

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING THE INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT
BRIDGEPORT GENERATION NOW VOTES		July 10
SUMMARY		
	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page 3)	14,937.34	15,568.45
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	95,998	
10. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)	95,998	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		July 10	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
VEGAN CUISINE			6/12/23
Street Address		City	State Zip Code
4790 PARK AVE		BRIDGEPORT	CT 06604
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		FOOD FOR CANVASSERS	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section A. Addendum)</i>		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	007		\$34.20
Name of Payee			Date of Expenditure
DECADENT DOG			8/12/23
Street Address		City	State Zip Code
500 BROAD ST		BRIDGEPORT	CT 06604
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		FOOD FOR CANVASSERS	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section A. Addendum)</i>		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	008		\$16.00
Name of Payee			Date of Expenditure
GARY JUDKINS			6/3/23
Street Address		City	State Zip Code
94 PRINCE ST		BRIDGEPORT	CT 06610
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		PHOTOGRAPHY, ENDORSEMENT ANNOUNCEMENT	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section A. Addendum)</i>		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	009		\$1250
SUBTOTAL Section A. - This Page		\$1,300.20	
TOTAL of additional Section A. Pages		\$13,637.14	
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD <i>(Enter total on Column A, Line 8)</i>		\$14,937.34	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>			TYPE OF REPORT		
BRIDGEPORT GENERATION NOW VOTES			JULY 10		
B. Independent Expenditures Obligated by Person this Period but Not Paid					
Name of Creditor				Date Obligated	
WEARERALLY, LLC				6/9/23	
Street Address		City		State	Zip Code
5670 WILSHIRE BLVD, SUITE 820		LOS ANGELES		CA	90036
Independent Expenditure on behalf of more than one candidate?		Description			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>					
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE			MAYOR		
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount Obligated
MISC, A-DM, A-WEB, A-SIGN		037	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		95,998
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>					
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount Obligated
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>					
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount Obligated
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>					
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount Obligated
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
SUBTOTAL Section B. - This Page					95,998
TOTAL of additional Section B. Pages					
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Column A, Line 9)</i>					95,998
Previous Reported Independent Expenditures Unpaid and Still Outstanding					0
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID <i>(Enter total on Column A, Line 10)</i>					95,998

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
C. Itemization of Reimbursements			
Name of Individual Reimbursed			
NIELS HEILMANN			
Name of Vendor, Person or Entity Paid by Individual			
JESSICA STANLEY			
Street Address of Vendor, Person or Entity		City	State Zip Code
2121 PAULDING AVE		BRONX	NY 10462
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)	Expenditure Number (if applicable)	
06/05/23	MISC		
Description			Amount
Band Fee			2,000
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)	Expenditure Number (if applicable)	
Description			Amount
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)	Expenditure Number (if applicable)	
Description			Amount
SUBTOTAL Section C. - This Page			2,000
TOTAL of additional Section C. Pages			
TOTAL OF ALL REIMBURSEMENTS			2,000

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
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BRIDGEPORT GENERATION NOW VOTES	July 10
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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	State	Zip Code
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89 GROVERS AVE, BRIDGEPORT

CT

06605

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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NIELS HEILMANN

~~\$11,000~~ \$11,500

Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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See Additional Page(s)

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
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E. Five Largest Covered Transfers Disclosed in Communication

If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety (90) days immediately prior to the applicable primary or election, please report the five largest aggregate "covered transfers" received during the received during the twelve month period prior to the applicable primary or election.

Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i>	Number
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Address of Person Making Covered Transfer—City	State	Zip Code
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i>	Number
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Address of Person Making Covered Transfer—City	State	Zip Code
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i>	Number
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Address of Person Making Covered Transfer—City	State	Zip Code
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i>	Number
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Address of Person Making Covered Transfer—City	State	Zip Code
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i>	Number
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Address of Person Making Covered Transfer—City	State	Zip Code
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
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See Additional Page(s)

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

See Additional Page(s)

CODED PURPOSES FOR EXPENDITURES
(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.*

If additional pages are needed to complete all information required in each section of the form, please reproduce the “Additional Page” for the appropriate section, and attach the page(s) to the section.

For Sections A., B. and C., reproduce the “Addendum Page” for the appropriate section if a transaction is associated with or benefiting more than two candidates.

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT. GENERATION Now VOTES		July 10	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
ASHLEY AGUILERRA			6/11/23
Street Address		City	State Zip Code
83 VOIGHT AVE		BRIDGEPORT	CT 06606
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	010		\$448.50
Name of Payee			Date of Expenditure
DIANA BUSTILLO			6/12/23
Street Address		City	State Zip Code
299 MERRITT ST		BRIDGEPORT	CT 06606
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	011		\$120
Name of Payee			Date of Expenditure
CHUNJANG BRUYNDER			6/12/23
Street Address		City	State Zip Code
1282 NORTH AVE		BRIDGEPORT	CT 06604
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	012		\$120
SUBTOTAL Section A. - This Page			\$688.50

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW NOTES		July 10	
A. Independent Expenditures Made by Person			
Name of Payee MADONNA KONGAL			Date of Expenditure 6/15/23
Street Address 78 CROWN ST		City BRIDGEPORT	State CT Zip Code 06610
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum) MARILYN MOORE		Office Sought MAYOR	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code) MISC	Expenditure Number (if applicable) 013	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$40
Name of Payee CHUNJANG BRYUNDER			Date of Expenditure 6/15/23
Street Address 1282 NORTH AVE		City BRIDGEPORT	State CT Zip Code 06604
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum) MARILYN MOORE		Office Sought MAYOR	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code) MISC	Expenditure Number (if applicable) 014	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$120
Name of Payee DIANA BUSTILLO			Date of Expenditure 6/15/23
Street Address 299 MERRITT ST		City BRIDGEPORT	State CT Zip Code 06606
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum) MARILYN MOORE		Office Sought MAYOR	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code) MISC	Expenditure Number (if applicable) 015	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$189
SUBTOTAL Section A. - This Page			\$349

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES			July 10	
A. Independent Expenditures Made by Person				
Name of Payee			Date of Expenditure	
MADONNA KONGAL			6/15/23	
Street Address		City	State	Zip Code
78 CROWN ST		BRIDGEPORT	CT	06610
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description		
		WAGE: CANVASS		
Name 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			MAYOR	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC		016	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$120
Name of Payee			Date of Expenditure	
ERIKA ALVAREZ			6/16/23	
Street Address		City	State	Zip Code
368 EZRA ST		BRIDGEPORT	CT	06606
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description		
		WAGE: CANVASS		
Name 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			MAYOR	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC		017	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$160
Name of Payee			Date of Expenditure	
CHUNJANG BRYUNDER			6/26/23	
Street Address		City	State	Zip Code
1281 NORTH AVE		BRIDGEPORT	CT	06604
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description		
		WAGE: CANVASS		
Name 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			MAYOR	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC		018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$230
SUBTOTAL Section A. - This Page				\$510

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT. GENERATION NOW VOTES		JULY 10	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
DIANA BUSTILLO			6/26/23
Street Address		City	State Zip Code
299 MERRITT ST		BRIDGEPORT	CT 06606
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	019		\$170
Name of Payee			Date of Expenditure
FACEBOOK			4/4/23
Street Address		City	State Zip Code
1 HACKER WAY		MENLO PARK	CA 94025
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		FB PROMOTION	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
JOE GANIM		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
A-WEB	020		\$768.90
Name of Payee			Date of Expenditure
FACEBOOK			6/1/23
Street Address		City	State Zip Code
1 HACKER WAY		MENLO PARK	CA 94025
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description	
		FB PROMOTION	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
A-WEB	021		\$1081.77
SUBTOTAL Section A. - This Page			\$2020.67

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES				July 10	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
ERIKA ALVAREZ				6/26/23	
Street Address		City		State	Zip Code
368 EZRA ST		BRIDGEPORT		CT	06606
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
		WAGE: CANVASS			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)			Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE			MAYOR		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount	
MISC	022			\$200	
Name of Payee				Date of Expenditure	
ASHLEY AGUILLERA				6/29/23	
Street Address		City		State	Zip Code
83 VOIGHT AVE		BRIDGEPORT		CT	06606
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
		WAGE			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)			Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE			MAYOR		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount	
MISC	023			\$491.50	
Name of Payee				Date of Expenditure	
MADONNA KONGAL				6/26/23	
Street Address		City		State	Zip Code
78 CROWN ST		BRIDGEPORT		CT	06610
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
		WAGE: CANVASS			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)			Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE			MAYOR		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount	
MISC	024			\$230	
SUBTOTAL Section A. - This Page				\$921.50	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT . GENERATION NOW VOTES		JULY 10	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
ERIKA ALVAREZ			6/26/23
Street Address		City	State Zip Code
368 EZRA ST		BRIDGEPORT	CT 06606
Independent Expenditure on behalf of more than one candidate?		Description	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC	025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$170
Name of Payee			Date of Expenditure
CHUNJANG BRUYNDER			6/26/23
Street Address		City	State Zip Code
1282 NORTH AVE		BRIDGEPORT	CT 06604
Independent Expenditure on behalf of more than one candidate?		Description	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC	026	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$245
Name of Payee			Date of Expenditure
DIANA BUSTILLO			6/26/23
Street Address		City	State Zip Code
299 MERRITT ST		BRIDGEPORT	CT 06606
Independent Expenditure on behalf of more than one candidate?		Description	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		WAGE: CANVASS	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC	027	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$250
SUBTOTAL Section A. - This Page			\$665

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES				JULY 10	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
ASHLEY AGUILERRA				6/12/23	
Street Address			City	State	Zip Code
83 VOIGHT AVE			BRIDGEPORT	CT	06606
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		WAGE			
Name 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				MAYOR	
				<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount	
MISC	028	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$594.98	
Name of Payee				Date of Expenditure	
GOOGLE				4/3/23	
Street Address			City	State	Zip Code
1600 AMPHITHEATRE PARKWAY			MOUNTAIN VIEW	CA	94043
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		G SUITE			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate--if more than one, Complete Section A. Addendum)				Office Sought	
JOE GANIM				MAYOR	
				<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount	
A.WEB	029	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		76.57	
Name of Payee				Date of Expenditure	
GOOGLE				6/2/23	
Street Address			City	State	Zip Code
1600 AMPHITHEATRE PARKWAY			MOUNTAIN VIEW	CA	94043
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		G SUITE			
Name 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				MAYOR	
				<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount	
A.WEB	030	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		76.57	
SUBTOTAL Section A. - This Page				\$748.12	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		JULY 10	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
ASHLEY AGUILLERA			6/20/23
Street Address		City	State Zip Code
83 VOIGHT AVE		BRIDGEPORT	CT 06606
Independent Expenditure on behalf of more than one candidate?	Description		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	WAGE		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE		MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC	031	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$612.27
Name of Payee			Date of Expenditure
CALABRIA HEILMANN			6/30/23
Street Address		City	State Zip Code
89 GROVERS AVE		BRIDGEPORT	CT 06605
Independent Expenditure on behalf of more than one candidate?	Description		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	WAGE, HOURS ALLOCATED TO IE		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC	032	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$2172.81
Name of Payee			Date of Expenditure
GEMEEM DAVIS			6/30/23
Street Address		City	State Zip Code
33 COTTAGE PLACE		BRIDGEPORT	CT 06604
Independent Expenditure on behalf of more than one candidate?	Description		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>	WAGE, HOURS ALLOCATED TO IE		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC	033	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$2691.02
SUBTOTAL Section A. - This Page			\$5476.10

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES				JULY 10	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
IDEAL PRINTING				6/03/23	
Street Address			City	State	Zip Code
228 FOOD TERMINAL PLAZA			NEW HAVEN	CT	06511
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		PALM CARDS			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE			MAYOR		
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount	
PRNT	034	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$145	
Name of Payee				Date of Expenditure	
RUUTHAI'S KITCHEN				6/27/23	
Street Address			City	State	Zip Code
648 BEECHWOOD AVE			BRIDGEPORT	CT	06604
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		FOOD FOR CANVASSERS			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE			MAYOR		
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount	
MISC	035	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$113.25	
Name of Payee				Date of Expenditure	
NIELS HEILMANN				6/30/23	
Street Address			City	State	Zip Code
89 GROVERS AVE			BRIDGEPORT	CT	06605
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		SEE SECTION C			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
MARILYN MOORE			MAYOR		
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount	
RMB	036	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2000	
SUBTOTAL Section A. - This Page				\$2158.25	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES		JULY 10	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)	
032	\$2172.81	MISC	
Description			
WAGE: HOURS ALLOCATED TO IE			
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARILYN MOORE	MAYOR		1221.25
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated to Candidate
JOE GANIM	MAYOR		951.56
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)	
033	2691.02	MISC	
Description			
WAGE; HOURS ALLOCATED TO IE			
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARILYN MOORE	MAYOR		1815.92
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated to Candidate
JOE GANIM	MAYOR		875.10
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
B. Independent Expenditures Obligated by Person this Period but Not Paid					
Name of Creditor					Date Obligated
Street Address			City		State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City		State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City		State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City		State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
SUBTOTAL Section B. - This Page					

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
C. Itemization of Reimbursements			
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			Amount
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			Amount
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			Amount
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			Amount
SUBTOTAL Section C. - This Page			

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
D. Covered Transfers in Excess of \$5,000			
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	
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	
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	

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT

E. Five Largest Covered Transfers Disclosed in Communication

Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section Number</i>	
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		Expenditure Number <i>Section Number</i>	
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		Expenditure Number <i>Section Number</i>	
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		Expenditure Number <i>Section Number</i>	
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		Expenditure Number <i>Section Number</i>	
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		Expenditure Number <i>Section Number</i>	
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		Expenditure Number <i>Section Number</i>	
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		Expenditure Number <i>Section Number</i>	
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	

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

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		JULY 10	
B. Independent Expenditures Incurred by Person this Period but Not Paid Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)	
037	95998	MISC	
Description			
MISC: Spanish translation, comms, design fee			
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Marilyn Moore	MAYOR		\$8,999 100% 50%
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
CITY COUNCIL CANDIDATES TBD	CITY COUNCIL		4,499.50 100%
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
BOARD OF ED CANDIDATES TBD	BOARD OF ED		4,499.50 100%
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		JULY 10	
B. Independent Expenditures Incurred by Person this Period but Not Paid Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)	
037	95998	A-WEB	
Description			
DIGITAL ADS			
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARILYN MOORE	MAYOR		100% 5000
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
CITY COUNCIL CANDIDATES TBD	CITY COUNCIL		2500
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
BOARD OF ED CANDIDATES TBD	BOARD OF ED		2500
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPORT
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C. Itemization of Reimbursements Addendum

Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)
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Description

Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)
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Description

Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)
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Description

Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)
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Description

Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)
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Description

Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)
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Description

Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)
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Description