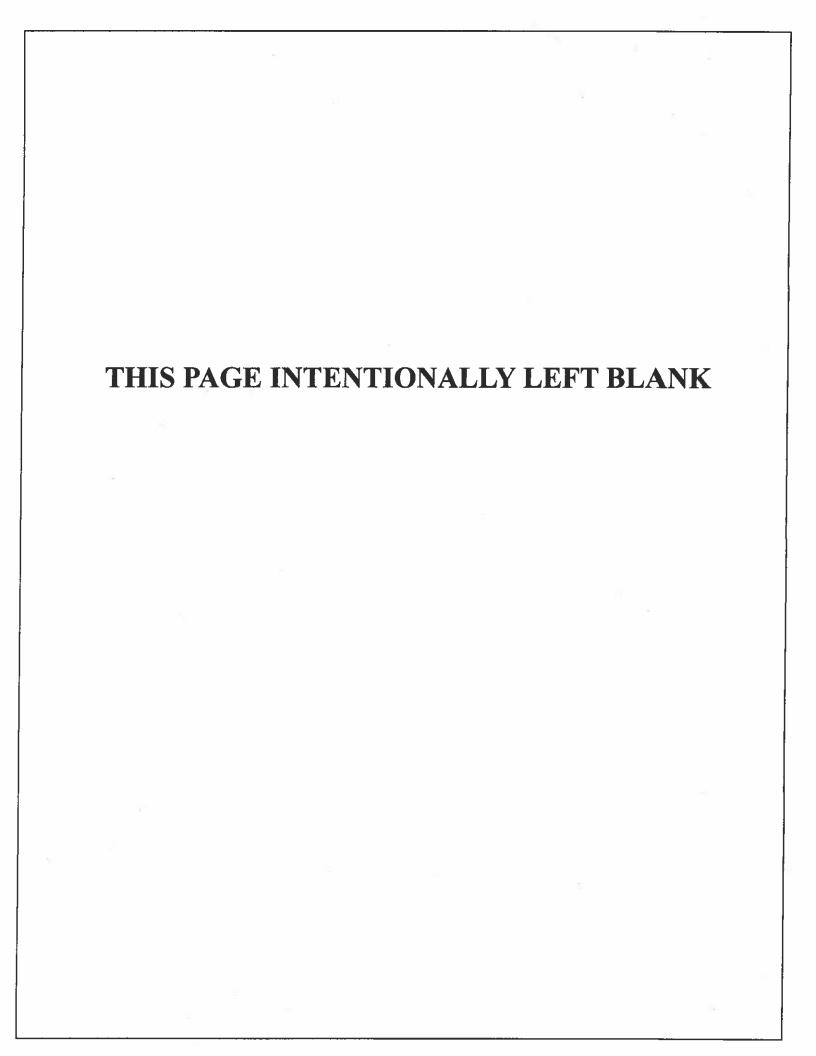
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#### SEEC FORM 26—SHORT FORM

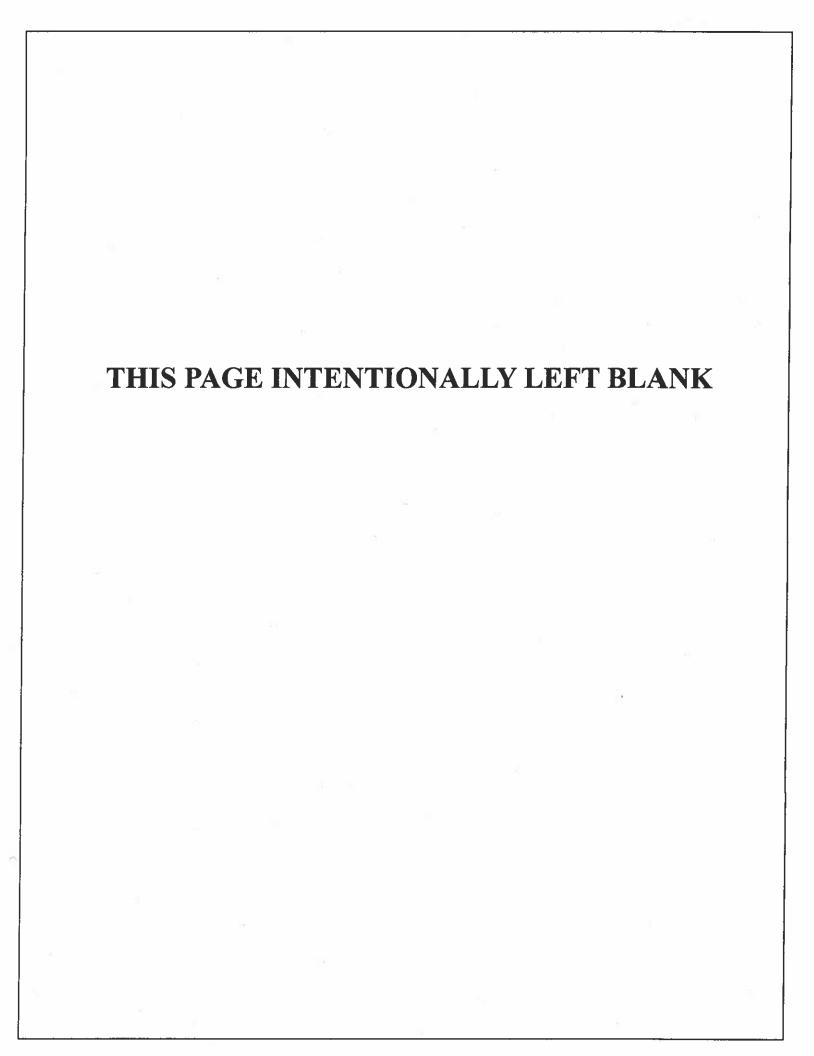
Revised August 2014

### Section C. ADDITIONAL PAGE \_\_\_\_ of \_\_\_

NAME OF PERSON MAK	ING INDEPENDENT EXPENDITU	RE (As reported on Page 1, Line	type of report		
	C. Itemi	zation of Reimbursem	ents		
Name of Individual Reimbursed					
Name of Vendor, Person or Entity Pa	d by Individual	G G	_	_	
Street Address of Vendor, Person or E	intity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure		E	xpenditure Nur	nber
Description	<u></u>			Amo	ount
Name of Individual Reimbursed					W
Name of Vendor, Person or Entity Pai	f by Individual	8			
Street Address of Vendor, Person or E	ntity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)		E	penditure Num	ber
Description		2		Amo	ount
Name of Individual Reimbursed					
Name of Vendor, Person or Entity Paid	by Indivídual				
Street Address of Vendor, Person or E	ntity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure	¥i	Ex	penditure Num	ber
Description	4			Amo	unt
		SUBTOTAL Section C.	- This Page		



NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)  TYPE	E OF REPORT	
D. Covered Transfers in Excess of \$5,000		
Source of Covered Transfer—Name of Person Making Covered Transfer	(M. A.M.)。 (M. M.)	
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount
Source of Covered Transfer—Name of Person Making Covered Transfer	<u> </u>	
Address of Person Making Covered Transfer—City	I State	
Addiess of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	'	Amount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	A	Amount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	A	mount



### Section E. ADDITIONAL PAGE \_\_\_\_ of \_\_\_

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)  TYPE	OF REPORT			
E. Five Largest Covered Transfers Disclosed in Commun				
	ication			
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditu Section	ure Numb	er Number
18 2 <sup>3</sup>		Section		rumoer
Address of Person Making Covered Transfer—City	State		Zip Cod	e
	27			
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amou	int	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditu	una Mirrondo	
		Section	ne ramind	Number
Address of Person Making Covered Transfer—City	State	<u> </u>	Zip Code	•
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amou	nt	
Source of Covered Transfer—Name of Person Making Covered Transfer	<u> </u>	Expenditu	re Numbe	er
		Section		Number
Address of Person Making Covered Transfer—City	State		Zip Code	;
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amou	nt	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditur Section		T Number
Address of Person Making Covered Transfer—City	State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<u> </u>	Amour	nt .	
		7 kill Out	€	
Source of Covered Transfer — Name of Person Making Covered Transfer		Expenditure		
		Section	1	Number
Address of Person Making Covered Transfer—City	State	Z	ip Code	_
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<u> </u>	Amoun	ıt	·
	<u> </u>			
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Section		lumber
Address of Person Making Covered Transfer—City	State	Z	ip Code	
				ľ
ource of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<u>-</u>	Amoun	t	

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### Section F. ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported or	n Page I, Line I) TYPE	ÕE REPORT	
F. Nesting Dolls Provision for Top 5 Covered T	 Fransfers Disclosed in	Communica	ition
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)	2 8	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expe	enditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.	iž.	Expe	enditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.	3		· · · · · · · · · · · · · · · · · · ·
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.	7	Ехре	nditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.		<u> </u>	
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expe	nditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.		I	
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E		Exper	nditure Number
Name of Person Making Covered Transfer to Person Reported in Section E.		=	
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expen	diture Number

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# Section B. ADDENDUM PAGE \_\_\_\_ of 4\_\_

BRIDGERORT GENERATION   NOW VOTES   SULVE (0)   R. Independent Expenditures Incurred by Person this Period but Not Pald Adderdum   Expenditure Aurober as reported in Section A   Total Amount of the Expenditure   Purpose of Expenditure Avoids     MISC	NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line			TYPE OF REPO	ORT
B. Independent Expenditures Incurred by Person this Period but Not Paid Addendum  Expenditure Number as reported in Section A Total Amount of the Expenditure  95998  MISC  Description  MISC: Spanish Franslation, comms, design fee  Name of Candidate  Maril yn Moore  Office Sought (if applicable)  Mare of Candidate  CITY COUNCIL CANDIDATES TOD  Office Sought (if applicable)  Name of Candidate  Doffice Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Supported  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Supported  Office Sought (if applicable)  Office Sought (if applicable)  Supported  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Supported  Office Sought (if applicable)  Office Sought (i	BRIDGEPORT GENE	JULY 6	<b>&gt;</b>		
Description  MISC: Spanish translation, comms, design fee  Name of Candidate  Marilyn Moore  Name of Candidate  CITY COUNCIL CANDIDATES TOD  Office Sought (if applicable)  Name of Candidate  BOARD OF ED CANDIDATES TOD  Office Sought (if applicable)  Name of Candidate	and the second s		era el altrega de la responsación de la companya d	d but Not Paid A	ddendum
Description  MISC: SPANISH FRANSLATION, comms, design fee.  Name of Candidate  Marilyn Moore  Name of Candidate  MAYOR  Office Sought (ff applicable)  Mayored  CITY COUNCIL CANDIDATES TOD  Office Sought (ff applicable)  BOARD OF ED CANDIDATES TEN  Name of Candidate  Office Sought (ff applicable)  Office Sought (ff applicable)  Dominion of Candidate  Office Sought (ff applicable)  Name of Candidate  Office Sought (ff applicable)  Office Sought (ff applicable)  Name of Candidate  Office Sought (ff applicable)  Office Sought (ff applicable)  Name of Candidate  Office Sought (ff applicable)  Name of Candidate  Office Sought (ff applicable)  Office Sought (ff applicable)  Name of Candidate  Office Sought (ff applicable)  Name of Candidate  Office Sought (ff applicable)  Office Sought (ff applicable)  Office Sought (ff applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (ff applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (ff applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (ff applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (ff applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (ff applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (ff applicable)  Supported Opposed  Amount Allocated to Candidate	Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpose of Expenditure thy	code)
MISC: Spanish translation, comms, design fee  Name of Candidate  Marilyn Moorc  Name of Candidate  CITY COUNCIL CANDIDATES TOD  Office Sought (if applicable)  Name of Candidate  Comme of Candidate  CITY COUNCIL  Office Sought (if applicable)  Doard of ED  Composed  Doard of ED  Comme of Candidate  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate	037	95998		MISC	
Name of Candidate  Marilyn Moorc  Name of Candidate  CITY COUNCIL CANDIDATES TOD  Office Sought (f applicable)  BOARD OF ED CANDIDATES TBN  Name of Candidate  Office Sought (f applicable)  Office Sought (f applicable)  Office Sought (f applicable)  Name of Candidate  Office Sought (f applicable)  Amount Allocated to Candidate					
Marilyn Moore    Mayor	MISC: Spanish	translation,	comms, design	in fee	
Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Supported         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate         Name of Candidate       Office Sought (if applicable)       Supported         Name of Candidate       Office Sought (if applicable)       Amount Allocated to Candidate	Name of Candidate		Office Sought (if applicable)	50 Supported	
CITY COUNCIL CANDIDATES TOD CITY COUNCIL    Supported   Opposed	Marilyn Moo	rc	MAYOR	Opposed	1
CITY COUNCIL CANDIDATES TOD CITY COUNCIL   Opposed   4,49.50   BBB	Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate
Name of Candidate   Office Sought (if applicable)   Supported   Opposed	CITY COUNCIL	CANDIDATES TOD	CITY COUNCIL	☐ Opposed	4,499.50
Supported   Opposed   Op	Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate
Name of Candidate  Name of Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Amount Allocated to Candidate	BOARD OF ED	CANDIDATES TBD	BOARD OF ED	Opposed	4,499.50 Marcher
Name of Candidate    Office Sought (if applicable)	Name of Candidate	-	Office Sought (if applicable)	Supported	Amount Allocated to Candidate
Name of Candidate  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Office Sought (if applicable)  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Name of Candidate  Office Sought (if applicable)  Supported Opposed  Name of Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate	V 35				
Name of Candidate  Office Sought (If applicable)  Name of Candidate  Office Sought (If applicable)  Office Sought (If applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (If applicable)  Supported Opposed  Name of Candidate  Office Sought (If applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (If applicable)  Supported Opposed  Amount Allocated to Candidate	Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Amount Allocated to Candidate  Office Sought (if applicable)  Name of Candidate  Office Sought (if applicable)  Office Sought (if applicable)  Amount Allocated to Candidate	Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate
Name of Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate  Office Sought (if applicable)  Supported Supported Supported Supported	Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate
Supported ☐ Opposed  Name of Candidate  Office Sought (if applicable)  Supported ☐ Supported	Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
□ Supported	Name of Candidate	n	Office Sought (If applicable)	Supported Opposed	Amount Allocated to Candidate
	Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Aflocated to Candidate
Name of Candidate  Office Sought (if applicable)  Supported Opposed  Amount Allocated to Candidate	Name of Candidate	e.E	Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate

# Section B. ADDENDUM PAGE 2 of 4

NAME OF PERSON MAKING IN	URE (As reported on Page 1, Line 1)	TYPE OF REP	ORT		
BRIDGEPORT GENERATION NOW VOTES			JULY 10		
B. Independ	dent Expenditures Inc	urred by Person this Perio	d but Not Paid	Addendum	
Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpose of Expenditure	y code)	
037	95,998		A.DM		
Description					
DIRECT MAI	L				
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate	
MARILYN MOO	RE	MAYOR	Opposed	10-1-50%	
Name of Candidate		Office Sought (if applicable)	T Summarded	Amount Allocated to Candidate	
CITY COUNCIL C	ANDIDATES TOD		Supported Opposed	16,000	
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate	
BOARD OF ED CA	NOIDATE TBD	BOARD OF ED	Opposed	16,000	
Name of Candidate		Office Sought (if applicable)	Пентона	Amount Allocated to Candidate	
			☐ Supported ☐ Opposed		
Name of Candidate	=	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate	**	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	☐ Supported	Amount Allocated to Candidate	
			Opposed		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)	☐ Supported	Amount Allocated to Candidate	
1		(\$)	Opposed		

# Section B. ADDENDUM PAGE 3 of 4

NAME OF PERSON MAKING IN	DEPENDENT EXPENDITY	JRE (As reported on Page 1, Line 1	TYPE OF REPO	RT
BRIDGEPORT GENE	RATION NOW VO	TEI	JULY 10	
PORTUGATION OF THE RESIDENCE OF THE PROPERTY O		irred by Person this Peri	od but Not Paid A	ddendum
Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpose of Expenditure thy	odes
037	95998	4	A.WEE	3
Description				
DIGITAL A	DS			
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate
MARILYN 1	MOORE	MAYOR	Opposed	400% 5000
Name of Candidate		Office Sought (if applicable)	5 Supported	Amount Allocated to Candidate
CITY COUNCIL C	ANDIDATES TRO	CITY COUNCI	☐ Opposed	2500
Name of Candidate		Office Sought (if applicable)	Supported	Amount Allocated to Candidate
BOARD OF ED	CANDIDATES TBD	BOARD OF ED	Supported Opposed	2500
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (If applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate	(* 12	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate	(+)	Office Sought (if upplicable)	Supported Opposed	Amount Allocated to Candidate

NAME OF PERSON MAKING IN	dependent expendit	URE (As reported on Page 1, Line 1)	TYPE OF REP	ORT '
BRIDGEPORT GENERATION NOW VOTES			JULY 1	٥
B. Independ	a March Section between the second process of the contract of	urred by Person this Period		
Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpose of Expenditure &	y code)
037	95998		A. SIGN	)
LAWN SIGNS				
Name of Candidate		Office Sought (if applicable)		Amount Allocated to Candidate
MARILYN MOORE		MAYOR	Supported Opposed	50t 2000
Name of Candidate	NA. 01-55 500	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
CITY COUNCIL CAT	NOIVATES TOD	CITY COUNCIL Office Sought (if applicable)	_	25% 000
BOARD OF ED CA	111 : 00 TEC TAN		Supported Opposed	Amount Allocated to Candidate
Name of Candidate	INGRIDATES IDU	BOARD OF ED Office Sought (if applicable)	□ Supported	Amount Allocated to Candidate
7*** * *******************************	12.44		☐ Opposed	2
Name of Candidate		Office Sought (if upplicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
ame of Candidate	:	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
ame of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
ame of Candidate	-	Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate

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### Section C. ADDENDUM PAGE \_\_\_\_ of \_\_\_\_

NAME OF PERSON MAKING I	NDEPENDENT EXPENDITURE (As reported on Page 1, Line I	TYPE OF REPORT
	C. Itemization of Reimbursements Add	andirm
Expenditure Number as reported in Section A.	C. Itemization of Reimbursements Add	Purpose of Expenditure (by coults)
Experialization as reported in Section A.	Total Amount of the Expenditure	Pulpose of Experiment my county
Description		*
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (thy coults)
Description	11.	X E
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)
Description	=	El Company
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by-code)
Description		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by cooks)
Description	<del>.</del>	1
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (hy code)
Description		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by cook)
Description		