

SEEC FORM 26—SHORT FORM
Independent Expenditure Statement for Persons

Revised August 2014



Official Use Only

Original
 Amendment

1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE

BRIDGEPORT GENERATION NOW VOTES

2. NAME OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

First Name NIELS	MI H	Last Name HEILMANN	Suffix
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Title
TREASURER

3. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

(Include Area Code) (917) 608-7936	Email Address niels@bptgennowvotes.org
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4. DATE (Check One Box)

Primary Election 2-27-24 Referendum

5. TYPE OF REPORT (Check One Box)

- January 10
- April 10
- July 10
- October 10
- 7th day preceding primary
- 30 days following primary
- 7th day preceding election
- 7th day preceding special election
- 45 days following special election
- 7th day preceding referendum
- 90 days following referendum
- 24 hour Independent Expenditure Statement for Primary
- 24 hour Independent Expenditure Statement for Election
- 24 hour Independent Expenditure Statement for Special Election
- Amendment to (Type of Report)

6. PERIOD COVERED

Beginning Date 2/20/2024 through Ending Date 2/29/2024

RECEIVED FOR REPORT
BRIDGEPORT
APR 10 A 1:52
Town Clerk

7. CERTIFICATION OF INDIVIDUAL FILING THE INDEPENDENT EXPENDITURE STATEMENT

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file the Independent Expenditure Statement on behalf of the person. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the person, for the period covered, and that these expenditures and obligations were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof, and that the person has not been reimbursed.

Niels Heilmann
SIGNATURE

NIELS HEILMANN
PRINT NAME OF SIGNER

4/8/24
DATE (mm/dd/yyyy)

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		
SUMMARY		
	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page 3)	15,485.53	99,753.54
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	1,700.65	
10. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)	1,700.65	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
BPT GEN NOW VOTES				24 hr post	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
DAVID GOODCHILD				2/27/24	
Street Address			City	State	Zip Code
102 NORMAN ST			BRIDGEPORT	CT	
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: POLL STAND			
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	
JOHN GOMES				MAYOR	
		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount
MISC		155	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		210
Name of Payee				Date of Expenditure	
LINDA BRUCE				2/27/24	
Street Address			City	State	Zip Code
174 LOUISIANA AVE A			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: POLL STAND			
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	
JOHN GOMES				MAYOR	
		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount
MISC		156	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		180
Name of Payee				Date of Expenditure	
ANGELA WHITE				2/27/24	
Street Address			City	State	Zip Code
314 SEAVIEW AVE			BRIDGEPORT	CT	06607
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: POLL STAND			
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	
JOHN GOMES				MAYOR	
		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum?		Amount
MISC		157	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		120
SUBTOTAL Section A. - This Page					510
TOTAL of additional Section A. Pages					14,975.53
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD <i>(Enter total on Column A, Line 8)</i>					15,485.53

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES				
B. Independent Expenditures Obligated by Person this Period but Not Paid				
Name of Creditor			Date Obligated	
SCALE TO WIN			2-29-24	
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 If yes, complete Section B. Addendum		Description		
		SMS MESSAGING		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)			Office Sought	
JOHN GOMES			MAYOR	
		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Obligated
A.OTH	167			1,288.15
Name of Creditor			Date Obligated	
IDEAL PRINTING			2-20-24	
Street Address		City	State	Zip Code
PO BOX 8488		NEW HAVEN	CT	06531
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section B. Addendum		Description		
		DOOR HANGERS		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)			Office Sought	
JOHN GOMES			MAYOR	
		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Obligated
PRNT	168			412.50
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 If yes, complete Section B. Addendum		Description		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)			Office Sought	
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Purpose of Expenditure (by code)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Obligated
SUBTOTAL Section B. - This Page				1700.65
TOTAL of additional Section B. Pages				—
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID <small>(Enter total on Column A, Line 9)</small>				1700.65
Previous Reported Independent Expenditures Unpaid and Still Outstanding				—
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID <small>(Enter total on Column A, Line 10)</small>				1700.65

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			
TOTAL of additional Section C. Pages			
TOTAL OF ALL REIMBURSEMENTS			

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) BRIDGEPORT GENERATION NOW VOTES	TYPE OF REPORT 24 hr post sp election
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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		
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Address of Person Making Covered Transfer—City BRIDGEPORT	State CT	Zip Code 06605
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer NIELS HEILMANN	Amount 258,500
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Source of Covered Transfer—Name of Person Making Covered Transfer THE CONNECTICUT PROJECT		
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Address of Person Making Covered Transfer—City BRIDGEPORT	State CT	Zip Code 06604
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Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer GARTH HARRIES	Amount 11,425
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Source of Covered Transfer—Name of Person Making Covered Transfer		
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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		
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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)

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPORT
NIEL BRIDGEPORT GEN NOW VOTES	24 hr post election

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	
NIEL HEILMANN		Section A	Number 165
Address of Person Making Covered Transfer—City		State	Zip Code
BRIDGEPORT		CT	06605
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
NIELS HEILMANN		258,500	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number	
		Section	Number
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number	
		Section	Number
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number	
		Section	Number
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number	
		Section	Number
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	

See Additional Page(s)

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION Now VOTES		24 hr p special electric	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
JAMIE WHITE			2/27/24
Street Address		City	State Zip Code
314 SEAVIEW AVE		BRIDGEPORT	CT 06607
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: POLL STAND		
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
JOHN GOMES		MAYOR	
Purpose of Expenditure (by candidate)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	158		210
Name of Payee			Date of Expenditure
SHAWN LET DALTON			2/27/24
Street Address		City	State Zip Code
		BRIDGEPORT	CT
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: POLL STAND		
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
JOHN GOMES		MAYOR	
Purpose of Expenditure (by candidate)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	159		130
Name of Payee			Date of Expenditure
DIANA BUSTILLO			2/27/24
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: POLL STAND		
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
JOHN GOMES		MAYOR	
Purpose of Expenditure (by candidate)	Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC	160		180
SUBTOTAL Section A. - This Page			520

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPORT
BRIDGEPORT GENERATION NOW VOTES	24 hr e special election

A. Independent Expenditures Made by Person

Name of Payee			Date of Expenditure	
CHUNG JANG BRYUNDER			2/27/24	
Street Address		City	State	Zip Code
1282 NORTH AVE		BRIDGEPORT	CT	06804
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-POLL STAND		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate--if more than one, Complete Section A. Addendum)			Office Sought	
JOHN GOMES			MAYOR	
Purpose of Expenditure (by ends)		Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC		161		150

Name of Payee			Date of Expenditure	
ASHLEY AGUILERA			2/27/24	
Street Address		City	State	Zip Code
1237 LINDLEY 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-POLL STAND		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate--if more than one, Complete Section A. Addendum)			Office Sought	
JOHN GOMES			MAYOR	
Purpose of Expenditure (by ends)		Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
MISC		162		276

Name of Payee			Date of Expenditure	
WE ARE RALLY			2/20/24	
Street Address		City	State	Zip Code
5670 WILSHIRE BLVD		LOS ANGELES	CT	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		
		MAILER		
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 ends)		Expenditure Number (if applicable)	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
A-DMAIL		163		12,000

SUBTOTAL Section A. - This Page

12,426

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION New VOTES		24 hr e special electric	
A. Independent Expenditures Made by Person			
Name of Payee			Date of Expenditure
CALLIE HEILMANN			2/29/24
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 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 type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum? Amount
MISC		164	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1129.39
Name of Payee			Date of Expenditure
GEMEM DAVIS			2/29/24
Street Address		City	State Zip Code
30 COTTAGE PLACE		BRIDGEPORT	CT 06604
Independent Expenditure on behalf of more than one candidate?	Description		
<input checked="" 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 type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum? Amount
MISC		165	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 676.91
Name of Payee			Date of Expenditure
FACEBOOK			2/20/24
Street Address		City	State Zip Code
1 HACKER WAY		MEWLO PARK	CA 94025
Independent Expenditure on behalf of more than one candidate?	Description		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section A. Addendum	FB PROMOTIONS		
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
A WEB		166	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 223.23
SUBTOTAL Section A. - This Page		2029.53	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BRIDGEPORT GENERATION NEW VOTES		24hr special election	
A. Independent Expenditures Made by Person Addendum			
Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)	
163	12,000	A-DM	
Description			
MAILER			
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
JOHN GOMES	MAYOR	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	6000
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated to Candidate
JOE GANIM	MAYOR	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	6000
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 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
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BRIDGEPORT GENERATION NEW VOTES	24hr special election
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A. Independent Expenditures Made by Person Addendum

Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure (by code)
164	1129.39	MISC

Description
WAGE ALLOCATED TO IE

Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
JOHN GOMES	MAYOR		756.69

Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated to Candidate
JOE GANIM	MAYOR		372.70

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 Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
BRIDGEPORT GENERATION NEW VOTES	24hr p special election

A. Independent Expenditures Made by Person Addendum

Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure <i>(by code)</i>
166	223.23	A WEB

Description
EB PROMOTIONS

Name of Candidate	Office Sought <i>(if applicable)</i>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate
JOHN GOMEZ	MAYOR		113.84

Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated to Candidate
JOE GANIM	MAYOR		109.39

Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated to Candidate

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