

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING THE INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPORT

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page 3)	49,542.52	65,110.97
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)		
10. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)		

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7 th day preceding	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
ERIKA ALVAREZ			7/7/23
Street Address		City	State Zip Code
368 ERA 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	037		120
Name of Payee			Date of Expenditure
CHUNJANG BRUYNDER			7/11/23
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	038		180
Name of Payee			Date of Expenditure
DIANA BUSTILLO			7/13/23
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	039		190
SUBTOTAL Section A— This Page		490	
TOTAL of additional Section A: Pages		49,052.52	
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD <small>(Enter total on Column A, Line 8)</small>		49,542.52	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>				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					
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>					
Previous Reported Independent Expenditures Unpaid and Still Outstanding					
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID <i>(Enter total on Column A, Line 10)</i>					

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
BRIDGEPORT GENERATION NOW VOTES	7 days preceding

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
89 GROVERS AVE BRIDGEPORT	CT	06605
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount	
NIELS HEILMANN	294,500	
Source of Covered Transfer—Name of Person Making Covered Transfer		
THE CONNECTICUT PROJECT		
Address of Person Making Covered Transfer—City	State	Zip Code
1019 MAIN ST, BRIDGEPORT	CT	06604
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount	
GARTH HARRIS GARTH HARRIS	11,425	
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	

See Additional Page(s)

INDEPENDENT EXPENDITURES

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

BRIDGEPORT GENERATION NOW VOTES	7 days preceding
---------------------------------	------------------

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
NIELS HEILMANN	A	ALL

Address of Person Making Covered Transfer—City	State	Zip Code
89 GROVERS AVE, BRIDGEPORT	CT	06605

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount
NIELS HEILMANN	294,500

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

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

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

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

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.*

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES				Ex 7 d proceeding	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
ERIKA ALVAREZ				7/14/23	
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?		Amount	
MISC	040	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		60	
Name of Payee				Date of Expenditure	
THE RECINOS COMPANY				7/17/23	
Street Address			City	State	Zip Code
205 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			
		PHOTOS			
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	
XXXX A-OTH	041	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		400	
Name of Payee				Date of Expenditure	
WE ARE RALLY, LLC				7/10/23	
Street Address			City	State	Zip Code
5670 WILSHIRE BLVD			LOS ANGELES	CA	90036
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			
		YARD SIGNS			
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	
A. SIGN	042	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3500	
SUBTOTAL Section A. - This Page				3960	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES				7 d preceding	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
ASHLEY AGUILERA				7/25/23	
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: CANVASS			
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	043	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		644	
Name of Payee				Date of Expenditure	
SCALE TO WIN				7/6/23	
Street Address			City	State	Zip Code
13742 HARPER ST			SANTA ANA	CA	92703
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>		MMS PROGRAM			
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	
A: OTH	044	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		826.13	
Name of Payee				Date of Expenditure	
MADONNA KONGAL				7/31/23	
Street Address			City	State	Zip Code
78 CROWN ST			BRIDGEPORT	CT	06610
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 <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	045	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		180	
SUBTOTAL Section A. - This Page				1650.13	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES				7 d preceding	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
CHUNJANG BRUYNDER				7/17/23	
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 <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	046			250	
Name of Payee				Date of Expenditure	
CHUNJANG BRUYNDER				8/1/23	
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 <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	047			240	
Name of Payee				Date of Expenditure	
SCALE TO WIN				8/2/23	
Street Address			City	State	Zip Code
13742 HARPER ST			SANTA ANA	CA	92703
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			
		MMS PROGRAM			
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	
A:OTH	048			1622.79	
SUBTOTAL Section A. - This Page				2112.79	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES				7 d preceding	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
DIANA BUSTILLO				8/17/23	
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	049			200	
Name of Payee				Date of Expenditure	
ERIKA ALVAREZ				8/7/23	
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	050			200	
Name of Payee				Date of Expenditure	
MADONNA KONGAL				7/18/23	
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	051			220	
SUBTOTAL Section A. - This Page				620	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Lines 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES				7 d preceding	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
ASHLEY AGUILERA				7/18/23	
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: CANVASS			
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	052	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		868.25	
Name of Payee				Date of Expenditure	
ERIKA ALVAREZ				7/26/23	
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 <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	053	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		180	
Name of Payee				Date of Expenditure	
MADONNA KONGAL				7/26/23	
Street Address			City	State	Zip Code
78 CROWN ST			BRIDGEPORT	CT	06610
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 <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	054	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		110	
SUBTOTAL Section A. - This Page				1158.25	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES				7 d preceding	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
CHUNJANG BRUYNDER				7/26/23	
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	
MARILYN MOORE				MAYOR	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?		Amount
MISC		055	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		180
Name of Payee				Date of Expenditure	
WEARE RALLY, LLC				7/10/23	
Street Address		City		State	Zip Code
5670 WILSHIRE BLVD		LOS ANGELES		CA	90036
Independent Expenditure on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
		SEE SEC A ADDENDUM			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)				Office Sought	
				SEE SEC A ADDENDUM	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?		Amount
MISC		056	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21,518
Name of Payee				Date of Expenditure	
DIANA BUSTILLO				7/26/23	
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	
MARILYN MOORE				MAYOR	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?		Amount
MISC		057	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		120
SUBTOTAL Section A - This Page					21,818

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES			7d preceding	
A. Independent Expenditures Made by Person				
Name of Payee			Date of Expenditure	
ASHLEY AGUILERA			7/26/23	
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	
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		058		97.75
Name of Payee			Date of Expenditure	
TIM WALLACH			8/1/23	
Street Address		City	State	Zip Code
3009 BLOSSOM ST		OAKLAND, CA	CA	94601
Independent Expenditure on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description		
		WEB SITE UPDATE		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section A. Addendum)			Office Sought	
			SEE SEC A ADDENDUM	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
A WEB		059		2200
Name of Payee			Date of Expenditure	
LIS MARTORONY			8/4/23	
Street Address		City	State	Zip Code
136 ST STEPHENS RD		BRIDGEPORT	CT	06605
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC		060		120
SUBTOTAL Section A. - This Page			2417.75	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES			7d preceding	
A. Independent Expenditures Made by Person				
Name of Payee			Date of Expenditure	
ASHLEY AGUILERA			8/9/23	
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	
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		061		184
Name of Payee			Date of Expenditure	
ERIKA ALVAREZ			8/7/23	
Street Address		City	State	Zip Code
368 EZRA ST 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC		062		180
Name of Payee			Date of Expenditure	
MADONNA KONGAL				
Street Address		City	State	Zip Code
EAGLE HERRITT 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	
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		063		120
SUBTOTAL Section A. - This Page			484	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7d preceding	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
DIANA BUSTILLO			8/14/23
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: CANVAS	
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	064		270
Name of Payee			Date of Expenditure
CHUNJANG BRUNDER			8/14/23
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: CANVAS	
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
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	065		150
Name of Payee			Date of Expenditure
GOOGLE			8/2/23
Street Address		City	State Zip Code
1600 AMPHITHEATER WAY		MOUNTAIN VIEW	CA 94043
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	
		CA 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	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
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	066		65.23
SUBTOTAL Section A. - This Page			485.23

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7d preceding	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
ERIKA ALVAREZ			8/22/23
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 If yes, complete Section A. Addendum	Description		
	WAGE: CANVAAS		
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	067		260
Name of Payee			Date of Expenditure
MADONNA KONGAL			8/8/23
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 If yes, complete Section A. Addendum	Description		
	WAGE: CANVAAS		
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
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	068		180
Name of Payee			Date of Expenditure
CHUNJANA BRUYNDER			8/14/23
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 If yes, complete Section A. Addendum	Description		
	WAGE: CANVAAS		
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
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	069		180
SUBTOTAL Section A. - This Page		620	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7d preceding	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
DIANA BUSTILLO			8/14/23
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 If yes, complete Section A. Addendum		Description	
		WAGE: CANVAAS	
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	070		320
Name of Payee			Date of Expenditure
ASHLEY AGUILERA			8/9/23
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 If yes, complete Section A. Addendum		Description	
		WAGE: CANVAAS	
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
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	071		368
Name of Payee			Date of Expenditure
FACEBOOK			7/31/23
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 If yes, complete Section A. Addendum		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	072		300.91
SUBTOTAL Section A. - This Page			988.91

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7d preceding	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
ASHLEY AGUILERA			8/9/23
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: 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	073	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	368
Name of Payee			Date of Expenditure
FACEBOOK			7/31/23
Street Address		City	State Zip Code
1 HACKER WAY		MENLO PARK	CA 94025
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>	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?	Amount
A WEB	074	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100
Name of Payee			Date of Expenditure
FACEBOOK			7/31/23
Street Address		City	State Zip Code
1 HACKER WAY		MENLO PARK	CA 94025
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>	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
		SEE SEC A ADDENDUM	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?	Amount
A WEB	075	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	197.99
SUBTOTAL Section A. - This Page			665.99

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES			7d preceding	
A. Independent Expenditures Made by Person				
Name of Payee			Date of Expenditure	
ERIKA ALVAREZ			8/12/23	
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		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)			Office Sought	
M. 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. PH. BNK	076	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		230
Name of Payee			Date of Expenditure	
FACEBOOK			8/14/23	
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	
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	077	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		200
Name of Payee			Date of Expenditure	
FACEBOOK			8/14/23	
Street Address		City	State	Zip Code
1 HACKER WAY		MENLO PARK	CA	94025
Independent Expenditure on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input 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	
			SEE SEC A ADDENDUM	
		<input checked="" type="checkbox"/> Supported		<input type="checkbox"/> Opposed
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount
A WEB	078	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100
SUBTOTAL Section A. - This Page				530

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES				7d preceding	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
MADONNA KONGAL				8/12/23	
Street Address			City	State	Zip Code
244 MERITT ST 78 CROWN ST			BRIDGEPORT	CT	06640
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WAGE: PHONE BANK			
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-PH-BNK		079	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		240
Name of Payee				Date of Expenditure	
FACEBOOK				9/1/23	
Street Address			City	State	Zip Code
1 HACKER WAY			MENLO PARK	CA	94025
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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	
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		080	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		347.52
Name of Payee				Date of Expenditure	
FACEBOOK				9/3/23	
Street Address			City	State	Zip Code
1 HACKER WAY			MENLO PARK	CA	94025
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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	
AIKEEM BOYD				CITY COUNCIL	
				<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?		Amount
A WEB		081	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56.10
SUBTOTAL Section A. - This Page					643.62

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES				7d preceding	
A. Independent Expenditures Made by Person					
Name of Payee					Date of Expenditure
DIANA BUSTILLO					8/12/23
Street Address			City	State	Zip Code
29A MERRITT ST			BRIDGEPORT	CT	06606
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No		WAGE: PHONE BNK			
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	
MISE A PH BNK	082	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		240	
Name of Payee					Date of Expenditure
FACEBOOK					9/3/23
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			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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
TYLER MACK				CITY COUNCIL	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount	
A WEB	083	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56.30	
Name of Payee					Date of Expenditure
CHUNJANG BRUYNDER					8/12/23
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			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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
MOORE				MAYOR	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?		Amount	
A PH BNK	084	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		300	
SUBTOTAL Section A. - This Page				596.30	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7d preceding	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
LUCY MACHADO			8/4/23
Street Address		City	State Zip Code
152 ST STEPHENS RD		BRIDGEPORT	CT 06605
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	085		120
Name of Payee			Date of Expenditure
AVERY DAVIS			8/2/23
Street Address		City	State Zip Code
32 FAIRMOUNT ST		MELROSE	MA 02176
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
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	086		120
Name of Payee			Date of Expenditure
AVERY DAVIS			8/8/23
Street Address		City	State Zip Code
32 FAIRMOUNT ST		MELROSE	MA 02176
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
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	087		350
SUBTOTAL Section A. - This Page			590

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES			7d preceding	
A. Independent Expenditures Made by Person				
Name of Payee				Date of Expenditure
ASHLEY AGUILERA				8/15/23
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	If yes, complete Section A. Addendum WAGE: PH BNK			
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
TYLER MACK			CC	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum?	Amount	
A PH BNK	088	<input type="checkbox"/> Yes <input type="checkbox"/> No	345	
Name of Payee				Date of Expenditure
AVERY DAVIS				8/12/23
Street Address		City	State	Zip Code
32 FAIRMOUNT ST		MELROSE	MA	
Independent Expenditure on behalf of more than one candidate?	Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, complete Section A. Addendum 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	
A PH BNK	089	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	300	
Name of Payee				Date of Expenditure
LUCY MACHADO				8/22/23
Street Address		City	State	Zip Code
152 ST STEPHENS RD		BRIDGEPORT	CT	06605
Independent Expenditure on behalf of more than one candidate?	Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete Section A. Addendum			
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	
	090	<input type="checkbox"/> Yes <input type="checkbox"/> No	60	
SUBTOTAL Section A. - This Page			705	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7d preceding	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
CHUNJANG BRUYNDER			8/28/23
Street Address		City	State Zip Code
1282 NORTH AVE		BRIDGEPORT	CT 06604
Independent Expenditure on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input 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
		CITY COUNCIL	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	091		180
Name of Payee			Date of Expenditure
LISMARIE MARTORONY			8/25/23
Street Address		City	State Zip Code
136 ST STEPHENS RD		BRIDGEPORT	CT 06605
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 type="checkbox"/> Supported <input type="checkbox"/> Opposed
TYLER MACK		CITY COUNCIL	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	092		180
Name of Payee			Date of Expenditure
DIANA BUSTILLO			8/28/23
Street Address		City	State Zip Code
299 MERRITT ST		BRIDGEPORT	CT 0
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
TYLER MACK		CITY COUNCIL	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	093		120
SUBTOTAL Section A. - This Page			480

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7d preceding	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
EVELYN MEDINA			8/7/23
Street Address		City	State Zip Code
152 ST STEPHENS RD		BRIDGEPORT	CT 06605
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	094		120
Name of Payee			Date of Expenditure
IDEAL PRINTING			8/30/23
Street Address		City	State Zip Code
P O BOX 8488		NEW HAVEN	CT 06531
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		
	PALM CARDS		
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			
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
PRNT	095		175
Name of Payee			Date of Expenditure
AVERY DAVIS			8/21/23
Street Address		City	State Zip Code
32 FAIRMOUNT ST		MELROSE	MA 02176
Independent Expenditure on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input 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
		CC	
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	096		180
SUBTOTAL Section A. - This Page		475	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES			7d preceding	
A. Independent Expenditures Made by Person				
Name of Payee			Date of Expenditure	
IDEAL PRINTING			8/11/23	
Street Address		City	State	Zip Code
P.O. Box 8488		NEW HAVEN	CT	06531
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>				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate--if more than one, Complete Section A. Addendum)			Office Sought	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount
		102 102	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	375
Name of Payee			Date of Expenditure	
IDEAL PRINTING			8/11/23	
Street Address		City	State	Zip Code
P.O. Box 8488		NEW HAVEN	CT	06531
Independent Expenditure on behalf of more than one candidate?		Description		
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate--if more than one, Complete Section A. Addendum)			Office Sought	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount
		103 103	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	150
Name of Payee			Date of Expenditure	
AVERY DAVIS			8/26/23	
Street Address		City	State	Zip Code
32 FAIRMOUNT ST		MELROSE	MA	02176
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	
TYLER MACIL			CITY COUNCIL	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount
MISC		104 104	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	180
SUBTOTAL Section A. - This Page			705	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES			7d preceding	
A. Independent Expenditures Made by Person				
Name of Payee				Date of Expenditure
CALLIE HEILMANN				9/3/23
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 <small>If yes, complete Section A. Addendum</small>	WAGE			
Name of Candidate <small>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</small>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			SEE SEC A ADDENDUM	
Purpose of Expenditure <small>(by code)</small>	Expenditure Number <small>(if applicable)</small>	Associated with Referendum?	Amount	
MISC	297 100	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3,337.07	
Name of Payee				Date of Expenditure
GEMEEM DAVIS				
Street Address		City	State	Zip Code
33 COTTAGE PL		BRIDGEPORT	CT	06604
Independent Expenditure on behalf of more than one candidate?	Description			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete Section A. Addendum</small>	WAGE			
Name of Candidate <small>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</small>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			SEE SEC A ADDENDUM	
Purpose of Expenditure <small>(by code)</small>	Expenditure Number <small>(if applicable)</small>	Associated with Referendum?	Amount	
MISC	101	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4747.48	
Name of Payee				Date of Expenditure
Street Address		City	State	Zip Code
Independent Expenditure on behalf of more than one candidate?	Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete Section A. Addendum</small>				
Name of Candidate <small>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</small>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>	Expenditure Number <small>(if applicable)</small>	Associated with Referendum?	Amount	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
SUBTOTAL Section A. - This Page				

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
--	--	---	------------------

SUBTOTAL Section B. - This Page	
--	--

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
-------------	---------------

SUBTOTAL Section C. - This Page	
--	--

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	

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</i>		<i>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</i>		<i>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</i>		<i>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</i>		<i>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</i>		<i>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</i>		<i>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</i>		<i>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			

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) **TYPE OF REPORT**

BRIDGEPORT GENERATION NOW VOTES

7d proceeding

A. Independent Expenditures Made by Person Addendum

Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)
056	21,518	MISC

Description
SPANISH TRANSLATION, COMMS, DESIGN

Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARILYN MOORE	MAYOR	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	14,345.32
AIKEEM BOYD	CITY COUNCIL	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	1,434.54
FREDERICK HODGES	CITY COUNCIL	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	1,434.54
AIDEE NIEVES	CITY COUNCIL	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	1,434.54
TYLER MACK	CITY COUNCIL	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	1,434.54
MARIA VALLE	CITY COUNCIL	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	1,434.54
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

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

BRIDGEPORT GENERATION NOW VOTES

7d preceding

A. Independent Expenditures Made by Person Addendum

Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)
059	2200	A.WEB SITE UPDATES

Description
WEB SITE UPDATE FOR ENDORSEMENTS

Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARILYN MOORE	MAYOR	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	366.67
AIKEEM BOYD	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	366.67
FREDERICK HODGES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	366.67
AIDEE NIEVES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	366.67
TYLER MACK	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	366.67
MARIA VALLE	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	366.67
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		Fd preceding	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (As code)	
075	197.99	A WEB	
Description			
FB PROMOTION OF SLATE			
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARILYN MOORE	MAYOR	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	33
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
AIKEEM BOYD	CITY COUNCIL (CC)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	33
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
FRED HODGES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	33
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
AIDEE NIEVES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	33
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
TYLER MACK	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	33
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARIA VALLE	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	32.99
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NOW VOTES		7 d preceding	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (By code)	
078	100	A WEB	
Description			
FB PROMOTION OF SLATE			
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARILYN MOORE	MAYOR	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$16.67
AIKEEM BOYD	CITY COUNCIL (CC)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$16.67
FRED HODGES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$16.67
AIDEE NIEVES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$16.67
TYLER MACK	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$16.67
MARIA VALLE	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$16.67
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

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)	
100	3,337.07	MISC	
Description			
WAGE ATTRIBUTED 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		1668.54
AIKEEM BOYD	CITY COUNCIL (CC)		237.60
FRED HODGES	CC		233.60
AIDEE NIEVES	CC		233.60
TYLER MACK	CC		233.60
MARIA VALLE	CC		233.60
JOE GANIM	MAYOR	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	500.56
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 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 101	Total Amount of the Expenditure 4,747.48	Purpose of Expenditure (By code) MISC
---	--	---

Description
WAGE: TIME 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	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	237.374
AIKEEM BOYD	CITY COUNCIL (CC)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	332.32
FRED HODGES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	332.32
AIDEE NIEVES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	332.32
TYLER MACK	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	332.32
MARIA VALLE	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	332.32
JOE GAWIM	MAYOR	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	712.12
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GEN NOW VOTES		7 day proceeding	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)	
102	375	MISC	
Description			
DOOR KNOCKERS			
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
MARILYN MOORE	MAYOR		75
AIKEEM BOYD	CITY COUNCIL (CC)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	75
FRED HODGES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	75
AIDEE NIEVES	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	75
TYLER MACK	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	75
MARIA VALLE	CC	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	75
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	