SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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Page 1 of 17

2021 JUL -8 A 9:58

John John of Town CLERK
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COVER PAGE

1. NAME OF COMMITTEE			VER		UE				4-27-5	
Maltese for Mayor										
2. TREASURER NAME			W							
First		MI	L	ast					Suffix	
Richard		T	P	Poultor	ı					
3. TREASURER ADDRESS								77.5		
Street Address			City			Sta	ate	Zip Co	de	
32 Cliff St			East F	Haven		С		065	12	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Comple	ete only if t	Candidate	Committee)			6. DISTE	RICT NUMBER	
(mm/dd/yyyy) 11/2/2021	Mayor	•						(if applicable)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ory Committee	e)						2-3-6	
First		MI	L	ast					Suffix	
Salvatore		R		Maltes	е					
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	O7th day prece	ding prima	nry	O7th	day preceding referendum			ribution or	Disbursement	
O April 10 filing	O30 days following primary				days following referendum	_	(PACs ONLY) Amendment to			
OJuly 10 filing	O7th day preceding election O Deficit Type of I							ort:		
October 10 filing O12th day preceding election (State Central Committees Only)				OTer	mination					
O24 Hour Independent Expenditure OPrimary OElection	W ===	wing election								
9. PERIOD COVERED										
	Beginning Da	ite			Ending Date					
	6/22/2021		_	thru	7/09/2021					
10. CERTIFICATION										
I hereby certify and state, under positions of the position of	eriod covered is to such a suc	statement, true, accu	Richar	d com	plete.	nis Itemiz	zed Can	07/09/2		
							7127			
A person who is					olated any provisions of th mprisonment or both.	е сатраі	ign fina	nce statu	tes	

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Maltese for Mayor	July 10th Filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	25	25
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	25	25
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	25	25
19. Expenses Paid by Committee (Section P)	0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	25	25
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) 3	TYPE OF REPORT					
Maltese for Mayor		July 10th filing					
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$0					
B. Itemized (Contributions from Indivi	iduals	-				
Last Name	First			MI			
Maltese	Joan		 ,				
Residential Street Address	City East Haven			Zip Code			
11 Holland Rd Principal Occupation	<u> </u>		СТ	06512			
Retired	Name of Employer						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$4	00 to a candidate for a chief executiv	ve officer of a municipality	/. Amou	nt of Contribution			
	she is associated with have a contract OYes ONo		´	ř			
	f a state contractor or prospective sta	te contractor? OYes	-	25			
event reported in Section L1? No If yes, indicate which be of government the contract of the section L1?							
Method of Contribution:	Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order 6/23/2021	25					
Last Name	First	J		MI			
Residential Street Address	City		State	Zip Code			
Principal Occupation	Name of Employer	•		•			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$4	00 to a candidate for a chief executiv	ve officer of a municipality	Amon	nt of Contribution			
	she is associated with have a contract Yes No		, , , , , , ,				
	f a state contractor or prospective sta						
event reported in Section L1? No If yes, indicate which to of government the con		C Legislative	ł				
Method of Contribution:	Date Received	Aggregate Contributions	7				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMos	ney Order						
Last Name	First			MI			
							
Residential Street Address	City		State	Zip Code			
Principal Occupation	Name of Employer		<u> </u>				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$4	00 to a candidate for a chief executiv	ve officer of a municipality	Amou	nt of Contribution			
	she is associated with have a contract O Yes O No	t with said municipality					
	f a state contractor or prospective sta	te contractor? OYes	-				
event reported in Section L1? No If yes, indicate which he If yes, list Event # Of government the con	oranch or branches	\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\					
Method of Contribution:	Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order						
SU	BTOTAL Section B — This	Page	25				
		- 					
101.	AL of additional Section B	Pages	0				

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete N	ime as Registered w	ith Filing Reposit	tory)		TYPE OF REPOR'					
Maltese for Mayor		,		July 10th Filing						
V 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	C1. C	ontributio	ns from	Other Com						
Name of Committee				Name of Tre	easurer					
Address	 		Is this co	ported in Section	ated with an Oyes ONo L1? , list Event #	Amount of Contribution 0				
City	State	Zip Code	Date	Received	Aggregate Contributions					
Name of Committee				Name of Tre	easurer					
•										
Address		_	Is this c	ported in Section	ated with an OYes ONo L1? t, list Event #	Amount of Contribution				
City	State	Zip Code	Date	Received	Aggregate Contributions					
Name of Committee	<u> </u>	.l.	,	Name of Tr	easurer					
Address			Is this c	ported in Section	iated with an Yes No L1? s, list Event #	Amount of Contribution				
City	State	Zip Code	Date	Received	Aggregate Contributions					
C2. Rei	mbursemen	ts or Surp	lus Dist	ributions, fro	m other Committees					
Name of Committee			•	Name of Tr						
Address			Cit	у		State Zip Code				
Date Received Expenditure # (if applicable)	Payment Type OReimbursem	ent for shared	expense	OSurplus Distri	bution	Amount of Receipt				
Description					·					
Name of Committee	- <u>-</u>			Name of Tr	reasurer					
Address			Cit	y .		State Zip Code				
Date Received Expenditure # (if applicable)	Payment Type	-				Amount of Receipt				
	Reimburs	ement for share	d expense	OSurplus Dis	tribution	0				
Description										
		SUBTO	OTAL S	ection C — T	his Page	0				
and the second s	, , , , , , , , , , , , , , , , , , ,	TOTAL	of addit	ional Section	C Pages	0				
TOTAL OF A	LL COMMIT C1 + C2) (Enter	TEE CONT	RIBUTI	ONS AND RE	CCEIPTS	0				
Corregions			,	,y •	<u> </u>					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposit	tory)				REPORT	
Maltese for Mayor				Ju	lly 10th	Filing	
	D. Loans	Receiv	ed this Period		. <u>च.स.</u> 	and the same of th	
Name of Lender		<u> </u>	Source of Loan: OBank Candid		dividual	Other Committee	Date of Receipt
Street Address	City			St	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	· · · · · · · · · · · · · · · · · · ·					-	Amount Received
Street Address	City			S	tate	Zip Code	0
Name of Lender		-	Source of Lean: OBank Candid	ate O In	ıdividual	Other Committee	Date of Receipt
Street Address	City			St	ale	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			S	tate	Zip Code	0
Name of Lender			Source of Loan: OBank Candid			Committee	Date of Receipt
Street Address	Cîty			Si	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)	D				-		Amount Received
Street Address	City			S	tate	Zip Code	0
		,	TOTAL SECTIO	ON D	Ann a		0
E. Receipts from Entities other th	an Indiv	ziduals	or Other Commi	ittees /	Referen	dum Committe	es ONLY)
Name of Entity					-9.5		
Street Address				Date Rec	eived		Amount Received
City		State	Zip Code	Aggrega	te Contrib	utions	0
Name of Entity					_		
Street Address				Date Rec	eived		Amount Received
City	<u></u>	State	Zip Code	Aggrega	te Contrib	utions	0
Name of Entity	- <i>::</i>	1	<u> </u>	ı			
Street Address		_	<u> </u>	Date Rec	cived		Amount Received
City		State	Zip Code	Aggrega	te Contrib	utions	0
		24	TOTAL SECTION	ON E		<u> </u>	0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Prot	vide Complete Name as Regist	ered with Filing R	epository)		* 3 10 10 10 10 10 10 10 10 10 10 10 10 10	·	TYPE OF REPORT				
Maltese for Mayor							Jul	y 10th Filling			
F. Am	ount Transferred	from Affili	ated Bu	siness '	Treasury (2	Busine.	ss En	tity Committees ONLY)			
Date of Receipt	Is this transaction associ event reported in Section		SYes No	If yes, li	st Event#			Amount O			
Date of Receipt	Is this transaction associ		OYes No	<i>If yes</i> , li	st Event#			Amount 0			
Date of Receipt	Is this transaction associ event reported in Section		8Yes No	<i>If yes</i> , li	st Event#			Amount 0			
Date of Receipt	Is this transaction associ event reported in Section		OYes No	<i>If yes</i> , li	st Event #			Amount 0			
	- Salaharan salah sa	;	ya .	T	OTAL SECT	TION	F .	0			
G. Amount Transf	erred from Affilia	ted Labor	Union or	Other	Organiza	ion T	[rea	sury (Organization Committees ONLY)			
Date of Receipt Date of Receipt Date of						of Receipt					
Amoun	•	Amount						Amount			
0		0					0				
	* **		e de la martina	TO	TAL SECTI	ON G	;	0			
H. 1	Personal Funds of	the Candid	late Rec	eived t	his Period	(Cand	idate	Committees ONLY)			
Date of Receipt	Method of payment:		-	-	-			Amount			
	O Cash	O P	ersonal Che	ck	O Credit/I	Debit Ca	ard	0			
Date of Receipt	Method of payment: Cash	O P	ersonal Che	ck	O Credit/I	Debit Ca	ard	Amount O			
Date of Receipt	Method of payment:							Amount			
	O Cash	OP	ersonal Che	ck	O Credit/I	Debit Ca	ırd	0			
Date of Receipt	Method of payment:				•	<u> </u>		Amount			
	O Cash	O P	ersonal Che	ck	O Credit/L	Debit Ca	ard	0			
			- 3 - 3 - 4		TOTAL SEC	CTIO)	NΗ	. 0			
								-			
		I. An	onymous	s Cont	ributions						
	-	•			_	_		e deposited in <i>any</i>			

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

	ATTICK REDUETE TO	(50001011511	,			
NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)			F REPORT	<u> </u>	
Maltese for Mayor		<u>'</u>		th Filing		
J. Interest	from Deposits in Author	ized Account	s		. د د	* : .
Name of Institution]	Date Rec	eived		Amount
	_ -				0	
Street Address	City	Sta	ite	Zip Code		
	<u> </u>					
Name of Institution			Date Rec	cived	l L	Amount
				Te: 0.1	0	
Street Address	City	Sta	ite	Zip Code		
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					<u> </u>	
the second secon	TOT	AL SECTION	J 0			
K. Miscellaneous M	Ionetary Receipts not Co	nsidered Con	tribu	tions	-	* 4"
Name				e of Transaction		Amount Received
						0
Street Address	City		State	Zip Code		J
Description		·	<u> </u>			
Bescription						
Name		<u>.</u>	Dat	e of Transaction		Amount Received
Street Address	City		State	Zip Code		0
		<u> </u>				
Description						
Name	<u> </u>		Dat	te of Transaction		Amount Received
						_
Street Address	City		State	Zip Code		0
			<u> </u>			
Description						
Name			Da	te of Transaction		Amount Received
Street Address	City		State	Zip Code		0
			<u> </u>			
Description						
The state of the s	.		T_			
the state of the s	TOTAL	SECTION K	0			
SUMMARY OF OTHE	R MONETARY RECEI	PTS (Section	s D th	rough K)		
Total Loans Received this Period (Section D)					()
Total Receipts from Entities other than Individuals or C	Other Committees (Section E)		+		()
Total Amount Transferred from Affiliated Business Tre	easury (Section F)		+		()
Total Amount Transferred from Affiliated Labor Union	or Other Organization Treas	sury (Section G)	+		()
Total Amount of Personal Funds of the Candidate Rece	ived this Period (Section H)		+		C)
Total Amount of Interest from Deposits in Authorized A	Accounts (Section J)		+		()
Total Miscellaneous Monetary Receipts not Considered	Contributions (Section K)		+			0
(Add Sections D through	Total of Oth gh K) (Enter total on Line 15, Coli	er Monetary			()

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)	- 	* *	TYPE OF REPORT		3
Maltese for Ma				July 10th Filing		
	L1. Event	Inform	nation			*
Event # Date of Event Letter	Description			· · · · · · · · ·	Was this a fo	undraising event?
Location: Street Address		City		_	State	Zip Code
Subpart 1: (All Committ	ees)					
Was this event hosted at a	a personal residence?	OYes ONo	(If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and comple	te required inf	ormation for any
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes O No	(If yes, go to Section Land complete required in		not Considered	d Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes O No	(If yes, enter Total Reco	eipts here.)	\$ 0	
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	ONo	her than Exploratory (If yes, go to Section L3 or on a Sign and comp	Purchases of Adver		a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes ONo	(If yes, enter Total Reco	eipts here.)	\$ 0	
Event # Date of Event Letter	Description		- : - : : : : : : : : : : : : : : : : :	<u> </u>	Was this a f	undraising event?
Date of Event Letter					OYes	o No
Location: Street Address		City			State	Zip Code
Subpart 1: (All Committe Was this event hosted at a	•	OYes ONo	(If yes, go to Section L5 Associated with a Hou purchases made by host	ise Party and comple	te required inf	ormation for any
Did this fundraiser include of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?		(If yes, go to Section L and complete required		not Considere	d Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?		(If yes, enter Total Rec	eipts here.)	\$ 0	
Subpart 2: (Party Comm. Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	O No	ther than Exploratory (If yes, go to Section Li or on a Sign and comp	3 Purchases of Adver		a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes ONo	(If yes, enter Total Reco	eipts here.)	\$ 0	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale	of Donated Items —	This Page	0	
			ubpart 3 <i>(Town Commi</i> 1 Food Purchases —		0	
<u>.</u>		TOTAL	of additional Section	Lı Pages	0	
	TOTAL OF ALL RECE		ROM SMALL PUI		0	

II. EVENT ACTIVITY (Sections L1—L5)

Per indivi	r Public Act 11-48 dual purchases fro	B, effective January 1, 20 om a committee tag sale,	12 commauction,	nittees are no longer requor a sale of donated item	ired to s. <i>Se</i>	o itemize s ction L2. r	small removed	
TALLER OF COLD UTT	TELE CO. LANCON CO.	e as Registered with Filing Repository)	 	TYPE OF REPO	RT		1 4	
Maltese fo		e as Registerea with Fitting Repository)		Jluy 10th Filin				
1710100010		urchases of Advertising in	g Progr	., 	3	t		
Name of Purchaser		urchases of Advertising in	a I I Ogi	an Don or or a p-8:	Purchase	e Made By:		
tunio di l'alciado.					OBus	siness Entity	Other	
					OInd	ividual/Sole Pro	oprietorship	
Street Address	·····	City				State	Zip Code	
						[]	l	
Date Received	Event #	Aggregate Purchases for Al	l Events	Amount of Program Ad Purcha	se A	Amount of Sign	n Purchase	
Date latering					0			
						e Made By:		
Name of Purchaser					_	-	Other	
						ividual/Sole Pr	_	
Street Address	<u>.</u>	City				State	Zip Code	
							ľ	
		Aggregate Purchases for Al	1 Events	Amount of Program Ad Purcha	100	Amount of Sig	n Purchase	
Date Received	Event #	Aggregate Purchases for At	1 EVERIS	Amount of Program Au Purch	1	Athorne or pig.	ii i ui chase	
					0			
Name of Purchaser		<u></u>		-	_	e Made By:	O ou	
					=	-	Other	
<u> </u>	 -	Ci-		<u>. </u>	O Ind	lividual/Sole Pr	Zip Code	
Street Address		City				Butte		
Date Received	Event #	Aggregate Purchases for Al	Il Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase	
					0			
Name of Purchaser					Purchas	e Made By:		
Name of Putriaser						siness Entity	Other	
					Ome	lividual/Sole Pr	roprietorship	
Street Address		City				State	Zip Code	
Date Received	Event#	Aggregate Purchases for A	II Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase	
					o			
						- Mada Dan		
Name of Purchaser					1 _	se Made By: siness Entity	Other	
					1 =	dividual/Sole P		
Street Address		City	.			State	Zip Code	
in the contract of the contrac								
Date Received	Event #	Aggregate Purchases for A	Il Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase	
Bate Received	2000	1 2 2			0			
,				.l				
		ction La Total Purchases of Adv				0		
	SUBTO	TAL Section L3 Total Purchase	es of Adver	tising on a Sign — This Page	0			
			TOTAL of	f additional Section L3 Pages		0		
T	OTAL OF ALL PURC	CHASES OF ADVERTISING II	N A PROG	RAM BOOK or ON A SIGN on A of Summary Page Totals)		0		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as	Registered with Filing Reposito	(יני	ТҮР	E OF RÉPORT		
Maltese for N	layor			Jluy	10th Filing		
	L4	In-Kind Donations	Not Consi	dered Contribution	is and the second	<u> </u>	
Name of Donor							
g		<u></u>	City			State	Zip Code
Street Address			City				
Donation Given By:	Description of Donation				Fair	Market V	alue of Donation
OBusiness Entity					0		
OIndividual	Date Received	Event #		Aggregate Value for this			
O Sole Proprietorship							
Name of Donor	<u>-</u>			-			
			City			State	Zip Code
Street Address			Chy				
Donation Given By:	Description of Donation	<u> </u>	<u> </u>	- 	Fair	Market V	alue of Donation
OBusiness Entity					_ 0		
OIndividual	Date Received	Event#		Aggregate Value for this			
OSole Proprietorship			_				
Name of Donor	'	-		-			
Street Address			City			State	Zip Code
			ŀ			l	
Donation Given By:	Description of Donation	-			Fair	Market V	alue of Donation
OBusiness Entity					0		
OIndividual	Date Received	Event#		Aggregate Value for this			
O Sole Proprietorship		/					
Name of Donor	· · · · · · · · · · · · · · · · · · ·		-	-			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation			-	Fair	Market V	alue of Donation
OBusiness Entity		1			0		
OIndividual	Date Received	Event#		Aggregate value for this	Event		
O Sole Proprietorship		. 1					
		SUI	BTOTAL Sec	tion L4 — This Page	0		
		тот	'AL of additio	onal Section L4 Pages	0		
то	TAL OF ALL IN-KIN	D DONATIONS NOT C (Enter total on Line 21,	ONSIDEREI	CONTRIBUTIONS	0		
		Lines total on Line 21,	Johnson 71 Of L		<u> </u>		
i							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Reposito	ory)		TYPE OF REPORT			
Maltese for Mayor				Jluy 10th Filing			
L5. Iı	n-Kind Donations Not Considere	d Contributions Associa	ted with a I	Iouse Party			
Name of Host		=	committee?	supporting more OYes ONo omplete Itemization			
Street Address	· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code	
Description of Donation				Fair Marke	et Value o	f Donation	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
Name of Host			committee?	supporting more OYes ONo omplete Itemization			
Street Address		City			State	Zip Code	
Description of Donation		•		Fair Marke	et Value o	f Donation	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
Name of Host			committee?	supporting more OYes ONo omplete Itemization			
Street Address		City		[State	Zip Code	
Description of Donation				Fair Mark	et Value o	f Donation	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h					
Name of Host			committee?	supporting more OYes ONo omplete Itemizati			
Street Address		City	'	1	State	Zip Code	
Description of Donation				Fair Mark	et Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
.,	S	UBTOTAL Section L5	This Page	1	0		
		TAL of additional Section			0		
	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin				0		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with i	Filing Repository	7)	٠.	E P	TYPE OF REPORT					
Maltese for Mayor							Jluy 10t	h Fili	ing			
f The	÷ 41		M. In-Ki	ind Con	tril	butions .	-	-	<u>, </u>		n.	
Name	· ·			·					•	÷ • • • •		
Street Address					City					State	Zip Code	
Type of contributor: Committee	Date Recei	ved	Aggregate Con	tributions		Description of In-Kind (Contribution	1			<u> </u>	
OIndividual / Sole Proprietorship Oother												
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	tributor or b t more than	siness he/she \$5,000?	is associate	ed w	for a chief executive o ith have a contract with Yes No	th said mu	nicipa	lity		Aarket Value Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal indicate which rument the con	branch or	ьга	nctor or prospective stanches Executive	_		SYes No	0		
Name												
Street Address					City	 				State	Zip Code	
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OIndividual / Sole Proprietorship Oother	}											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Visual at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with have a contract with said municipality of this Contributor or business he/she is associated with he/she is a said of the contributor or business he/she is a said of the contributor or business he/she is a said of the contributor or b												
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive OLegislative												
Name									=			
Street Address					City			-		State	Zip Code	
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ved	Aggregate Con	tributions		Description of In-Kind (Contribution	<u> </u>		'	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh		ted	for a chief executive of with have a contract w				Fair Market Value of this Contribution		
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	<u> </u>	Is contribut		branch or	ontra brai	ector or prospective sta	_		8Yes No	0		
2 yes, not 5 tout 1	p - 4	0.50.0				tion M — This Pag			Ç.	0		
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SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

Resided January 2815	1 44 E281 E19E1	CICED (Decides	<u> </u>			
NAME OF COMMIT	TEE' (Provide Complete Name as Registered with Filing Repository)	* ***	TYPE OF REPORT			
· "æ.	P. Expenses	Paid by Committee		V 2 **		
Name of Payee			Date of Payment	Method of Payment:	_	
-				O Check #		
				O Debit Card OEFT	•	
Street Address		City		State Zip Code	٠	
D	Description		Event #	 		
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Purpose of Expenditure	Description	!	Event #	Amount		
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				TYPE OF REPORT			
Maltese fo	r Mayor	Jluy 10th Filing0					
· 8	Q. Campaign Ex	penses Paid by Candi	idate				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	•	Date of Payment	Is reimb	ursement claimed?		
			1		Yes O No		
Company Addition	<u> </u>						
Street Address		State	Zip Code				
Purpose of Expenditure	Description		Event#		Amount		
(by code)				0			
N CD (21 C1)	D. D. C. Constant of the state of the state of		Date of Payment	In seint	oursement claimed?		
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The second secon	onad, resource zinay salama pan anousy,		,		_		
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Co A M.		Low			 		
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⊀	Ţ,	OTAL of additional Secti	on Q Pages	0			
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9		PENSES PAID BY CA		0			
	(Enter total on L	ine 26, Column A of Summar	y rage soiais)				

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Maltese for Mayor				July 1	10th Filing		
. 3	R. Expenses Incurred	l on Com	mittee Cred	lit Card	, A _E = 4	-	* "
Name of Issuing Institu		Type of Cred		· <u>-</u>		-	
			cover OAmerica	n Express	Other:		
Name of Vendor, Person or	Entity					Date of Ti	ansaction
Street Address		City				State	Zip Code
Siteet Address		City					
Purpose of Expenditure	Description			Event #			Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required	unless "None	of the below" i	s checked)			
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	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con	ure) stribution)	S Indeper Organiz)в Ос Ор		
Name of Vendor, Person or	Entity					Date of To	ransaction
Street Address	- · · · · · · · · · · · · · · · · · · ·	City				State	Zip Code
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N AV 1 B			- Organia	anon Or (, , , , , , , , , , , , , , , , , , , 	Data of T	ransaction
Name of Vendor, Person or	Ennty					Date of 1	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event#			Amount
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	Coordinated with reimbursement sought (in-kind co				Ов Ос Ор		•
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- 200	ŞU	BTOTAL S	Section R — 7	This Page		0	
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ТО	TAL OF ALL EXPENSES INCURRED ON (Enter total on Line	COMMIT	FEE CRED	T CARD Page Totals)		0	

		· · · · · · · · · · · · · · · · · · ·					
NAME OF COMMIT	EE (Provide Complete Name as Registered with Fili	ng Repository)	_ 	TYPE OF REPORT			
Maltese for Mayor Jluy				9			
	S. Expenses Incurred	by Committee but N	ot Paid During this Period		The second secon		
Name of Creditor	<u> </u>	<u> </u>		Date Incur	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	nditure Description Event #				Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	(joint expenditure)	the below" is checked) Independent Organization: A B OC	0 OP			
Name of Creditor				Date Incur	rred		
Street Address		City		State	Zip Code		
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		TOTAL of add	itional Section S Pages	0			
TOTAL OF ALL	EXPENSES INCURRED BY COMMIT (En	TEE DURING THIS PEI ter total on Line 28, Column	RIOD BUT NOT PAID A of Summary Page Totals)	0			
	Previously re	ported Expenses Unpaid	and still Outstanding	0	ч		
	TOTAL OF ALL EXPENSES I	NCURRED BY COMMI er total on Line 28a, Column		0			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				- 1	YPE OF REPORT				
Maltese for Mayor				Jluy	10th Filing				
	T. Itemization of Reimb	ursements	and Second	lary Pay	rees	ž ·			
Last Name of Worker/Cons	ultant	First	ь.			МІ	Date of F Person o	Payment to Vendor, r Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:	_	Worker/Consultant a	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City			Cita	.ж. н	State	Zip Code	
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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					n Section P:	_	Worker/Consultant a	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				_	State	Zip Code	
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rep				n Section P:					
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		TOTAL of a	dditional Sect	ion T Pag	ges		0		
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONS	ULTAN	TS		0		