SEEC FORM 20

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

ECTIONS ENFORCEMENT COMMISSION

RECEIVED EAST HAVEN, CT. Page 1 of 17

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1. NAME OF COMMITTEE				K I F		100121				
Maltese for Mayor					لو	Hacy Grov	N CLERK	5		
2. TREASURER NAME										
First Richard		MI T		Last Poulton	1					Suffix
3. TREASURER ADDRESS										
Street Address 32 Cliff St			City East	t Haven			State CT		Zip Co 065	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Complet	e only	if Candidate	Committee)	13 8 7 1		6.	. DISTI	RICT NUMBER
(mm/dd/yyyy) 11/2/2021	Mayor							Of	applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ory Committee)								
First		MI		Last						Suffix
Salvatore		R		Maltes	е					
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	O7th day preced				day preceding ret		O Initial C		ution or	r Disbursement
O April 10 filing	ling 30 days following primary		у	O 45 days following referendum			O Amendment to			
OJuly 10 filing	●7th day preceding election		n	ODeficit		Type of Report:				
October 10 filing		O12th day preceding election (State Central Committees Only)		O Termination						
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n							
9. PERIOD COVERED										
	Beginning Da	ite			Ending D	ate				
	10/1/2021		_	thru	10/26/2021					
10. CERTIFICATION										
I hereby certify and state, under processing the performance of the pe	eriod covered is	true, accui	Rich	and com	plete.	forth on thi	s Itemized (1	10/26/2	
										F. 1.2
A person who is	found to have kn	owingly ar	nd wi	llfully vi	olated any prov	isions of the	campaign f	financ	ce statu	ites

faces a civil penalty or imprisonment or both.

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)	7th Day Preceding Elect	lon
Maltese for Mayor	COLUMN A This Period	COLUMN B Aggregate
 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 		482.50
12. Balance on hand at the beginning of Reporting Period	482.50	
13. Contributions Received from Individuals (Sections A and B)	5125	17525
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)	5125	17525
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5607.50	18007.50
19. Expenses Paid by Committee (Section P)	3387.85	15830.35
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2177.15	2177.15
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)	500	500
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	500	
26. Campaign Expenses Paid by Candidate (Section Q)	65.18	65.18
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)	TYPE OF REPORT				
Maltese for Mayor	7th day Preceding Election				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	ed this Period ONLY UBTOTAL SECTION A	\$			
	tributions from Indiv	iduals		MI	
Last Name Mannochi	First			IMI	
	City		State	Zip Code	
	East Haven		CT	06512	
Principal Occupation	Name of Employer			1	
Retired					
Y YA YA	is associated with have a contract OYes ONo tate contractor or prospective state.	t with said municipality	7, Am o	ount of Contribution	
event reported in Section L1? If yes, list Event # 10262021C No If yes, indicate which bran of government the contract					
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/1/2021	950			
Last Name	First			MI	
Apicella	Sheila				
	City		State	Zip Code	
6 Frasier Dr Principal Occupation	Woodbridge Name of Employer		СТ	06505	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? Is contributor a principal of a sevent reported in Section L1? If yes, list Event # 10262021C	s associated with have a contract O Yes O No state contractor or prospective stach or branches t is with: Executive	ate contractor? O Legislative	100	unt of Contribution	
Method of Contribution:		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		100			
Last Name Mappochi	First			MI	
Mannochi Residential Street Address	Ralph		State	Zip Code	
	East Haven		CT	06512	
Principal Occupation	Name of Employer			1	
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?		et with said municipality	50	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a st If yes, indicate which bran of government the contract		_ ONo			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/6/2021	1000			
SUBT	OTAL Section B — Thi	s Page 850			
TOTAL	of additional Section B	Pages 4275			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections 3, Column A of Summary Page	A+B) (/2			

Section B ADDITIONAL PAGE _____

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Maltese for Mayor			November 9, 2021 Filling			
Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Per SUBTOTAL		\$			
B. Itemized Co.	ntributions	from Indivi	duale			
Last Name	First	S II OIII III UIVI	uuais		MI	
Mannochi	Dale					
Residential Street Address	City			State	Zip Code	
70 Robert Dr	East Haven			CT	06512	
Principal Occupation	Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No If yes, indicate which brain the section L1?	state contractor	or prospective star	te contractor? Syes	100	unt of Contribution	
If yes, list Event # 10262021C of government the contract		OExecutive eccived	-	-		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		5/2021	Aggregate Contributions 200			
Last Name	First				MI	
Lombardi	Matt					
Residential Street Address	City			State	Zip Code	
560 Silver sands Rd #401	East Haven	i.		CT	06512	
nal Occupation	Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Viscontribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated w			y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or branche	es	O Legislative No			
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		eceived 6/2021	Aggregate Contributions			
Last Name	First				MI	
Giaquinto	Ben					
Residential Street Address	City			State	Zip Code	
64 Bradley Ave	East Haver	1		CT	06512	
Principal Occupation	Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Viscontribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated w			y, Am o	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branche act is with:	O Executive	O Legislative ONo			
Method of Contribution:	100	teceived	Aggregate Contributions			
Ash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		3/2021	175			
SUB	TOTAL Sec	tion B — This	Page 275			
TOTAL	L of addition	nal Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM						

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Section B ADDITIONAL PAGE 2 of 1/3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor			November 1th Filling d'in section				
Total Contributions from Small Contributors-l (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	s			
B. Itemiz	zed Cont	tribu	itions from Indivi	duals			
Last Name		Fire	st				MI
Poulton		Ri	chard				
Residential Street Address	C	ity			State	Zip	Code
32 Cliff ST	E	East F	Haven		CT	06	512
Principal Occupation			Name of Employer		-		
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or businest valued at more than \$5,000	ess he/she is				ty, Amo 550		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes Is contributor a principle of government the section L1? Yes Is contributor a principle of government the section L1?	vhich branc	h or b		OLegislative			
Method of Contribution:	ne contract	15 WILL	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (OMoney C	Irder	10/14/2021	900			
Last Name		Firs		700		_	Тмі
Poulton			ine				IVII
Residential Street Address	Ici	ity			State	7 in	Code
32 Cliff St	1		laven		CT	1	512
al Occupation			Name of Employer			-	
Research Nurse			VA				
Is contributor a lobbyist, spouse, Yes If contribution is in excess	s of \$400 to	a can		e officer of a municipalit	v I Ame	unt o	of Contribution
or dependent child of a lobbyist? No does contributor or busines valued at more than \$5,000	ess he/she is	assoc	iated with have a contract O Yes O No	with said municipality	100		1 Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No If yes, indicate w of government the section of the section o	which branc	ch or b		te contractor? SYes	3		
Method of Contribution:			Date Received	Aggregate Contributions	\neg		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction (OMoney O	Order	10/14/2021	225			
Last Name		Firs	st				MI
Dwyer		Ec	d				
Residential Street Address		ity			State	Zip	Code
130 Coe Ave #76	E	East F	Haven		CT	06	512
Principal Occupation			Name of Employer				
Mason			Union Hall				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ess he/she is	a can	didate for a chief executive intended with have a contract Yes No	re officer of a municipality with said municipality	75	unt o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No If yes, indicate w of government the	vhich branc	h or b		te contractor? Yes OLegislative			
Method of Contribution: sh Personal Check Ocredit/Debit Card OPayroll Deduction (OMoney C	Order	Date Received 10/15/2021	Aggregate Contributions 250			
	SUBTO	OTA	L Section B — This	Page 725			
1	TOTAL	of ad	ditional Section B l	Pages			
TOTAL OF ALL CONTRIBUTIONS	-					-	
			mn A of Summary Page				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
Maltese for Mayor	November 9, 7021	vember 9, 7021 Filling			
. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ON SUBTOTAL SECTIO				
B. Itemized Co	ntributions from l	Individuals			
Last Name	First		MI		
Jackowicz	Edward				
Residential Street Address	City		State Zip Code CT 06512		
535 Thompson Ave	East Haven		CT 06512		
Principal Occupation	Name of Employer				
Retired			T		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a		Amount of Contribution 150		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or branches	ecutive OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/15/2021	150			
Last Name O'Toole	First Joseph	***************************************	MI		
			State Zip Code		
Residential Street Address 1049 N High St	East Haven		State Zip Code CT 06512		
al Occupation	Name of Employer		01 00012		
Food Director	Apply Rehab				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	is associated with have a		Amount of Contribution 75		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	ctive state contractor? No secutive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		250			
Last Name Porto	William		MI		
Residential Street Address	City		State Zip Code		
2 Mansfield Grove Rd #365	East Haven		CT 06512		
Principal Occupation	Name of Employe	r			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a		Amount of Contribution 75		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	ecutive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
sh OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 10/18/2021	175			
SUB'	TOTAL Section B -	- This Page 300			
TOTAL	L of additional Sect	ion B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Se	ctions A + B)			

Section B ADDITIONAL PAGE ____ or

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	November 9, 2021 Filling			
Maltese for Mayor	Maltese for Mayor			
Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	s		
B. Itemized Co	ntributions from Indiv	iduals		
Last Name	First		MI	
Trentini	Frank			
Residential Street Address 531 Clintonville Rd	No. Haven		State Zip Code CT 06473	
Principal Occupation	Name of Employer	1	01 00473	
Insurance Agent	Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		ate contractor? Yes Collegislative		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 10/18/2021	150		
Last Name Nastri	Robert		MI	
Residential Street Address	City		State Zip Code	
55 Thompson St #14A	East Haven		CT 06512	
al Occupation Retired	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?				
	state contractor or prospective st anch or branches	ate contractor? OYes No Legislative	75	
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order 10/18/2021	225		
Last Name Colandro	First Anthony		MI	
Residential Street Address	City		State Zip Code	
90 Mill St	East Haven		CT 06512	
Principal Occupation Retired	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		et with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		ate contractor? O Legislative O Legislative		
Method of Contribution:	Date Received v Order 10/19/2021	Aggregate Contributions	1	
sh Personal Check Ocredit/Debit Card Payroll Deduction OMone		250		
	TOTAL Section B — Thi			
	L of additional Section B			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT PRECEDING & Lection			
Maltese for Mayor	November 9,2021 Filling					
Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fi	irst				MI
Raccio	٨	Margaret				
Residential Street Address	City			State	Zip C	ode
59 Mass. Ave	East	Haven		CT	065	12
Principal Occupation		Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame 50	ount of	Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a No If yes, indicate which bra	nch or	branches	O No			
If yes, list Event # 10262021C of government the contract	ect is wil		OLegislative	_		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			150			
Last Name Culligan		rst Isie				MI
Residential Street Address	City			State	Zip C	ode
46 Benjamin Rd	1	Haven		CT	065	
al Occupation		Name of Employer		01	1000	
Retired		Traine of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality		unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No If yes, list Event # 10262021C Yes No If yes, indicate which bra of government the contra	anch or	ontractor or prospective state	te contractor? Syes	75		
Method of Contribution:	act is wi	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/20/2021	250			
Last Name	Fi	rst				MI
Criscuolo	A	Anthony				
Residential Street Address	City			State	Zip C	ode
370 Thompson Ave	East	Haven		CT	065	512
Principal Occupation		Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.	anch or	branches	O Legislative			
Method of Contribution: sh Personal Check Ocredit/Debit Card Payroll Deduction OMoney	y Order	Date Received 10/21/2021	Aggregate Contributions 275			
SUBT	TOTA	L Section B — This	Page 200			
TOTAL	L of a	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM	-					
		lumn A of Summary Page				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	eceding & botton		
Maltese for Mayor	November 9(2021	November 9(2021 Filing			
Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	Y S				
P. Itamized Co	ntributions from Ind	lividuale			
Last Name	First	iividuais	MI		
Bryk	Holly				
Residential Street Address	City		State Zip Code		
121 George St	East Haven		CT 06512		
Principal Occupation	Name of Employer				
State Marshall	State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lobbyist? No If yes, indicate which bra	e is associated with have a con OYes O state contractor or prospective	tract with said municipality	Amount of Contribution 150		
event reported in Section L1? O No If yes, indicate which bra If yes, list Event # 10262021C of government the contra		tive OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash	y Order 10/21/2021	400			
Last Name	First		MI		
Fowler	Kevin				
Residential Street Address	City		State Zip Code		
2 Dale Place	East Haven		CT 06513		
al Occupation	Name of Employer				
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		tract with said municipality	Amount of Contribution 75		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Section L1? Yes No Is contributor a principal of a If yes, indicate which brateful of government the contraction.		e state contractor? Yes ntive O Legislative			
Method of Contribution:	Date Received				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 10/23/2021	150			
Last Name Fowler	First Therese		MI		
Residential Street Address	City		State Zip Code		
2 Dale Place	East Haven		CT 06513		
Principal Occupation Name of Employer					
Day Care Teacher Kiddie Club House					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		stract with said municipality	75 Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		e state contractor? SYes utive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
sh Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order 10/23/2021 150					
SUB	TOTAL Section B —	This Page 300			
TOTA	L of additional Section	B Pages			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Section 13 Column 4 of Summary)				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	1.06.60	
Maltese for Mayor	November 9/2021	November 9/2021 Filing		
Total Contributions from Small Contributors-Receipted (See instructions for definition of Small Contributor)	s s			
D. Itamirad (Contributions from Ind	lividuale		
Last Name	Contributions from Ind	ividuais	MI	
Parente	Robert			
Residential Street Address	City		State Zip Code	
7 Farm River Rd	East Haven		CT 06512	
Principal Occupation Retired	Name of Employer			
	100 to a candidate for a chief exects the is associated with have a control of the control of th	tract with said municipality	y, Amount of Contribution 75	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of If yes, indicate which to of government the contributor apprincipal of Is co	f a state contractor or prospective branch or branches tract is with:	state contractor? Syes No Legislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Date Received 10/23/2021	Aggregate Contributions 325		
Last Name Parente	First Linda		MI	
Residential Street Address	City		State Zip Code	
7 Farm River Rd	East Haven		CT 06512	
al Occupation Retired	Name of Employer			
	000 to a candidate for a chief execushe is associated with have a cont	ract with said municipality	Amount of Contribution 75	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes No Is contributor a principal of If yes, indicate which of government the core		e state contractor? Yes tive O Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order 10/23/2021	325		
Last Name Poulton	First Richard		MI	
Residential Street Address 32 Cliff St	City East Haven		State Zip Code CT 06512	
Principal Occupation	Name of Employer		C1 00512	
Retired	ivanic of Employer			
	100 to a candidate for a chief execution she is associated with have a control Yes	tract with said municipality	y. Amount of Contribution	
Is contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative				
Method of Contribution:	Date Received	Aggregate Contributions		
sh Personal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order 10/23/2021	1000		
SU	BTOTAL Section B — T	This Page 250		
тот	AL of additional Section	B Pages		
TOTAL OF ALL CONTRIBUTIONS FR	OM INDIVIDUALS (Section 13 Column 4 of Summary P	Maria Carlos Car		

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of	81/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor			7th day Preceding Election			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$		-	
						•
B. Itemized Cor	ntribut	ions from Individ	luals			^
Last Name	First	· · · · · · · · · · · · · · · · · · ·	·		_	MI
Fennel	Kev	/in				
	City			State	Zip (
39 South St	East Ha		·-·	СТ	06!	512
Principal Occupation	1	Name of Employer				ı
Retired			 			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				y, Amoi 100	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which bran			contractor? Yes No			
If yes, list Event # 10262021C of government the contract			OLegislative O No			
Method of Contribution:			Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/25/2021	100			
Last Name	First					МІ
Residential Street Address	City			State	Zip (Code
Principal Occupation	1	Name of Employer		<u>. </u>	L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # Of government the contraction of government the contraction of government the contraction.	nch or bra	anches	e contractor? Yes No Legislative			
Method of Contribution:	Ľ		Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order					
Last Name	First					Μĭ
Residential Street Address	City			State	Zip (Code
Principal Occupation	1	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amoi	unt o	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Yes Is contributor a principal of a s If yes, indicate which brar of government the contrac	nch or bra	anches	e contractor? Yes O Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	1	Date Received	Aggregate Contributions	7		
SUBT	ΓΟΤΑL	Section B — This	Page 100			
TOTAL	TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

SEEC FORM 20 Revised Japany 2015

Section B ADDITIONAL PAGE 9 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor			7th Day Preceding Election			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Co	ntri	butions from Indivi	duals			
Last Name		First				MI
Furino		Mario				<u></u>
Residential Street Address 42 Summit Ave	City	t Haven		State	1 -	6512
Principal Occupation		Name of Employer		1		
·						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			with said municipality	75		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes OLegislative			
Method of Contribution:	-	Date Received	Aggregate Contributions	_		
Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	er 10/26/2021	150			
Last Name	1	First	<u> </u>			MI
Furino		Amy				
Residential Street Address	City			State	Zir	Code
42 Summit Ave	Eas	t Haven		СТ	00	6512
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	toac	andidate for a chief executive	e officer of a municinalit	v. A1	nount	of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?				75		or Court Budon
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which bra			te contractor? SYes	s		
If yes, list Event # 10262021C of government the contra			O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	at 10/26/2021	250			
Last Name	- 1	First				MI
Karbowski		Paul				
Residential Street Address	City	A.11		State	1 -	Code
171 Angela Dr	Eas	st Haven		СТ	0	6512
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	\		6F 6i-i1i-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said municipality			of Contribution
Is this contribution associated with an Yes Is contributor a principal of a	ctate	··- · · · · · · · · · · · · · · · · · ·	ie contractor? OYes	15	,U	
event reported in Section L1? If yes, list Event # 10262021C No No If yes, indicate which bree of government the contra	nch o	or branches _	O Legislative			
Method of Contribution;		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 10/26/2021	150			
SUB	тот	AL Section B — This	Page 300			
			7-6-			
		additional Section B I				
TOTAL OF ALL CONTRIBUTIONS FROM		olumn A of Summary Page				

SEEC FORM 20 Revised January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor			7th Day Preceding Election			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Cor	ntrib	utions from Indivi	duals		·	
Last Name		irst			MI	
Plano		Andrew				
	City	Haven		State	Zip Code	
64 Wheaton Rd	East	Haven		CT	06512	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1?	nch or	ontractor or prospective state branches	_ ① No			
If yes, list Event # 10262021C of government the contrac	ct is wii	 	OLegislative	_		
Method of Contribution:		Date Received 10/26/2021	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		<u> </u>	300			
Last Name Adamczyk		oan Oan			MI	
<u> </u>	City			Ctata	Zip Code	
123 Hellstrom Rd		Haven		State	06512	
Principal Occupation		Name of Employer		<u> </u>	1000.2	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which branches	nch or	ontractor or prospective state	_ O No		ı	
If yes, list Event # 10262021C of government the contract Method of Contribution:	ct is wi		Legislative Aggregate Contributions	-		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	1	500			
Last Name		irst irst			MI	
Ranfone	R	Robert			1	
Residential Street Address	City			State	Zip Code	
44 Iver Ave	East	Haven		СТ	06512	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Valued at more than \$5,000? Yes No Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive O Legislative						
Method of Contribution: Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/26/2021	250			
SUBTOTAL Section B — This Page 525						
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

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IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			·		
Maltese for Mayor			7th Day Preceding Election		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$		
B. Itemized Con	ıtribut	tions from Individ	luals	-	
Last Name	First				MI
Hennessy	Lin	ıda			,
	City				Zip Code
34 Columbus Ave	East Ha	aven		СТ	06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a candi is associa	idate for a chief executive ated with have a contract Yes ONo	e officer of a municipality with said municipality	7, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st If yes, indicate which bran	ich or bra	ractor or prospective state	CLegislative Yes		
If yes, list Event # 10262021C of government the contract Method of Contribution:		Date Received	Aggregate Contributions	_	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	I.	10/26/2021	250		
Last Name	First		200		МІ
Gersz	Da				1 ***
Residential Street Address (City	•	-	State	Zip Code
	East Ha	aven		СТ	06512
Principal Occupation	1	Name of Employer			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	o a candi	idate for a chief executive	officer of a municipality	Amou	nt of Contribution
or dependent child of a lobbyist? One does contributor or business he/she i valued at more than \$5,000?	is associa	ated with have a contract of Yes O No	with said municipality	75	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ach or br	anches	e contractor? Yes No Legislative		
Method of Contribution:]		Aggregate Contributions	7	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/26/2021	250		
Last Name	First	-		•	MI
McKay	Kei	nneth			
	City				Zip Code
	East H	aven		CT	06512
Principal Occupation		Name of Employer			
Auto Sales		Tremunte			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				7, Amou	int of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative					
Method of Contribution: OCash		Date Received 10/26/2021	Aggregate Contributions 425		!
SUBTOTAL Section B — This Page 225					
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

SEEC FORM 20

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	sitory)			TYPE OF REPORT				
Maltese for Mayor				7th Day Prceding Election				
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)			s Period ONLY OTAL SECTION A	\$				
			· ·					
B. Itemize	d Cont	tribu	tions from Indivi	duals				
Last Name		Fire	5t				MI	
Colangelo		Sı	16					
Residential Street Address	Ci	ity		-	State	Zip	Code	
348 Coe Ave	E	ast I	laven		СТ	06	6512	
Principal Occupation	L.		Name of Employer			L		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Vigoration is in excess or does contributor or business valued at more than \$5,000?	s he/she is				y, A		of Contribution	
		ite con	tractor or prospective stat	e contractor? OYes	_	3		
event reported in Section L1? No If yes, indicate whi	ich branc	h or b	ranches	_ O No	ı			
If yes, list Event # 10262021C of government the	e contract	is with	Date Received	OLegislative Aggregate Contributions				
Method of Contribution:	N	.	10/26/2021	150				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money		<u> </u>	150				
Last Name		Firs					MI	
White			evin		,	T .	1	
Residential Street Address		ity			State	1 -	Code	
6 Taylor Ave		ast i	laven		СТ	00	6512 	
Principal Occupation			Name of Employer					
PE			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	s he/she is					mount	of Contribution	
		ate co	ntractor or prospective stat	te contractor? OYe		J		
event reported in Section L1? No If yes, indicate wh	ich branc	ch or t	oranches _	_ ① No				
If yes, list Event # 10262021C of government the Method of Contribution:	e comract	15 WIL	Date Received	Legislative Aggregate Contributions	\dashv			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction C	Money C)rder	10/26/2021	150				
Last Name		Fir					MI	
Redente			obert					
Residential Street Address	lc.	ity			State	7ir	Code	
95 Wheaton Rd	- 1	-	Haven		CT	, i	6512	
Principal Occupation			Name of Employer		Τ			
Transpar Goodparion			Tvalic of Employer					
Is contributor a lobbyist, spouse, Yes If contribution is in excess o	of \$400 to	a can	didate for a chief executiv	e officer of a municipali	у, А	mount	of Contribution	
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000?		assoc	iated with have a contract O Yes O No	with said municipality	١,	5		
		ate cor	ntractor or prospective stat	te contractor? OYes	_	ວ		
event reported in Section L1? O No If yes, indicate whi	ich branc	h or b	oranches _	_ O No				
If yes, list Event # 10262021C of government the	e contract	is witl		O Legislative	4			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Card Payr)Money (Order	10/26/2021	Aggregate Contributions 250				
	1 20		= ==	L				
			L Section B — This	1-6-				
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS (Enter total of	FROM on Line 13	IND , Colu	IVIDUALS (Sections A umn A of Summary Page	A + B) Totals)				

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Section B ADDITIONAL PAGE 13 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	<u> </u>	TYPE OF REPORT	
Maltese for Mayor	<u>, </u>	7th Day Preceding	
A. Total Contributions from Small Contributors-Rece	ived this Desired ONLY	, in Buy i recouning	
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$	
			
D. Maria J. C.	Y Y		
Last Name	Contributions from Indivi	duais	MI
Ruggiero	Carl		
Residential Street Address	City		State Zip Code
12 Oak Hill DR	East Haven		CT 06512
Principal Occupation	Name of Employer		
	00 to a candidate for a chief executive is associated with have a contract OYes ONo		y. Amount of Contribution 100
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of tyes, indicate which b	a state contractor or prospective sta	te contractor? Yes	7
event reported in Section L1? No If yes, indicate which b If yes, list Event # 10262021C of government the control of section L1?	tract is with: OExecutive	OLegislative O No	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order 10/26/2021	275	
Last Name	First		MI
Zullo	Joseph		In the second
Residential Street Address 2 Lisa Lane	City East Haven		State Zip Code CT 06512
Principal Occupation	Name of Employer	.	101 100012
Attorney	Self		
	00 to a candidate for a chief executiv		y, Amount of Contribution
or dependent child of a lobbyist? O No does contributor or business he/s valued at more than \$5,000?	he is associated with have a contract Yes No		300
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10262021C Yes Is contributor a principal of If yes, indicate which be of government the contributor.		te contractor? Yes No Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	7
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	10/26/2021	600	
Last Name	First	•	MI
Mauro	Vincent		
Residential Street Address 58 Vista Dr	City East Haven		State Zip Code CT -6512
Principal Occupation	Name of Employer		101 1-0312
-	, v. <u>z</u> ,,		
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	00 to a candidate for a chief executiv	e officer of a municipality	y, Amount of Contribution
or dependent child of a lobbyist? On does contributor or business he/s valued at more than \$5,000?	the is associated with have a contract Yes No	with said municipality	75
- 11 A A A A A A A A A A A A A A A A A A	a state contractor or prospective sta	te contractor? OYes	⊣
event reported in Section L1? O No If yes, indicate which b If yes, list Event # 10262021C of government the cont	ranch or branches	O Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	7
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order 10/26/2021	75	
SUI	BTOTAL Section B — This	Page 475	
	AL of additional Section B		
TOTAL OF ALL CONTRIBUTIONS FRO	·		
	ne 13, Column A of Summary Page		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMM	TTUE //puide Co-u-lete N	Jama an Bagistanad	with Filing Bangsi	itom)				TYPE OF REPORT				
	TTEE (Provide Complete No se for Mayor	ame as Kegisterea i	with ruing keposi	tory)				7th Day Preceding	Elec	lion		
		C1. (Contributio	ons fr	rom Ot	her Comm		<u></u>	, <u>-</u>		- v s	
Name of Committee				7410	- CILI	Name of Treasu						
					,							
Address					السند ال	··into	1 24h	<u> </u>	Т д	mount of	Contribution	
Audicos				is u	his contro ent reporte	d in Section L1	.?	OYes ONo		Monie oi	Continuera	
			 			If yes, li	st Event #		_ 0			
City		State	Zip Code	~ '	Date Receiv	red	Aggrega	ate Contributions				
Name of Committee						Name of Treasu	urer		_[
Address				170.6			سم ماء≟۔ ا	O. O.	Ι Δ	mount of	Contribution	
						d in Section L1	.?	O Yes ONo	0	Hivian v.	Contraction	
City		State	Zip Code	' ''	Date Receiv	ved	Aggrega	ate Contributions	7			
Name of Committee						Name of Treasu	nrer					
114111111111111111111111111111111111111												
A 53									٠.			
Address						oution associate d in Section L1		O Yes O No	A	mount of	Contribution	
				"	an repose.			#	0			
City		Stato	Zip Code		Date Receiv	zed	Aggrega	ate Contributions	7			
	C2 Rei	imhursemer	ofe or Surn!	ine D		tions from	other	Committees				
Name of Committee	Ca. ICI	Illuui semen	Its or parks	lus a	/13111174	Name of Treast		Committees				
Address					Total	<u> </u>				State	Zip Code	
Address				I	City					State	Zip Code	
				- -	<u> </u>			··		l,		
Date Received	Expenditure # (if applicable)	Payment Type			_					Amount	of Receipt	
		OReimbursen	ment for shared e	expense	e O Su	rplus Distributi	ion		0)		
Description		, L							7			
					_							
Name of Committee						Name of Treast	ntel					
Address					City	1				State	Zip Code	
				I					,			
Date Received	Expenditure #	Payment Type	 		1				\neg	Amount	of Receipt	
	((f applicable)	1 -	sement for share	ed expe	nse O	Surplus Distrib	nition		٥		or meetip.	
Description	_l								⊣ ~			
Description												
	v		SUBTO	OTAL	L Section	n C — This	Page	0				
	-		TOTAL	of ad	lditional	Section C l	Pages	0			ı	
	TOTAL OF A	LL COMMIT	TEE CONT	ribi	UTIONS	AND REC	EIPTS	1,				
		C1 + C2) (Enter						0				

I. MONETARY RECEIPTS (Sections A-K)

Market Control of Table	TOTAL			15 (5000			 	
NAME OF COMMITTEE (Provide Complete Name as Reg	istered with Filing Reposite	ory)		-			REPORT	<u> </u>
							Preceding Ele	ectiom
	D. Loans	Receiv	ved tl	nis Period	<u> </u>			
Name of Lender	<u> </u>	•		e of Loan:			. ^	Date of Receipt
Sal Maltese				Bank (Candid	ate () It	ndividua	Other Committee	10/7/2021
Street Address	City		•		S	tate	Zip Code	Is there a Cosigner or
33 Holland Rd	East Hav	/en			C	T	06512	Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							•	Amount Received
n/a								
Street Address	City				2	State	Zip Code	500
n/a								
Name of Lender			Sourc	e of Loan:			'	Date of Receipt
				Bank O Candid	ate 🔘 I	ndividua	Other Committee	-
Street Address	City		٠		S	tate	Zip Code	Is there a Cosigner or
								Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)						_		Amount Received
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1								Amount Received
Street Address	City					State	Zip Code	0
								'
Name of Lender			Source	e of Loan:				Date of Receipt
Author Denter				Bank Candid	late 🔘 I	ndividua		Date of Receipt
Street Address	City					tate	Committee Zip Code	Is there a Cosigner or
								Guarantor of this loan?
Name of Cosigner/Guarantor (If applicable)							<u> </u>	O Yes O No
Name of Costgner/Oraramor (13 appricable)								Amount Received
Street Address	City				16	State	Zip Code	0
Silver Filances	Chy					JIAIC	Zip Code	
• .			TO	TAL SECTIO	N D	500		
E. Receipts from Entities	other than Indiv	iduals	or O	ther Commi	ittees (Referen	dum Committe	es ONLY)
Name of Entity				•				
Street Address					Date Rec	eived		Amount Received
								0
City		State	2	ip Code	Aggrega	te Contril	outions	
			Ī					
Name of Entity								
Street Address		•			Date Rec	eived		Amount Received
								0
City		State	[2	Zip Code	Aggrega	te Contril	outions	
Name of Entity								
								
Street Address					Date Rec	ceived		Amount Received
		r <u>=</u>						0
City		State	2	ip Code	Aggrega	te Contril	outions	
			TO	TAL SECTIO	ON E	0		
						1 -		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Prov	ide Complete Name as Regist	ered with Filing Rep	pository)	· · · · · · · · · · · · · · · · · · ·		TYPE.C	F REPORT		
Maltese for May	7th D	ay Preceding	Election						
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY) Date of Receipt									
Date of Receipt	Is this transaction associ event reported in Section		OYes ONo	If yes, list Eve	ent#		0	Amount	
Date of Receipt	Is this transaction associ event reported in Section		OYes No	If yes, list Eve	ent#		0	Amount	
Date of Receipt	Is this transaction associ event reported in Section		8Ycs No	If yes, list Eve	ent#		0	Amount	
Date of Receipt		nis transaction associated with an Yes If yes, list Event # No						Amount	
•	٠		3	TOTA	L SECTION	F ()		
G. Amount Transfe	erred from Affilia	ted Labor U	Jnion or	r Other Or	ganization T	reasu	ry (Organizat	ion Committees ONLY)	
Date of Receipt Date of Date of Receipt						Date of Ro	eceipt		
Amount Amount 0					0	A	mount		
				TOTAL	SECTION G	0			
Н. І	Personal Funds of	the Candida	ate Rec	eived this	Period (Cand	idate Co	ommittees ONI	CE)	
Date of Receipt 10/7/2021	Method of payment: Cash	⊙ Pe	ersonal Che	eck (Credit/Debit Ca	ırd	500	Amount	
Date of Receipt	Method of payment: Cash	O Pe	ersonal Che	eck (Credit/Debit Ca	ırd	0	Amount	
Date of Receipt	Method of payment: OCash	O Per	ersonal Che	ck (Credit/Debit Ca	ırd	0	Amount	
Date of Receipt	Method of payment: OCash	O Per	ersonal Che	xck C	Credit/Debit Ca	ırd	0	Amount	
	, ;			тот	TAL SECTION	NΗ	500		
							,		
·		I. Ano	nymou	s Contribu	tions		·		

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.

Retted I many 2015	TARY RECEIPTS (Sections	<u>A</u> —	<u>K)</u>			rage / Ut 17
NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)	TYI	E OF	REPORT		
Maltese for Mayor		7th	day	Preceding Ele	ction	<u>) </u>
J. Interest t	from Deposits in Authorized Accou	ınts				=
Name of Institution		Date	Receiv	æd		Amount
Street Address	Cin.	State	—	Zip Code	0	
Street Address	City	State		Zīp Code		
Name of Institution	1	Date	Receiv	red .		Amount
					0	
Street Address	City	State		Zip Code		
			T I			
	TOTAL SECTION	ONJ	0			
K. Miscellaneous M	onetary Receipts not Considered C	Contri	buti	ons		
Name	<u> </u>		Date	of Transaction		Amount Received
Street Address	City	St	ate	Zip Code		0
District the second sec						
Description						
Name			Date	of Transaction	-	Amount Received
	T	L a.		la: o ı		0
Street Address	City	St	ate	Zip Code		
Description						
			I a i			
Name			Date	of Transaction		Amount Received
Street Address	City	St	ate	Zip Code		0
During						
Description						•
Name	· · · · · · · · · · · · · · · · · · ·		Date	of Transaction		Amount Received
Street Address	l ci-	1 6	ate	Zip Code		0
Succi Addicss	City	"	au	Zip codu		
Description		<u> </u>				
·						
	TOTAL SECTION I	c 0)			
SUMMARY OF OTHE	R MONETARY RECEIPTS (Secti	ons D	thr	ough K)		
Total Loans Received this Period (Section D)				500		
Total Receipts from Entities other than Individuals or O	ther Committees (Section E)	+	_	0		
Total Amount Transferred from Affiliated Business Tre	asury (Section F)	+		0		
Total Amount Transferred from Affiliated Labor Union	or Other Organization Treasury (Section	G) +		0		
Total Amount of Personal Funds of the Candidate Recei	ved this Period (Section H)	+	-	0		•
Total Amount of Interest from Deposits in Authorized A	ccounts (Section J)	+		0		
Total Miscellaneous Monetary Receipts not Considered	Contributions (Section K)	+		0		
(Add Sections D throug	Total of Other Monetai h K) (Enter total on Line 15, Column A of Summ					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	 						
Maltese for Mayor		7th Day Precedin	a Election						
	nt Information		<u> </u>						
Event # Description			Was this a fun	draising event?					
Date of Event Letter			OYes	ONo					
10/20/2021									
Location: Street Address	City		State	Zip Code					
383 Main St	East Haven		CT	06512					
Subpart 1: (All Committees)	_ 			<u> </u>					
Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)								
	⊙ No								
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L		ot Considered (Contributions					
of up to \$200 or items donated by an individual of up to \$100?	and complete required in No	intormation.)							
Was this fundraiser a tag sale, auction, or other sale of donated items	eipts here.)								
with purchases from an individual of up to \$100?	_		\$						
· · · · · · · · · · · · · · · · · · ·	⊙ №								
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Mittees other than Exploratory OYes (If yes, go to Section L. or on a Sign and comp	3 Purchases of Advert		Program Book					
Subpart 3: (Town Committees ONLY)	O 11								
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$						
gamering nets within the state with this randisser.	\mathbf{O}_{No}								
,									
Event# Description	··		Was this a fun	draising event?					
Date of Event Letter			OYes	ON ₀					
Location: Street Address	City		State	Zip Codc					
Subpart 1: (All Committees)			•						
Was this event hosted at a personal residence?	OYes (If yes, go to Section L.: Associated with a Houpurchases made by hos ONo	ise Party and complete	e required infor						
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L	4 In-Kind Donations	oot Considered (Contributions					
of up to \$200 or items donated by an individual of up to \$100?	and complete required								
	O No								
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$						
men peronuoco nom an marriana or up to 4100:	O No		<u> </u>						
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Mittees other than Exploratory O Yes (If yes, go to Section L or on a Sign and comp	3 Purchases of Advert		Program Book					
Subpart 3: (Town Committees ONLY)									
Did your committee sell food or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	\$						
gathering held within the state with this fundraiser?	ONo		L						
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts f		This Page 0							
	tion L1—Subpart 3 <i>(Town Commi</i> eipts from Food Purchases —								
	TOTAL of additional Section	L1 Pages 0							
	EIPTS FROM SMALL PU								

Per P individu	ublic Act 11-48, effect al purchases from a co	ive January 1 mmittee tag s	, 2012 commi ale, auction, o	ittees are no or a sale of do	longer requ onated item	ired t s. <i>Se</i>	o itemize ection L2.	small removed	
NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	עריי)		TYPE OF REPO	RT		-	
Maltese for					7th Day Prece	ding l	Election		
	L3. Purchases	s of Advertisin	ig in a Progra	m Book or o	n a Sign				
Name of Purchaser	<u> </u>		<u> </u>			Purchas	e Made By:	-	
						OBu	siness Entity	Other	
	_						lividual/Sole P	roprietorship	
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purcha	Amount of Sign Purchas			
Name of Purchaser	•	•		-		Purchas	e Made By:		
						OBu	siness Entity	Other	
_			,			Ond	ividual/Sole P	roprietorship	
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se _	I Amount of Sig	ı zn Purchase	
						0			
Name of Purchaser				-		_	e Made By:	•	
·····			· · · · · · · · · · · · · · · · · · ·	·		Ξ	siness Entity lividual/Sole P	Other roprietorship	
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purcha	se 0	Amount of Sig	n Purchase	
Name of Purchaser				.l .	· ·	Purchas	e Made By:		
							siness Entity	Other	
						Ŏ Ind	lividual/Sole P	roprietorship	
Street Address		•	City			···-	State	Zip Code	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha		Amount of Sig	gn Purchase	
				<u> </u>		0			
Name of Purchaser						_	e Made By:	_	
						_	siness Entity	Other '	
			Γ.			O Ind	ividual/Sole P		
Street Address			City				State	Zip Code	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se 0	Amount of Sig	gn Purchase	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book —	This Page 0				
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	sing on a Sign —	-This Page ()				
			TOTAL of a	dditional Sectio	n L3 Pages 0				
ТОТА	L OF ALL PURCHASES O		G IN A PROGRA						

NAME OF COMMITTE	E (Provide Complete Name as Reg	istered with Filing Repository)			TYPE OF REPORT					
Maltese fo	or Mayor		•		7th day Preced	h day Preceding Election				
	L4. In	-Kind Donations N	Not Consider	red Contribut	ions		-			
Name of Donor								й ⁻ _		
Street Address	 		City				State	Zip Code		
Donation Given By: Business Entity	Description of Donation		.1			Fair Market Value of Do				
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event					
Name of Donor										
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation		1			Fair I	I Market Va	lue of Donation		
OBusiness Entity						0				
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for	this Event					
Name of Donor	I.					1				
Street Address			City			<u>-</u>	State	Zip Code		
Donation Given By: OBusiness Entity	Description of Donation		<u> </u>			Fair Market Value of Donation				
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for	this Event					
Name of Donor					. <u>.</u>					
Street Address			City				State	Zip Code		
Donation Given By: Business Entity	Description of Donation					1	Market Va	lue of Donation		
O Individual O Sole Proprietorship	Date Received	Event#		Aggregate value for	this Event	0				
	· · · · · · · · · · · · · · · · · · ·	SUBT	OTAL Section	L4 — This Page	0	···				
		TOTAL	L of additional	Section L4 Page	s 0					
тот	TAL OF ALL IN-KIND DO (En	ONATIONS NOT CON ter total on Line 21, Co	NSIDERED CO	ONTRIBUTION nary Page Totals	s 0					
								•		

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Reposit	tory)		TYPE OF RE	PORT	1
Maltese for Ma				7th day Pro	eceding [lection
L5. I	n-Kind Donations Not Considere	ed Contributions Associa	ted with a I	Iouse Part	ty	
Name of Host			committee?	supporting me OYes ON omplete Itemiza	0	ne candidate or
Street Address		City	<u>. </u>		State	Zip Code
Description of Donation				Fair Mat	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?	supporting me OYes ON omplete Itemiz	0	ne candidate or Lendum L5
Street Address		City	•		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?	supporting mo OYes ON omplete Itemiz	0	ne candidate or
Street Address		City	•		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?	supporting mo OYes ON mplete Itemiza	0	ne candidate or lendum L5
Street Address		City	•		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate			
	S	SUBTOTAL Section L5 —	This Page	0		
TOTAL OF		OTAL of additional Section		0		
ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	ne 22, Column A of Summary		0		_

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised Jamuary 2015	1. 110	1111101	ATS TARK	III	الناور ر	II ID (Beeno	10 17.	. 0)			
NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repositor))			_	E OF RE			
Maltese for Mayor							7th	Day Pre	ceding El	ection	
			M. In-K	ind Cont	tri	butions			_		,
Name						-		_			
Street Address					City	,				State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Con	tributions		Description of In-Kind	Contrib	ution			- <u></u>
Olndividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		ousiness he/sh		ed v	for a chief executive o with have a contract wi Yes No					Market Value Contribution
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? If yes, indicate which branch or branches of government the contract is with:											
Name											
Street Address				ľ	City	,				State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Con	atributions	_	Description of In-Kind	Contrib	ution			
Olndividual / Sole Proprietorship Oother			1								
Is contributor a lobbyist, spouse, Yes						for a chief executive					Market Value
or dependent child of a lobbyist? O No		ntributor or at more that		ne is associat		with have a contract w	nth sai	d municij	paiity	of this	S Contribution
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? 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	Date Recei	ved	Aggregate Con	tributions		Description of In-Kind	Contrib	ution			.' .
OIndividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sl			e for a chief executive with have a contract w Yes No					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?	8 Yes No	If yes,	tor a principal indicate which rament the cor	ı branch or t	bra		_		8Yes No	0	
If yes, list Event #		or gove				O Executive		-		•	
			SUI	BTOTAL S	Sec	ction M — This Pag	ge	0			
			TOT	AL of addi	itio	nal Section M Page	es (0	<u> </u>		
TOTAL OF ALL IN-KIND CON	TRIBU	ΓΙΟΝS Œ	inter total on L	ine 23, Colun	mn.	A of Summary Page To	tals)	0			
	Ň.	Refund	lable Dep	osit to Te	ele	phone Compan	v				
Last Name of Individual				First		promo domp,	<u> </u>		MI	Date Depos	it Made
,											
Residential Street Address			City	,			State	Zip	Code		Amount of Deposit
Name of Telephone Company								<u> </u>		0	
G			1 = -				<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_	
Street Address			City	•			State	Zip	Code		
TOTAL SI	ECTION	N (Enter	total on Line	24, Column	A o	f Summary Page Tota	ls)	0		!	

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

Kernet January 2013		. 02-0 (2000000						
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	` <u> </u>	TYPE	OF REPORT		<u> </u>		
Maltese f	for Mayor	7th [Day Preceding I	Primary				
		Paid by Committee	•					
Name of Payee		<u>-</u>		f Payment	Method of P	•		
Sal Ma	altese		10/6	/2021	O Check			
					O Debit (
Street Address		City			State	Zip Code		
33 Ho	Illand Ave	East Haven			СТ	06512		
Purpose of Expenditure (by code)	Description		Event #		[Amount		
A-SIGN	Re-Imbursement for OOP cost for lawn sign st	akes	n/a					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)					
(у аррисане)	O None of the below							
	Coordinated with reimbursement sought (joint expenditure	e) Q Independ		0 0				
	Coordinated without reimbursement sought (in-kind contr	bution) Organiza		вОсОв) 			
Name of Payee				l Payment	Method of Payment: Check #27903			
Big Pri	nts		10/1	8/2021	O Debit (
Street Address		<u> </u>		State	Zip Code			
15 Bear	Circle			ст	06512			
Purpose of Expenditure	Description		Event#	_		Amount		
(by code) PRNT	de)							
	VT Walking Cards n/a							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)					
(у пррисшие)	O None of the below	_						
	Coordinated with reimbursement sought (joint expenditure	_						
	Coordinated without reimbursement sought (in-kind contri	bution) Organiza		B OC O D				
Name of Payce Date of Payment						ayment:		
Shore Publications 10/21/2021								
Street Address	· · · · · · · · · · · · · · · · · · ·	City			O Debit (Zip Code		
PO Box	1010	Madison			ст	06443		
Purpose of Expenditure	Description		Event#		 	Amount		
(by code)			İ		•	Amount		
					1			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	s checked)					
(1) аррисиме)	None of the below							
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont					I		
N CD	O Cooldmated without reinhoutsement sought (in-kind cont	Organiz		BOCO D f Payment	lara a cr	<u> </u>		
Name of Payee				•	Method of I Check	#27904		
Big Pri	nts		10/2	23/2021	O Debit			
Street Address		City			State	Zip Code		
15 Bea	r Circle	East Haven			СТ	06512		
			T		ļ - <i>'</i>			
Purpose of Expenditure (by code)	Description		Event #			Amount		
A-SIGN	Lawn Signs		n/a		289.84	.		
Expenditure#	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the helow" in	checked)		1			
(if applicable)	^	ness from of the velon is	· viicencuj					
	None of the below Coordinated with reimbursement sought (joint expenditur	e) Indepen	ıdent		1			
<u> </u>	Coordinated without reimbursement sought (in-kind contra	_		B Oc O D	<u>L</u>			
		SUBTOTAL Section P						
	` TO	TAL of additional Secti	on P Pages	2653.19				
	TOTAL OF ALL EXPE (Enter total on Line	INSES PAID BY CON e 19, Column A of Summary						

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

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IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Revised Instanty 2015			/				
NAME OF COMMIT	TYPE OF REPORT						
Maltese	for Mayor		7th Day Precedin	7th Day Preceding Election			
·		Paid by Committee			Ver		
Name of Payee		<u>. </u>	Date of Payment	Method of	•		
Shore Publication			10/9/2021	O Check			
		Lav		O Debit			
Street Address City				State	Zip Code		
PO Box 1010 Madison				СТ	06443		
Purpose of Expenditure	Description Event #				Amount		
(by code) A-NEWS	Courier Ad		n/a	880			
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	ness Wone of the below is	cneckeu)				
	None of the below Coordinated with reimbursement sought (joint expenditure)	e) Independ	dent				
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza	ationOA OB OC OD	,			
Name of Payee			Date of Payment	_	Method of Payment:		
USPS			10/12/2021	O Check			
Street Address		City	<u> </u>	O Debit State	Card OEFT Zip Code		
Court St		Branford		СТ	06405		
	· · · · · · · · · · · · · · · · · · ·	biainoiu			00403		
Purpose of Expenditure (by code)	Description		Event #	}	Amount		
POST	Stamps		10262021C	10.44			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	7			
(if applicable)	None of the below	•	•				
	Coordinated with reimbursement sought (joint expenditure		_				
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza	tion OA OB OC OD				
Name of Payee			Date of Payment		Method of Payment: Check #		
Shore Pu	blication		10/13/2021	O Debit			
Street Address		City	L	State	Zip Code		
PO Box 1	010	Madison		СТ	06443		
	1		1= · a				
Purpose of Expenditure (by code)	Description		Event #		Amount		
A-NEWS	Couriet Ad		n/a	880			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) O None of the below						
(if applicable)							
	Coordinated with reimbursement sought (joint expenditu						
	Coordinated without reimbursement sought (in-kind con	ribution) Organiz	ation OAOBOCO J	_	. .		
Name of Payee			Date of Payment	Method of Check	•		
Dunkin i	Donuts		10/19/2021	O Debit			
Street Address		City		State	Zip Code		
Heming	way Ave	East Haven		СТ	06512		
			Event #	_	1		
Purpose of Expenditure (by code) FOOD	Description				Amount		
FOOD	Meet & Greet	eet & Greet n/		53.19	53.19		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)				
(i) applicable)	O None of the below						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control to the con						
	O Coordinated writtons remounsement sought (in-kina cont	Organiza	ation OA OB OC OL)			
		SUBTOTAL Section P -	- This Page 1823.63				
	то	TAL of additional Secti	on P Pages				
	TOTAL OF ALL EXPR	NSES PAID BY CON e 19, Column A of Summary					
i	(Enter total on Lin	ь 17, Сонина A OJ Виш тиг)	A uge I viuloj				

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IV. EXPENDITURES (Sections P-T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	y)		TYPE OF REPORT	7 n Day	Aready Ste		
Maltese for Mayor				November 9, 2021 Filing				
	P. Expense	es Paid by Committe	ee					
Name of Payee Big Prints Street Address		City		10/4/2021	O Chec	f Payment: ck # 26503 it Card OEFT Zip Code		
15 Bear Cir	East Haven	City East Haven		State	06512			
Purpose of Expenditure (by code) A-SIGN	Description Event # Small Lawn Signs n/a			332.3	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent					4		
Name of Payee Big Prints Coordinated without reimbursement sought (in-kind contribution) Organical Coordinated without reimbursement sought (in-kind contribution)			Date of Payment 10/6/2021		Method of Payment: O Check #27901 O Debit Card O EFT			
Street Address 15 Bear Circ	cle	City East Haven			State	Zip Code 06512		
turpose of Expenditure by code) A-SIGN	Description Small Lawn Signs		Event n/a	#	Amount 332.34			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind control of the c	ture) O Indepo	endent)A OB OC O				
of Payce Date of Payment 10/6/2021				Method of Payment: O Check #_ O Debit Card OEFT				
Street Address 85 N Main St		City Branford		State	Zip Code 06405			
purpose of Expenditure by code) POST			Event # 10282021C		Amount			
Expenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co	iture) O Indep	pendent	(sed)				
Name of Payee Frontier			Date of Payment 10/7/2021		Method of Payment:			
PO Box 709		South Windsor			State	Zip Code 06074		
curpose of Expenditure by code) OVHD	Description Internet Service	Event # n/a				Amount		
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	expenditure) Independent			D			
		SUBTOTAL Section P	— This	Page 829.56				
	Т	OTAL of additional Sec	tion P	Pages				
	TOTAL OF ALL EXP	PENSES PAID BY CO						

IV. EXPENDITURES (Sections P—T)

		<u>.</u>	<u>_</u>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			T <u></u>	TYPE OF REPORT			
Maltese for Mayor			71	7th Day Preceding Election			
*	Q. Campaign Exp	enses Paid by Candi	idate				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Dat	te of Payment	Is reimb	ursement claimed?	
Home Depot			10	0/6/2021	• Yes • No		
Street Address	•	City	<u>. </u>		State	Zip Code	
75 Frontaç	ge Rd	East Haven			СТ	06512	
Purpose of Expenditure					1	Amount	
(by code) A-SIGN Lawn Sign Stakes			n/a				
Name of Payee (Name of Vendor, Person or Entity who caudidate paid directly)			Dat	te of Payment	Is reimbursement claimed?		
					O Yes O No		
Street Address		City	•		State	Zip Code	
						ļ	
Purpose of Expenditure	Description	1	Event #			l Amount	
(by code)					0		
Name of Payee (Name of L	endor, Person or Entity who candidate paid directly)		l Doi	te of Payment	Za malanta		
readile of 1 ayes (readile of 1	enaot, Letson of Luany with Cumuque pain accenty)		Dat	ic of Payment		vursement claimed? Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		l _	Amount	
					0		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Dat	te of Payment	Is reimb	ursement claimed?	
					0	Yes O No	
Street Address		City		<u> </u>	State	Zip Code	
Purpose of Expenditure	Description	•	Event#			Amount	
(by code)					0		
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)		Dat	te of Payment	Is reimbursement claimed?		
					O Yes O No		
Street Address	· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code	
					1		
Purpose of Expenditure	Description		Event #	Event #		Amount	
(by code)					0		
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		Dat	te of Payment	Is reimb	ursement claimed?	
					0.7	Yes O No	
Street Address		City		 	State	Zip Code	
Purpose of Expenditure	Description		Event#	\		Amount	
(by code)					0		
-		SUBTOTAL Section Q —	– This Pa	nge 65.18			
·	. то	TAL of additional Section	on Q Pag	es			
	TOTAL OF ALL EXP			T.C.		<u>.</u>	
		ie 26, Column A of Summary				1	

IV. EXPENDITURES (Sections P—T)

, , ,	· -						
				TYPE OF REPORT			
Maltese for Mayor 7th day Precedi				day Preceding	ng Election		
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Insti		<u></u>					
Name of Issuing Institution Type of Credit Card: Visa Master Card Discover American					n Express	Other:	
Name of Vendor, Person or Entity				Date of T	ransaction		
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #			0	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization Organization Organization						
Name of Vendor, Person o	r Entity				Date of To	ransaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#	•		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expendent) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement)	diture) O Indepe	endent	Эв Ос Ор	0		
Name of Vendor, Person o	r Entity				Date of Transaction		
Street Address		City				Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: OA OB OC OD				0		
, .	s	UBTOTAL Section R —	This Page	0			
	ŤO	TAL of additional Section	R Pages	0			
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)							

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE O	F REPORT			
				y Preceding	Election		
	S. Expenses Incurred by Com	nittee but Not Paid I	During this	Period			
Name of Creditor		<u> </u>		•	Date Incurr	ed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description Event #			Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind co	Indepe		в Ос Ор	0		
Name of Creditor					Date Incure	cd	
Street Address	10 10 10 10 10 10 10 10 10 10 10 10 10 1	City			State	Zip Code	
Purpose of Expenditure (by code)	Description	,	Event #			ount Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required of None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe		в Ос Ор	0		
Name of Creditor					Date Incum	ed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			ount Incurred imate or Actual)	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe	endent	в Ос Ор	0		
		SUBTOTAL Section S	S-This Page	0			
	Т	OTAL of additional Sec	tion S Pages	0			
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)							
Previously reported Expenses Unpaid and still Outstanding 0							
	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE				PE OF REPORT				
Maltese for Mayor 7th I					n Day Preceding Election			
	T. Itemization of Reim	bursements	and Secon	dary Pay	/ees			
Last Name of Worker/Cons	First			,	MI	Date of I Person o	Payment to Vendor, or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Committee \	Worker/Consultant as	
				reported in	n Section P: ck #	_ O De	bit Card EFT	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			0	Amount
Expenditure # ff applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	O Indeper	ŕ	О _в (i.	
Last Name of Worker/Cons	ultant	First			<u>-</u> .	MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					n Section P:	_	Worker/Consultant as
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City		'			State	Zip Code
Purpose of Expenditure (by code)	Description	•		Event #		_		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditured with reimbursement sought (joint expenditured without reimbursement sought (in-kirement)	penditure)	O Indepe	•	O C		0	
Last Name of Worker/Cons	ultant	First				MI	Date of I Person o	Payment to Vendor, or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	•				n Section P:	_	Worker/Consultant as
Street Address of Vendor, I	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description			Event#			0	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	oenditure)	O Indepen	·	О _В () (° p		
SUBTOTAL Section T This Page					ge 0			
TOTAL of additional Section T Pages					es 0			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS 0					rs 0			
-								