SEEC FORM 20

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

RECEIVED FOR FILING SEP 0 3 2019 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

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COVER PAGE

				V 171G22				
1. NAME OF COMMITTEE				and the same of th				***************************************
Maltese for Mayor - 2019								
2. TREASURER NAME								1
First		MI		Last				Suffix
Richard		T		Poulton				
3. TREASURER ADDRESS								
Street Address			City			State	Zip Co	
32 Cliff St			East	Haven		CT	065	12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Complet	te only	f Candidate Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	Mayor	4.31.32	-				(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ry Committee)						
First		МІ		Last				Suffix
Salvatore		R		Maltese				
8, TYPE OF REPORT (Check One Box)								
O January 10 filing	●7th day prece	ding primar	У	7th day preceding referendu	m O	Initial Cont (PACs ONLY)		r Disbursemen
OApril 10 filing	O30 days follow	wing primar	ry	45 days following referende	ım O	Amendmer	ıt to	
OJuly 10 filing	O7th day prece	ding electio	n	O Deficit	, .	Type of Rep	port:	
October 10 filing	Ol2th day prec	eding electi ommittees Only	ion v)	O Termination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on					
9. PERIOD COVERED								
	Beginning Da	ate		Ending Date				
	07/01/2019		, -	thru 09/04/2019				
10. CERTIFICATION								
I hereby certify and state, under policies of the period o	penalties of false eriod covered is	statement, true, accu	, that irate	all of the information set forth and complete.	on this Ite	emized Ca	mpaign F	inance
Inhot fo	ulm		Rich	ard T. Poulton			09/04/	2019
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)		PRIN	IT NAME OF SIGNER			DATE	(mm/dd/yyyy)
						MAY Y .		
A person who is	found to have k	nowingly a	ınd w	illfully violated any provisions	of the can	npaign fin	ance stat	utes

faces a civil penalty or imprisonment or both.

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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 - 2019	7 Days Preceding Primary					
	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		1517.80				
12. Balance on hand at the beginning of Reporting Period	1517.80					
13. Contributions Received from Individuals (Sections A and B)	6005	6005				
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)	6005	6005				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	7522.80	7522.80				
19. Expenses Paid by Committee (Section P)	7161.62	7161.62				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	361.18	361.18				
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)	394	394				
24. Refundable Deposit to Telephone Company (Section N)	0	0				
25. Loan Balance	0					
25a. + Loans Received (Section D)	400	400				
25b. + Interest and Penalties on Loan	0	0				
25c Payments on Loan	400	400				
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)	o	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)	О					

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Maltese for Mayor - 2019				7 Days Preceding Primary				
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	eceived SUI	this BTO	s Period ONLY TAL SECTION A	\$				
B. Itemize	d Contr	ibu	tions from Individ	luals				
Last Name		Firs	•					Mi
Mellen		<u> </u>	ichael				Tax	<u> </u>
Residential Street Address	City					State CT	1 -	Code 512
460 Coe Ave	Ea	ist H	laven			CI	00	J12
Principal Occupation			Name of Employer					
Sales			Town Fair Tire	. Ec	£			f Contabilities
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000	s he/she is a ?	ssoci	iated with have a contract OYes No	with said	municipality		Amount of Contribution 900	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section 1.1? No Yes Is contributor a princip If yes, indicate who f government the	iich branch	or b		_	O No			
Method of Contribution:			Date Received	Aggregate	Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O)Money Or	rder	07/02/2019	1000				
Last Name		Firs	rt	<u>. </u>				MI
Poulton		Ri	chard					T
sidential Street Address	Cit	y				State	Zip	Code
32 Cliff St	E	ast I	Haven			CT	06	512
Principal Occupation			Name of Employer					
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business valued at more than \$5,000	lobbyist, spouse, oild of a lobbyist? Yes 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					Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate with an event reported in Section L1? If yes, list Event #	hich branc	h or l	ntractor or prospective state branches h: Executive	O Leg	islative No			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money O	rder	07/02/2019	220				
Last Name		Fir						MI T
Poulton		R	Ichard			La	1=:	T
Residential Street Address	Ci	•	l lavana			State	1 *	6512
32 Cliff St		ast	Haven			T _{C1}	0	UU 1.4
Principal Occupation			Name of Employer					
Retired								0.01
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or business valued at more than \$5,000	ss he/she is 07	asso	ciated with have a contrac Yes • No	t with said	I municipality	y, Ai 10		of 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? Yes No of government the contract is with: Date Received Date Received Aggregate Contributions Aggregate Contributions Contributions								
Method of Contribution:	OMonos f)edo-	Date Received 07/19/2019	320	e Commonons			
Cash Personal Check Credit/Debit Card Payroll Deduction	_intoney C	лаег	07/19/2019	320				
	SUBT	OTA	AL Section B — Thi	s Page	1100			
			dditional Section B		4905			
TOTAL OF ALL CONTRIBUTIONS (Enter total	S FROM on Line 13	IND 3, Col	IVIDUALS (Sections lumn A of Summary Page	A + B) Totals)	6005			

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Section B ADDITIONAL PAGE 1 of 22

NAME OF COMMITTEE (Provide Complete Name as a	Registered with Filing Repository)			TIFEUI	REPORT	•	
Maltese for Mayor - 2019				7 Days Prior to Primary			
A. Total Contributions from Smal (See instructions for definition of Small Cont		ed this UBTO	Period ONLY FAL SECTION A	\$	MANAGEMENT, LANGE	······································	addiction of the second of
	B. Itemized Con		tions from Individ	luals			
Last Name Piccirillo		Jos	seph				MI
Residential Street Address 32 Edgehill Dr		^{City} East H	aven			State CT	Zip Code 06512
Principal Occupation	<u></u>		Name of Employer				
Retired							
or dependent child of a lobbyist? O No do va	contribution is in excess of \$400 les contributor or business he/she lued at more than \$5,000?	is associ	ated with have a contract OYes No	with said	municipality	100	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B		ch or br	anches OExecutive	OLegis	lative No		
Method of Contribution:		- 1	Date Received	1	Contributions		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	07/22/2019	120			
Last Name Caprio		First Jo					MI
Residential Street Address		City				State	Zip Code
107 Dodge Ave		East H	laven			CT	06512
Principal Occupation			Name of Employer				
Retired							
or dependent child of a lobbyist? • No do	contribution is in excess of \$400 bes contributor or business he/she alued at more than \$5,000?	is associ	ated with have a contract Yes No	with said	municipality	_ 100	ount of Contribution)
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082220198	Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or b	ranches n: Executive	O Legi	slative		
Method of Contribution:	_	<u>,</u> .	Date Received		e Contributions		
OCash	Payroll Deduction		07/22/2019	120			MI
Last Name Criscuolo		Firs	nthony				
Residential Street Address		City				State	Zip Code
PO Box 120005		East	łaven			СТ	06512
Principal Occupation			Name of Employer				
Retired						,	
or dependent child of a lobbyist? () No de	Contribution is in excess of \$400 oos contributor or business he/she alued at more than \$5,000?	is assoc	iated with have a contract O Yes O No	t with said	l municipality	98	nount of Contribution O
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B	Is contributor a principal of a If yes, indicate which bra of government the contra	inch or b	oranches n: O Executive	OLeg	islative		
Method of Contribution:			Date Received	1	le Contributions		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMone	y Order	07/23/2019	1000			-
	SUB	тота	L Section B — This	Page	1180		
			lditional Section B			Oleman	
TOTAL OF AL	L CONTRIBUTIONS FRO (Enter total on Line	M IND	IVIDUALS (Sections umn A of Summary Page	A + B) Totals)			
Landard Company of the Company of th							

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Section B ADDITIONAL PAGE 2

_	of 23				
	TYPE OF REPORT				
	7 Days Preceding P	rin	nary		
Y	d)				
A	\$				
divi	duals				
					MI
.,		Sta	ate	Zip C	ode
		C	Т	065	
ntrac No	ve officer of a municipality	', <u> </u>	Amou 100	int of	Contribution
	te contractor? Yes				
utive	OLegislative Aggregate Contributions	_			
	120				
					МІ
		Į.	ate	Zip C	
·		L	;T	068	012
cecuti	ve officer of a municipalit	у,	Amo	unt of	Contribution
ontrac No	t with said municipality		50		
ive st	ate contractor? QYes		-		
cutiv	e O Legislative				
	Aggregate Contributions				
	100				MI
		1	State CT	1 -	Code 512
xecut ontra No	ive officer of a municipali ct with said municipality o	ty,	100		f Contribution
tive s	ate contractor? Yes No Legislative				
	Aggregate Contributions				
	l 100		1		

Maltese for Mayor - 2019	7 Days Preceding P	inital y					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$						
B. Itemized Con	ntrib	utions from Individ	iuals				
Last Name		rst				MI	
Welner	S	Scott					
Residential Street Address	City			State CT	Zip Co		
125 Main St #406	East	Haven		CI_	005	12	
Principal Occupation		Name of Employer					
Sales		Self		1 .		G	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves valued at more than \$5,000?	is asso	ociated with have a contract OYes ONo	with said municipality	7, Amo		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Security Is contributor a principal of a lifyes, indicate which bra of government the contraction.	nch or	branches _	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	07/29/2019	120				
Last Name	F	irst				MI	
Coe	5	Stewart					
Residential Street Address	City			State	Zip C		
1270 N High St #217	East	Haven		СТ	065	12	
Principal Occupation		Name of Employer					
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O No does contributor or business he/she is associated with have a contract with said municipality						Amount of Contribution 50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Section L1? Yes Is contributor a principal of a lifyes, indicate which brace of government the contributor.	anch o	r branches	te contractor? SYC	5			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	r 07/29/2019	100				
Last Name	- [First				MI	
Scala		Vincent		7	10: 0		
Residential Street Address	City	A Clayton		State	Cip C	.oge 512	
162 Charter Oak Ave	Eas	t Haven		101		J12	
Principal Occupation		Name of Employer					
Retired			0			C	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	0 to a c e is ass	candidate for a chief execution is contracted with have a contraction of Yes O No	ve officer of a municipality	100		f Contribution	
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a principal of a state contractor or prospective state contractor? Of Section C. I. Sectin C. I. Section C. I. Section C. I. Section C. I. Section C. I. S							
If yes, list Event # 08222019B of government the contract is with: Beccurive Degistative Method of Contribution: Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 07/30/2019 100							
SUB	втот	'AL Section B — Thi	s Page 250				
TOTA	L of	additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FRO	M IN e 13, C	DIVIDUALS (Sections Column A of Summary Page	A + B) e Totals)				

SEEC	FORM	20
Derland St	************	

Section B ADDITIONAL PAGE 3 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2019			7 Days Preceding Primary				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) S	ed th	nis Period ONLY OTAL SECTION A	\$				
B. Itemized Con	trib	utions from Indivi	luals				
Last Name		irst				MI	
Scala		Ronald		-	100		
KUSIKUMAN SHOCE PAGESS	City	Haven		State CT	Zip (512	
102 Orlanter Oak Ave	East	Name of Employer		<u> </u>	00.	J 12	
Principal Occupation		Mame of Employer					
Retired Is contributor a lobbyist, spouse, O Yes If contribution is in excess of \$400 to		Lilate for a shiof avagutiv	a officer of a municipality	Amo	unt a	f Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract OYes ONo	with said municipality		Amount of Contribution 100		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a s If yes, list Event # 08222019B Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	branches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	07/30/2019	200				
Last Name		irst	<u> </u>			MI	
Parlota	r						
sidential Street Address				State	1 1	Code	
146 Tyler St East Haven CT						512	
Principal Occupation Name of Employer							
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Ves Valued at more than \$5,000?	to a ca is asso	andidate for a chief executive ociated with have a contract Yes O No	e officer of a municipality with said municipality	y, Amo	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	r branches	te contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions	_			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	r 07/31/2019	25				
Last Name		First				MI	
Miller		Justine		T			
Residential Street Address	City			State	1 .	Code 512	
55 Messina Dr A-211	Fasi	t Haven		СТ	100	JO 1 Z	
Principal Occupation Retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes 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 valued at more than \$5,000? Yes No 20					of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes No 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 OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	Date Received 07/31/2019	Aggregate Contributions			<u></u>	
SUB	тот	AL Section B — Thi	s Page 145				
		additional Section B					
TOTAL OF ALL CONTRIBUTIONS FROM	M IN 13, C	DIVIDUALS (Sections olumn A of Summary Page	A + B) Totals)				

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Medial Audrey Audrey City East Haven City East Haven City East Haven City East Haven Name of Employer Retired Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L17 If yes, ist Event # Q2222019B Medical Office Last Name DeCrosta Residential Street Address 224 Silver Sands Rd Principal Occupation Medical Office Is contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? Yes If contributor a principal of a state contractor or prospective state contractor? Pres, list Event # Q2222019B No State City East Haven City East Haven Aggregate Contributions Or //31/2019 No Mil Readential Street Address 224 Silver Sands Rd Principal Occupation Medical Office State No No No No No No No No No N	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
B. Itemized Contributions from Individuals Total Audicey	Maltese for Mayor - 2019			7 Days Preceding Primary				
Mediala Part Audrey Mill Audrey Mil	A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	eceived SUI	this BTOT	Period ONLY AL SECTION A	\$			
Mediala Part Audrey Mill Audrey Mil								···
Medela Residential Storest Address 130 COR Aver 566 130 COR Aver	B. Itemize	d Contr	ributi	ions from Individ	luals			
Metale Name of Employer State Contributor a lobbytat, spouse, or dependent child of a lobbytat of Secretary	Last Name			trov				
Season Contribution C		lan				State		
Principal Occupation Relified Sis contribution a lobbyjet, spouse, or dependent child of a folibyjet? No late in contribution associated with an event reported in Section 1.17 No late in contribution associated with an event reported in Section 1.17 No late in contribution associated with an event reported in Section 1.17 No late in contribution associated with an event reported in Section 1.17 No late in contribution associated with an event reported in Section 1.17 No late in contribution associated with an event reported in Section 1.17 No late in contribution associated with an event reported in Section 1.17 No late in contribution of Contribution Described and the contraction of the contract is with late and the contract in the contribution of the contribution o		1 1	•	iven		1	1 -	
Refired Securification a subshyief, spouse, or dependent child of a lobbyief, spouse, or dependent child of solubrations of spouse spouse, or dependent child of a lobbyief, spouse, or dependent child of a lobbyief, spouse, or dependent child of a lobbyief, spouse, or dependent child of solubrations of spouse spouse, or dependent child of a lobbyief, spouse, or dependent child of a lobbyief, spouse, or dependent child of solubrations of spouse spouse, or dependent child of solubrations of spouse, spouse, or dependent child of solubration of spouse, spouse, or depend								
of deependent child of a lobbyla? In this contribution associated with never a centractive or pusses he/she is associated with have a centractive? Now	Retired							
event reported in Section L17 //yes, institute with branch or branches Ocash Opersonal Check Occedit/Debit Card Opayroll Deduction Money Order Order Raphaelia Stude Card Opayroll Deduction Money Order Order Raphaelia Amount of Contribution of Debty Stude Card Opayroll Deduction Opayroll	or dependent child of a lobbyist? One does contributor or business valued at more than \$5,000	s he/she is a ?	associa	ted with have a contract OYes ONo	with said municipality		ount of	Contribution
Method of Contribution: Cash Personal Check Occedit/Debit Card Playroll Deduction Money Order Play Payroll Deduction Money Order Raphaella Cay East Haven Cay East Haven Name of Employer Endocrine Assoc. of CT Is contribution associated with an event reported in Section L17 Plays, Inst Event # 082220198 Method of 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 an event reported in Section L17 Plays, Inst Event # 082220198 Method of Contribution: Cash Personal Check Occedit/Debit Card Payroll Deduction Money Order Parlato Residential Street Address Cay East Haven Date Received O7/31/2019 State Elizabeth First Raphaella Amount of Contribution Amount of Contribution O7/31/2019 MI Lan Name Parlato Residential Street Address Cay East Haven Cay Amount of Contribution O7/31/2019 MI Elizabeth MI Elizabeth MI Elizabeth MI Estable Contribution O7/31/2019 Mi Mi Mi Mi Mi Mi Mi Lati Name Parlato Residential Street Address Cay East Haven Cay O7/31/2019 Mi Mi Mi Mi Mi Mi Lati Name Parlato Residential Street Address Cay East Haven Cay O7/31/2019 Mi Mi Mi Mi Lati Name Parlato Residential Street Address Cay No No No No No No No No No N	event reported in Section L1? No If yes, indicate wh	ich branch	ı or bra	inches _	_ No			
Principal Occupation			I	Date Received	Aggregate Contributions			
City East Haven State Address City East Haven City East Haven City Contribution State City East Haven City East Haven City East Haven City Contributor Odo512	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction C	Money Or	rder	07/31/2019	50			
Senidonital Street Address 224 Silver Sands Rd Principal Occupation Medical Office Is contributor a tobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, its Event # 08222019B Parlato Residential Street Address 146 Tyler St Periodia Geographic Contribution associated with an event reported in Section L1? Parlato Residential Street Address 146 Tyler St Principal Occupation Massage Theropist Is contributor a tobbyist, spouse, or dependent child of a lobbyist? No Street Residential Street Address 146 Tyler St Principal Occupation Massage Theropist Is contributor a tobbyist, spouse, or dependent child of a lobbyist? No Street Residential Street Address 146 Tyler St Principal Occupation Massage Theropist Is contributor a tobbyist, spouse, or dependent child of a lobbyist? No Street Residential Street Address 146 Tyler St Principal Occupation Massage Theropist Is contributor a tobbyist, spouse, or dependent child of a lobbyist? No Street Residential Street Address 146 Tyler St Principal Occupation Massage Theropist Is contributor a tobbyist, spouse, or dependent child of a lobbyist? No Street Residential Street Address 146 Tyler St Principal Occupation Massage Theropist Is contributor a tobbyist, spouse, or dependent child of a lobbyist? No Street Residential Street Address Stre	Last Name							MI
East Haven CT O6512	DeCrosta		Rap	ohaelia			- 1	
Name of Employer Endocrine Assoc. of CT	Residential Street Address	- 1	-			1	1 -	
Medical Office Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Myes, list Event # 0822019B Method of Courtibution: Ocash Opersonal Check Occedit/Debit Card Opayroll Deduction Omney Order Principal Occopation Massage Theropist Is contributor a principal of a state contractor or prospective state contractor? State Event # 0822019B Mit Method of Courtibution: Ocash Opersonal Check Occedit/Debit Card Opayroll Deduction Omney Order Principal Occopation Massage Theropist Is contributor a principal of a state contractor or prospective state contractor? State Elizabeth State City East Haven Name of Employer Serenlty Therapy Serenlty Therapy Is contributor a lobbyist, spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist? No N	224 Silver Sands Rd	E					00:	014
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Section B ADDITIONAL PAGE 5 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Maltese for Mayor - 2019	7th Day Preceeding Primary				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$		
B. Itemized Co	ntrib	utions from Individ	iuais		
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64 Bradley Ave	l '	Haven		CT	06512
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21 Rolling Hill Dr Principal Occupation	140. 0	Name of Employer		101	00471
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Residential Street Address	City			State	Zip Code
130 Salerno Ave	East	Haven		СТ	06512
Principal Occupation		Name of Employer			
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				y, Amo 100	ount of Contribution
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Section B ADDITIONAL PAGE 6 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maltese for Mayor - 2019				7th Day Prrceeding Primary			
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)	tributors-Receive SI	d thi UBTO	s Period ONLY OTAL SECTION A	\$			
							
	B. Itemized Con	tribu	utions from Individ	luals			
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7 Cambridge Court		muəl I	Name of Employer				
Principal Occupation			trans of Employer				
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Residential Street Address					State	Zip (
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19 Gurney St		LUSE	Name of Employer		L - '		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maltese for Mayor - 2019		7 Days Preceding Primary			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Co	ntributions from Indivi	duals			
Last Name	First		MI		
O'Toole	Joseph	· · · · · · · · · · · · · · · · · · ·	P Zin Code		
Residential Street Address 155 Richards St	City West Haven		State Zip Code CT 06516		
Principal Occupation	Name of Employer				
Food Service Dir.	Apple Rehab				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400			Amount of Contribution		
or dependent child of a lobbyist? ONo does contributor or business he/she valued at more than \$5,000?	1s associated with have a contract Oyes ONo	with said municipality	50		
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Last Name	First		MI		
O'Toole	Lynette		A		
esidential Street Address	City		State Zip Code		
155 Richards St	West Haven		CT 06516		
Principal Occupation	Name of Employer				
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Levatino	Philip		S		
Residential Street Address	^{City} East Haven	1	State Zip Code CT 06512		
9 Holland Rd	Name of Employer		01 00512		
Principal Occupation Detired	наме от енгрюует				
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Section B ADDITIONAL PAGE 8 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2019			7 Days Preceding Primary				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ntribu	itions from Individ	luals				
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Chandler	Fr	ancis				L	
Residential Street Address	City	5		State	Zip C		
29 Kristen Court	East I-			CT	065	13	
Principal Occupation		Name of Employer					
Retired							
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Lyon	Ec	imond			i	F	
esidential Street Address	City			State	Zip C	ode	
5 Nursey Lane	Madis	son		CT	064	43	
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560 Silver Sands Rd #1403	East H	łaven		CT	065	12	
Principal Occupation		Name of Employer					
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SEEC FORM 20 Retail Inner 2015 Section B ADDITIONAL PAGE 9 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2019			7 Days Proceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
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B. Itemized Con	ntrib	utions from Individ	luals			
Last Name	Fir					MI
Mannochi		vale 				D
Residential Street Address 70 Robert Dr	city East I	Haven		State CT	2ip C	
Principal Occupation		Name of Employer				
Retired						
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esidential Street Address	City			State	Zip C	
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Principal Occupation		Name of Employer				
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Residential Street Address	City			State	Zip C	
111 Robert Dr	Last	Haven		СТ	069	512
Principal Occupation Retired		Name of Employer				
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Section B ADDITIONAL PAGE 10 of 23

	TYPE OF REPORT				
Maltese for Mayor - 2019	7 Days Proceding Primary				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$				
B. Itemized Contributions from Indivi	duals				
Last Name First Pettola Richard		MI J			
		<u> </u>			
Residential Street Address City 111 Robert Dr East Haven		State Zip Code CT 06512			
Principal Occupation Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No		Amount of Contribution 50			
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Last Name First Berkum Lanna		МІ			
Residential Street Address City 3 Cambridge Court East Haven		State Zip Code CT 06512			
		01 00012			
Principal Occupation Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution 50			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	e contractor? OLegislative				
Method of Contribution: Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 08/10/2019	70				
SUBTOTAL Section B — This	Page 150	•			
TOTAL of additional Section B F	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page					

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Section B ADDITIONAL PAGE 11 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2019			7 Days Preceding Primary				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ntrib	utions from Indivi	duals	. v. te.			
Last Name	Fi	irst				MI	
Cannata	٨	Лагу				С	
Residential Street Address	City			State	Zip (
75 Frank St	East	Haven		CT	06	512	
Principal Occupation		Name of Employer					
Retired							
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 asso	ociated with have a contract OYes No	with said municipality	/, Amo	unt o	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Secontributor a principal of a lf yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	08/12/2019	25				
Last Name	1 - 1	irst				MI	
Marcarelli	P	Annette					
Residential Street Address	City			State	Zip (
441 Coe Ave	East	Haven		CT	06!	512	
Principal Occupation		Name of Employer		<u> </u>			
Retired							
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 is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes Is contributor a principal of a lf yes, indicate which brace of government the contraction.	anch or	branches	te contractor? Yes				
If yes, list Event # 08222019B of government the contra	act is wi	Date Received	Aggregate Contributions	_			
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Last Namo		irst	7.0			м	
Marcarelli	- 1	Thomas				J	
Residential Street Address	City			State	Zip (Code	
441 Coe Ave	East	Haven		СТ	06	512	
Principal Occupation		Name of Employer		L	1		
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am o	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Section L1? If yes, list Event # 08222019B	anch or	branches	e contractor? OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	08/12/2019	70				
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	1 11	dditional Section B I					
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	DIVIDUALS (Sections A	A + B)				
		lumn A of Summary Page					

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Section B ADDITIONAL PAGE 12 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		-	TYPE OF REPORT			
Maltese for Mayor - 2019			7 Day Preceding Primary			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fir	st				Ml
Adamczyk		oan			· · · · ·	
Residential Street Address 123 Hellstrom Rd	City East I	Haven		State CT	2ip C 065	
Principal Occupation Director - Accounts Processing		Name of Employer Service National Co	orp			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400		I didate for a chief executive	e officer of a municipality	/, Am	ount of	f Contribution
or dependent child of a lobbyist? O No does contributor or business he/she valued at more than \$5,000?	e is assoc	ciated with have a contract OYes ONo	with said municipality	200)	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Security Is contributor a principal of a lf yes, indicate which bra of government the contra	ınch or b	oranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/11/2019	300			
Last Name	Fin	st				MI
Fowler	K	evin				F
Residential Street Address	City			State	Zip C	ode
2 Dale Place	East I	Haven		CT	065	513
Principal Occupation		Name of Employer				
Mechanic		Viglione Heating &	Cooling			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of \$\text{Yes}\$ If contribution is in excess of \$\text{\$\$400}\$ does contributor or business he/she valued at more than \$\text{\$\$5,000}\$?	to a can is assoc	didate for a chief executive iated with have a contract Yes No	officer of a municipality with said municipality	5 Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or t	branches	e contractor? Yes			
Method of Contribution:	#CC 10 W10		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/15/2019	70			
Last Name	Fir	st .	· · · · · · · · · · · · · · · · · · ·			Ml
Fowler	TI	herese				Α
Residential Street Address	City			State	Zip C	ode
2 Dale Place	East F	Haven		СТ	065	512
Principal Occupation		Name of Employer				·
Day Care Teacher		Kidde Clubhouse				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes No Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 08222019B Yes No Yes ON Executive O Legislative						
Method of Contribution:	Ct 18 17111	1: Executive Date Received	O Legislative Aggregate Contributions	-]
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	y Order	08/15/2019	70			
SUBT	FOTA	L Section B — This	Page 300			
		ditional Section B P				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						
(Enter total on Line)	13, Colu	mn A of Summary Page T	(otals)			

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Section B ADDITIONAL PAGE 13 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Maltese for Mayor - 2019	7 Days Preceding Primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized Co	entributions from Indiv	duals		
Last Name	First		МІ	
Ruggiero	Carl		J	
Residential Street Address 12 Oak HII Dr	East Haven		State Zip Code CT 06513	
Principal Occupation Retired	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
	state contractor or prospective sta	te contractor? Yes OLegislative		
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 08/13/2019	Aggregate Contributions 70		
Last Name Giordano	First Jackie		MI	
sidential Street Address 2 Meadow Place	City East Haven		State Zip Code CT 06512	
Principal Occupation	Name of Employer			
Speech Therapist	ACES			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082220198 Yes Is contributor a principal of a If yes, indicate which bra of government the contra	_	te contractor? SYes No Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order 08/17/2019	60		
Last Name Nastri	First Robert		MI	
Residential Street Address	City		State Zip Code	
55 Thompson St 14A	East Haven		CT 06512	
Principal Occupation Retired	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? OYes O Legislative		
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received y Order 08/17/2019	Aggregate Contributions 50		
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TOTA	L of additional Section B l	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page			

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Section B ADDITIONAL PAGE 14 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2019			7 Days Preceding Primary				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$				
B. Itemized Co	ntribu	tions from Indivi	duals				
Last Name	First				MI		
Milano		uis		T =			
Residential Street Address	City East H	laven		State	Zip Code 06512		
127 Cosey Beach Ave A-3 Principal Occupation	L	Name of Employer		10,	00012		
Retired							
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?				y, A me	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # 08222019B	nch or br	ranches	OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/16/2019	90				
Last Name	First				MI		
Calandro	An	nthony			P		
Residential Street Address	City	•		State	Zip Code		
90 Mill St	East H			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 does contributor or business he/she valued at more than \$5,000?				/, Amo	Amount of Contribution 50		
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Last Name	Firs				MI		
Gravino		ark		т	1		
Residential Street Address	City East H	Javan		State	Zip Code 06512		
75 Salerno Ave	Lasti	Name of Employer			00312		
Principal Occupation Entertainment		Self					
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) to a cand e is associ	l didate for a chief executive lated with have a contract	e officer of a municipality with said municipality		ount of Contribution		
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page					

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Section B ADDITIONAL PAGE 15 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2019			7 Days Prceding Primary				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed thi UBTO	is Period ONLY DTAL SECTION A	\$		**		
B. Itemized Con	ıtribı	utions from Individ	luals				
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Redente	!	nthony					
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Principal Occupation		Name of Employer					
Retired				T	A	-4 - F	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 in does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said municipality	_] 5	Amour 50	nt os	Contribution
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If yes, list Event # 08222019B of government the contract Method of Contribution:		Date Received	Aggregate Contributions	\neg			
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Last Name		rsi					MI
Limone	F	rancis					J
Residential Street Address	City			State	1	Zip C	
10 Jardin Dr	East	Haven		CT		065	12
Principal Occupation		Name of Employer					
Retired							
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 is asso	ndidate for a chief executive iciated with have a contract Yes No	e officer of a municipalit with said municipality		Amou 50	nt of	Contribution
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Method of Contribution:		Date Received	Aggregate Contributions				
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MacDonald		Douglas					Р
Residential Street Address	City			Stat	ł	Zip C	
111-7 Cosey Beach Ave	East	Haven		СТ	<u>'</u>	065)
Principal Occupation		Name of Employer					
Retired							
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 ca	andidate for a chief executive ociated with have a contraction of Yes O No	e officer of a municipality with said municipality	ļ	Amou 50	ınt of	Contribution
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	Date Received r 08/22/2019	Aggregate Contributions 70				
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TOTAL OF ALL CONTRIBUTIONS FROM	M INI	DIVIDUALS (Sections	A + B)				
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Section B ADDITIONAL PAGE 16 of 22

		TYPE OF REPORT			
		7 Days Preceding Primary			
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ıtribut	ions from Individ	luals			
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Ric	hard				S
City			State	Zip C	ođe
East Ha	aven		CT	065	512
1	Name of Employer		<u> </u>	J	
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Order	08/22/2019	70			
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Section B ADDITIONAL PAGE 17 of 32

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2019			7 Days Preceding Primary				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Con	ıtrib	utions from Individ	luals				
Last Name	Fit					MI	
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Principal Occupation	Luot	Name of Employer		L		`-	
Thirtipal Secupation							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality	/, Amo			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or l	branches	CLcgislative				
Method of Contribution:		Date Received	Aggregate Contributions	7		:	
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Last Name	Fi					MI A	
Hennessy		ucia		Га		Α	
	City Sheli	ton		State	2ip C		
54 Magewood of	Jilei	Name of Employer		<u> </u>	100	101	
Principal Occupation Manager		Trumbull Liquor Ce	enter				
Is contributor a lobbyist, spouse, O Yes If contribution is in excess of \$400 t	to a car	·		/. Ama	unt of	Contribution	
or dependent child of a lobbyist? No No No No No No No No No N	is asso	ciated with have a contract O Yes O No	with said municipality	50			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes Is contributor a principal of a section L1? If yes, list Event # 08222019B	nch or	branches	O No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			70			T	
Last Name	- 1	_{irst} Anthony				MI	
Furino	City	Andiony		State	Zip (ode	
Residential Street Address 54 Ridgewood CT	Shel	lton		CT	1	484	
Principal Occupation		Name of Employer	•	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		
Mail Carrier		USPS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No No Yes No 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 valued at more than \$5,000? Yes No			y, Am o	ount of	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes No 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: Observed Description Legislative							
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	Date Received 08/22/2019	Aggregate Contributions 70				
SUBTOTAL Section B — This Page 150							
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	1 INE	DIVIDUALS (Sections lumn A of Summary Page	A + B) Totals)				

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Section B ADDITIONAL PAGE 18 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2019			7 Days Preceding Primary				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
						<u>,</u>	
	B. Itemized Con	trib	utions from Indivi	duals			
Last Name		- [.	rst America				MI
Murch			\rvin		Laur	(2)	Contr
Residential Street Address		City Eact	Haven		State	1 '	Code 512
37 Meadow St		Easi					J12
Principal Occupation			Name of Employer				
Retired	A (A)			O" 6			5 C V C
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	s asso	ciated with have a contract OYes ONo	with said municipality	y, Am 50	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0822019B	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	ch or	branches _	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	_		
Cash Personal Check Ocredit/Debit Ca	rd OPayroll Deduction OMoney	Order	08/22/2019	70			
Last Name			irst				MI
Pycela		K	(im				
lesidential Street Address		City	V		State	Zip	Code
11 Holland Rd		East	Haven		CT	06	512
Principal Occupation			Name of Employer				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	o a ca is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality	y, Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B	Is contributor a principal of a solution of government the contract	ich or	branches	tc contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Ca	rd OPayroll Deduction OMoney	Order	08/22/2019	50			
Last Name			irst				MI
Pycela			Peter				
Residential Street Address		City			State	1 1	Code
3 Holland Rd		East	Haven		CT	00	5512
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes on tribution 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 valued at more than \$5,000? Yes No			ty, An 50		of Contribution		
	in Section L1? No If yes, indicate which branch or branches ONO						
Method of Contribution: OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Orde	Date Received 08/22/2019	Aggregate Contributions 50			
SUBTOTAL Section B — This Page 150							
	тотаг	ofa	additional Section B	Pages			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line)	1 INI 13, Co	DIVIDUALS (Sections alumn A of Summary Page	A + B) Totals)			

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Section B ADDITIONAL PAGE 19 of 227

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2019			7 Days Preceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
B. Itemized Co	ntrib	utions from Individ	luals			
Last Name	Fir	st		<u></u>	MI	
Negro		ladelyn			C	
Residential Street Address	City			State	Zip Code	
4 Clearview Ave	Łast I	Haven		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 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes Is contributor a principal of a If yes, indicate which brain of government the contract	nch or b	oranches	OLegislative Yes		;	
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/22/2019	40			
Last Name	Fir	rst			MI	
Cusack	R	oseMarle				
esidential Street Address	City			State	Zip Code	
330 Burr St	New	Haven		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 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 O Yes No	e officer of a municipality with said municipality	y, Am o	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Security Ves Is contributor a principal of a lf yes, indicate which brateful of government the contraction of government the contraction.	inch or	branches _	e contractor? Yes	i		
Method of Contribution:		Date Received	Aggregate Contributions	-		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	08/22/2019	100			
Last Name		ıst	<u> </u>		MI	
Canzanella	٨	Marc Sr.				
Residential Street Address	City			State	Zip Code	
37 Manorwood Dr	Bran	ford		СТ	06405	
Principal Occupation		Name of Employer				
Retired						
				ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082220198 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 Personal Check Ocredit/Debit Card Opayroll Deduction Omoney Order Date Received Aggregate Contributions 08/22/2019 150						
SUBTOTAL Section B — This Page 270						
TOTA	L of a	dditional Section B l	Pages			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	OIVIDUALS (Sections A	A + B)			
(Enter total on Line	13, Col	lumn A of Summary Page	Totals)			

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Section B ADDITIONAL PAGE 20 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2019			7 Days Preceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Co	ntrib	outions from Individ	duals			
Last Name		irst				MI
Anania		Richard				С
Residential Street Address	City			State	1 -	Code
50 David Dr	East	Haven		CT	06!	512
Principal Occupation		Name of Employer				
Maint. Tech		Mary Wade Homes				
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?				/, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? West list Reent # 08222019R Yes Is contributor a principal of a If yes, indicate which bra of government the contraction of government the government of gover	nch or	· branches	e contractor? Yes OLegislative			
J J J LO	J. 10 111	Date Received	Aggregate Contributions	-		
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney	/ Ordei		70			
Last Name		irst				MI
Piccirillo		Joseph				
Residential Street Address	City			State	Zip (Code
30 Edgehill Dr	East	t Haven		CT	06	512
Principal Occupation		Name of Employer		·	4	·
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 ca	andidate for a chief executive ociated with have a contract Yes • No	e officer of a municipality with said municipality	/, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes No Is contributor a principal of a fyves, indicate which bra of government the contra	nch o	r branches	te contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Ordei	r 0822/2019	170			
Last Name	F	First	<u>L </u>			MI
Squeglia		Edith				
Residential Street Address	City			State	Zip	Code
2 Harwich St	East	t Haven		CT	06	512
Principal Occupation	<u> </u>	Name 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 ca is ass	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	unf o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Section L1? 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:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	o8/22/2019	50			w
SUB	гот	AL Section B — This	Page 150			
TOTAL	TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM						
(Enter total on Line	13, Ca	olumn A of Summary Page	Totals)			

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Section B ADDITIONAL PAGE 21 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2019			7 Days Preceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Co	ontribu	tions from Indivi	duals		·····	····
Last Name	Firs	t				MI
Furino		ny	· · · · · · · · · · · · · · · · · · ·			
Residential Street Address	City	1		State	1 -	Code
42 Summit Ave	East H			СТ	100	512
Principal Occupation		Name 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?				y, Amo	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? We s. list Event # 0822019B Yes Is contributor a principal of a If yes, indicate which braid of government the contraction of government the contraction.	anch or br	ranches	_ O No			
If yes, list Event # 08222019B of government the contract Method of Contribution:		Date Received	OLegislative Aggregate Contributions	-		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		08/22/2019	150			
Last Name	First					MI
Furino	Ma	ario				
esidential Street Address	City			State	Zip (Zode
42 Summit Ave	East H	laven		CT	06	512
Principal Occupation	<u> </u>	Name of Employer		<u> </u>	<u></u>	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400) to a cand	idate for a chief executive	e officer of a municipality	Ame		f Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?				50		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082220198 Section L1? Yes No Is contributor a principal of a If yes, indicate which bra of government the contra-	anch or b	ranches	e contractor? Yes No	_		
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/22/2019	50			
Last Name	First	t ·				MI
Torre	Do	oris				J
Residential Street Address	City			State	Zip (
56 Victor St	East H	laven		CT	06	512
Principal Occupation		Name of Employer				
Sales		Old Navy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # 08222019B	anch or br	anches	e contractor? Yes No Legislative			
Method of Contribution:			Aggregate Contributions	7		
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 08/22/2019 45						
SUBT	TOTAL	Section B — This	Page 125			
TOTAL	L of add	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A				

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Section B ADDITIONAL PAGE 22 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2019			7 Days Preceding Primary			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this	s Period ONLY OTAL SECTION A	\$			
B. Itemized Co		tions from Individ	iuals			
Last Name	Firs Fd	at dwin				MI
Dwyer Residential Street Address	City			State	Zip C	l 'ode
Residential Street Address 130 Coe Ave #79	East H	łaven		СТ	065	
Principal Occupation		Name of Employer				
Mason		Armini Restoration				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?	e is associ	lated with have a contract OYes ONo	with said municipality	50	ount of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches	OLegislative O No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	08/22/2019	70			
Last Name	Firs					MI
Poulton		ıne		Le	1	1.1.
esidential Street Address	City Eact L			State	Zip C	Code 512
32 Cliff St	Last	Haven		1	1000	V 14
Principal Occupation Nurse Possarch Coordinator		Yale Unver.				
Nurse Research Coordinator Is contributor a lobbyist, spouse. O Yes If contribution is in excess of \$400) to c ~-		e officer of a municipality	V. A	litent of	f Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	e is assoc	viated with have a contract OYes ONo	with said municipality	50		, vonstratiVil
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08222019B Yes No Is contributor a principal of a If yes, indicate which broof government the contributor of government the contributor.	anch or t	branches _	te contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	08/22/2019	70			<u> </u>
Last Name	Fir					MI
Calonico		eo				
Residential Street Address	City	l laves		State	1 -	Code 512
116 Forest St Ext	Last	Haven		CT	100	J12
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is assoc	ciated with have a contract O Yes O No	t with said municipality	10		f Contribution
event reported in Section L1?	7 No If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative					
Method of Contribution:						
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	08/29/2019	100			
SUB	втота	L Section B — This	Page 200			
ТОТА	L of ac	dditional Section B l	Pages			-
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M IND e 13, Coli	IVIDUALS (Sections . lumn A of Summary Page	A + B) Totals)			
		<u> </u>				

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Section B ADDITIONAL PAGE 23 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	-					
Maltese for Mayor - 2019		7 Days Preceding Pri	mary					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$						
B. Itemized Co	ntributions from Indivi	duals						
Last Name	First		MI					
Pannella	Angelo	S	ate Zip Code					
Residential Street Address 190 Silver Sands Rd	City East Haven		T 06512					
Principal Occupation	Name of Employer							
Timopar Occupation								
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?	e is associated with have a contract Yes ONo	t with said municipality	Amount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		OLegislative No						
Method of Contribution:	Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		70						
Last Name	First		MI					
Residential Street Address	City	S	tate Zip Code					
Principal Occupation	Name of Employer	L						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lif contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated with have a contrac O Yes O No	t with said municipality	Amount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a fixed which broof government the contributor of government the contributor.		ate contractor? Syes O Legislative						
Method of Contribution:	Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone								
Last Name	First		MI					
Residential Street Address	City	S	state Zip Code					
Principal Occupation	Name of Employer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	U to a candidate for a chief executi e is associated with have a contrac Yes No	at with said municipality	Amount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No If yes, indicate which be of government the contribution of government the contribution approach is the section of government the contribution associated with an event reported in Section L1?		ate contractor? O Legislative						
Method of Contribution:	Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order							
SUB	TOTAL Section B — Thi	s Page 50						
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections e 13, Column A of Summary Page	A + B) e Totals)						

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMIT	TEE (Provide Complete l	Name as Registered w	ith Filing Reposit	ory)			7	TYPE OF REPORT				
Maltese fo	or Mayor - 2019						7	7 Days Preceding Primary				
		C1. C	ontributio	ns fr	om Otl	ier Commit	ttees					
Name of Committee						Name of Treasure						
									1 .		a	
Address				Is the	his contrib	ution associated I in Section L1?	with an	OYes ONo	Am	ount of (Contribution	
				eve	ии теропес	If yes, list	Event#					
City		State	Zip Code	- 	Date Receiv			te Contributions				
•			'									
Name of Committee						Name of Treasure	er					
				1				A A	4	ount of	Contribution	
Address				Is the	his contrib ent renorted	ution associated f in Section L1?	with an	OYes ONo	Au	ount or v	Contribution	
					nic reported	If yes, list	t Event#					
City		State	Zip Code	<u> </u>	Date Receiv	ed	Aggrega	te Contributions	7			
				İ								
Name of Committee						Name of Treasure	er					
Address				1.	1			Ο V Ο V-	Am	ount of	Contribution	
Audiess				ls t	nis contrib ent reported	ution associated 1 in Section L1?	with an	O Yes O No	7.41	Ount or	Contribution	
						If yes, list						
Sity		State	Zip Code	Ť	Date Receiv	ed.	Aggrega	te Contributions				
	C2. Re	imbursemen	ts or Surpl	us D	distribu	tions from (other	Committees				
Name of Committee						Name of Treasur	rer					
					City	<u> </u>			Ts	tate	Zip Code	
Address					City				ľ		_ T	
Date Received	Expenditure # (if applicable)	Payment Type								mount	of Receipt	
	(у аррисился	OReimbursem	ent for shared e	expens	e O Su	rplus Distributio	on					
									-			
Description												
Name of Committee						Name of Treasur	rer					
Address					City	l			S	tate	Zip Code	
Addicas												
Date Received	Expenditure # (if applicable)	Payment Type							1	\mount	of Receipt	
		O Reimburse	ement for share	d expe	ense 🔘	Surplus Distribu	ition					
Description	<u></u>								-			
Description												
			SUBTO	TAI	L Section	n C — This I	Page	0				
			TOTAL	of ad	lditional	Section C P	ages	0				
	TOTAL OF A	ALL COMMIT	TEE CONT	RIB	UTIONS	AND RECE	IPTS	0				
	(Sections	C1 + C2) (Enter	total on Line 1	4, Coli	umn A of S	Summary Page	Totals)	Ľ				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Regi	istered with Filing Repository)		TY	PE OF	REPORT	
Maltese for Mayor - 2019			7	Days P	receding Prin	nary
	D. Loans Rec	eived this Pe	riod			
Name of Lender		Source of Loan				Date of Receipt
Joan Maltese		OBank (Candidate 💽 In		Committee	07/02/2019
Street Address 33 Holland Rd	East Haven		C St	ate T	Zip Code 06512	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)					·	Amount Received
						400
Street Address	City		Si	late	Zip Code	100
Name of Lender		Source of Loa OBank (n: Candidate O In	dividua	Other Committee	Date of Receipt
Street Address	City		St	ale	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)			<u> </u>			Amount Received
Street Address	City	1	S	tate	Zip Code	
					l	
Name of Lender		Source of Loa OBank (n: Candidate O In	dividua	Other Committee	Date of Receipt
Street Address	City		St	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)					1	Amount Received
						Amount Received
Street Address	City	· · · · · · · · · · · · · · · · · · ·	S	tate	Zip Code	
		TOTAL S	SECTION D	400		
E. Receipts from Entities of	ther than Individua	ds or Other	Committees (A	Referen	dum Committe	es ONLY)
Name of Entity						
Street Address			Date Rece	eived		Amount Received
City	State	Zip Code	Aggregat	e Contrib	utions	
Name of Entity						
or anny						
Street Address			Date Reco	eived		Amount Received
Сііу	State	Zip Code	Aggregate	e Contrib	outions	
Name of Entity			<u></u>			
Name of Lianty						
Street Address			Date Reco	sived		Amount Received
		180 0 1				
City	State	Zip Code	Aggregate	e Contrib	utions	
		TOTAL	SECTION E	0		

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I. MONETARY RECEIPTS (Sections A-K)

Date of Receipt Is this transaction associated with an event reported in Section L1? Date of Receipt Is this transaction associated with an event reported in Section L1? Date of Receipt Is this transaction associated with an event reported in Section L1? Date of Receipt Is this transaction associated with an event reported in Section L1? TOTAL SECTION F O G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees of Pace of Receipt Date of Receipt Date of Receipt Amount TOTAL SECTION G O H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: Octach O Personal Check O Credit/Debit Card Amount Amount Amount Amount Amount Amount Amount Amount Amount Octach O Personal Check O Credit/Debit Card Amount Amount Octach O Personal Check O Credit/Debit Card Amount Amount Octach O Personal Check O Credit/Debit Card Amount Octach Octach Octach Octach O Personal Check O Credit/Debit Card Amount	·				***************************************				<u> </u>	
F. Amount Transferred from Affiliated Business Treasury (Business Ently Committees ONLY) Date of Receipt Is this transaction associated with an ovent reported in Section L1? Sho S			ered with Filing Re	pository)				 		r Drimaru
Date of Receipt Is this transaction associated with an event reported in Section L17 Sec. If yees, list Event # Amount			c	-4-3 D-				<u> </u>		
Date of Receipt Amount TOTAL SECTION G Date of Receipt Date of Receipt Date of Receipt Amount TOTAL SECTION G Date of Receipt Date of Receipt Amount Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Amount OCash OPersonal Check OCredit/Debit Card Amount							(Busine	ss Entil	y Committees	
Date of Receipt Is this transaction associated with an event reported in Section L1? Date of Receipt Is this transaction associated with an event reported in Section L1? Date of Receipt Is this transaction associated with an event reported in Section L1? TOTAL SECTION F O G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees Of Date of Receipt Date of Receipt Amount Amount Amount TOTAL SECTION G O H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: Ocash Personal Check O Credit/Debit Card Amount Ocash O Personal Check O Credit/Debit Card Amount Method of payment: Ocash O Personal Check O Credit/Debit Card Amount Ocash O Personal Check O Credit/Debit Card Ocash Ocash Ocash O Personal Check O Credit/Debit Card Ocash Ocash Ocash O Personal Check O Credit/Debit Card Ocash Date of Receipt			OYes No	<i>If yes</i> , lis	st Event #				Amount	
Date of Receipt Is this transaction associated with an event reported in Section L1? No No No No No No No N	Date of Receipt	1		OYes No	If yes, lis	st Event#				Amount
TOTAL SECTION F C. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees Of Date of Receipt Date of Receipt Amount TOTAL SECTION G Date of Receipt Amount TOTAL SECTION G O H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card Date of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card Amount OCash O Personal Check O Credit/Debit Card OCash OCash O Personal Check O Credit/Debit Card OCash OCa	Date of Receipt			8Yes No	<i>If yes</i> , li	st Event#	***			Amount
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees Of Date of Receipt Date of Receipt Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: Ocash Opersonal Check Octedit/Debit Card Amount Octedit/Debit Card Amount Date of Receipt Method of payment: Ocash Opersonal Check Octedit/Debit Card Amount Octedit/Debit Card Amount Octedit/Debit Card Amount Octedit/Debit Card Amount Octedit/Debit Card	Date of Receipt				If yes, li	st Event #				Amount
Date of Receipt Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card					T	OTAL SE	CTION	F	0	
Date of Receipt Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card										
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H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card	Date of Receipt		Date of Receipt					Date of I	Receipt	
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H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card	Amoun	t		A	mount			<u> </u>		Amount
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card										
Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card OCash OPersonal Check OCredit/Debit Card OCash OPersonal Check OCredit/Debit Card					TO:	TAL SEC	rion G	, 0		
Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card OCash OPersonal Check OCredit/Debit Card OCash OPersonal Check OCredit/Debit Card										
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Date of Receipt Method of payment: OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card	Date of Receipt	Method of payment:				•				Amount
O Cash O Personal Check O Credit/Debit Card Method of payment: Amount O Cash O Personal Check O Credit/Debit Card Date of Receipt Method of payment: Amount O Cash O Personal Check O Credit/Debit Card Amount O Cash O Personal Check O Credit/Debit Card		O Cash	O P	ersonal Ch	eck	O Cred	it/Debit Ca	ard		
Date of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card Amount Method of payment: OCash O Personal Check O Credit/Debit Card	Date of Receipt	Method of payment:								Amount
OCash O Personal Check O Credit/Debit Card Date of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card Amount		OCash	O P	ersonal Ch	eck	O Cred	it/Debit C	arđ		
O Cash O Personal Check O Credit/Debit Card Date of Receipt Method of payment: O Cash O Personal Check O Credit/Debit Card Amount	Date of Receipt	Method of payment:								Amount
Date of Receipt Method of payment: OCash O Personal Check O Credit/Debit Card Amount	,		O P	tersonal Ch	eck	Cred	it/Debit C	ard		
O Cash O Personal Check O Credit/Debit Card	Date of Receipt					<u> </u>			1	Amount
TOTAL SECTION H 0			O P	ersonal Ch	eck	O Cred	it/Debit C	ard		
	,				,	TOTAL S	ECTIO	NΗ	0	
									·	
I. Anonymous Contributions			I. And	onymov	ıs Cont	ributions				

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.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	TYP	E OF R	EPORT		
Maltese for Mayor - 2019		1	7 Days Preceding Primary			
J. Interest fi	om Deposits in Authorized Accoun	ıts				
Name of Institution		Date	Received			Amount
Street Address	City	State	Z	ip Code		
Name of Institution		Date	Received	<u> </u>		Amount
Street Address	City	State	Z	ip Code	1	
	TOTAL SECTIO	ΝJ	0			
K. Miscellaneous Mo	netary Receipts not Considered Co	ntri	butio	ns		
Name		,	Date of	Transaction		Amount Received
Street Address	City	Sta	ite	Zip Code		
		Ì				
Description	-					
Name			Date of	Transaction		Amount Received
		:				Amount Received
Street Address	City	Sta	te	Zip Code		
Description						
Name			Date of	Transaction		Amount Received
Street Address	City	Sta	te	Zip Code		
				<u> </u>		
Description						
Nune			Date of	Transaction		Amount Received
		- 10.		let a t		
Street Address	City	Sta	ite	Zip Code		
Description					·	
· · · · · · · · · · · · · · · · · · ·						
	TOTAL SECTION K	0				
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throu	igh K)		-
Total Loans Received this Period (Section D)				400		
Total Receipts from Entities other than Individuals or Oth	er Committees (Section E)	+				
Total Amount Transferred from Affiliated Business Treas	ury (Section F)	+				
Cotal Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Section G) +				
Total Amount of Personal Funds of the Candidate Receive	ed this Period (Section H)	+				
Total Amount of Interest from Deposits in Authorized Acc	counts (Section J)	+				
Total Miscellaneous Monetary Receipts not Considered C	ontributions (Section K)	+				
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summary			400		

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)	West-West-1-18-11	TYPE OF REPORT		
Maltese for Ma	yor - 2019		7 Days Preceding	Primary	
	L1. Even	t Information		,	
Event # Date of Byent Letter 8/22/2019 B	Description East Haven Senior Center			Was this a fun	ndraising event?
Location: Street Address		City		State	Zip Code
91 Taylor Ave		East Haven	Aug 14-1 - 14-1 - 14-1	ст	06512
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 Associated with a Hou purchases made by host No	se Party and complete	required infor	
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (<i>If yes</i> , go to Section Land complete required in No		ot Considered (Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a fundraiser?		Purchases of Advertis		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fun OYes	draising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 Associated with a Hou purchases made by host O No	se Party and complete	required inform	
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section Land complete required in No		ot Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.) — — [\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this t	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a undraiser?		Purchases of Advertis		Program Book
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	ipts here.)	\$	
SUBTOTAL Section	L1-Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — '	This Page ()		
/	SUBTOTAL Secti	on L1—Subpart 3 <i>(Town Commit</i> pts from Food Purchases — 'I	tees ONLY)		
	·	TOTAL of additional Section	Li Pages 0		
		IPTS FROM SMALL PUR Line 16a, Column A of Summary	1 ()		

II. EVENT ACTIVITY (Sections L1-L5)

indi	Per Public Act 11-48 ividual purchases fro	3, effective January 1, 2012 com om a committee tag sale, auction	mmittees are no long on, or a sale of donate	er require ed items.	ed to itemized to Section L.	ze small 2. removed
NAME OF COMM	ITTER Provide Complete Nam	e as Registered with Filing Repository)	TVDE	OF REPORT		
	for Mayor - 2019	s as negatived with trang nepository)		s Precedin	g Primary	
:		urchases of Advertising in a Pro			91.11111111	
Name of Purchaser	230111	Transcription of The Property	gram book of on a b		rchase Made By:	
				_ _	Business Entity	y Other
					Individual/Sole	_
Street Address		City			State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program A	d Purchase	Amount of	Sign Purchase
			•			
Name of Purchaser				Pu	rchase Made By:	
					Business Entity	y Other
				C	Individual/Sole	Proprietorship
Street Address		City			State	Zip Code
Date Received	Event#	Aggregate Purchases for All Events	Amount of Program A	d Purchase	Amount of	Sign Purchase
Name of Purchaser	<u> </u>			Pur	rchase Made By:	
·				C	Business Entity	y Other
				C	Individual/Sole	Proprietorship
Street Address		City			State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program A	d Purchase	Amount of	Sign Purchase
Name of Purchaser	<u>l</u>			Pur	chase Made By:	
					Business Entity	Other
				lŏ	Individual/Sole	_
Street Address		City		·	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	A	, n	<u>i</u>	
Daily Meterreu	Diving N	Aggregate I utuases for An Evens	Amount of Program A	d Purchase	Amount of	Sign Purchase
Name of Purchaser				Pun	chase Made By:	
				lo	Business Entity	Other
				0	Individual/Sole	Proprietorship
Street Address		City			State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program A	d Purchase	Amount of S	Sign Purchase
	SUBTOTAL Secti	on L3 Total Purchases of Advertising i	n Program Book — This	Page 0		
	SUBTOTA	AL Section L3 Total Purchases of Adve	ertising on a Sign — This	Page ()		
		TOTAL	of additional Section L3 P	ages 0		
T	OTAL OF ALL PURCH	ASES OF ADVERTISING IN A PRO	GRAM BOOK or ON A S	IGN 0		

II. EVENT ACTIVITY (Sections L1—L5)

<u></u>									
NAME OF COMMITTE	EE (Provide Complete Name as		TYPE OF REPORT						
	Mayor - 2019			i	7 Days Preceding Primary				
	L4.	In-Kind Donation	s Not Consi	dered Contribu	tions				
Name of Donor Campaign o	f Maltese for Mayor - 2	017							
Street Address			City				State	Zip Code	
11 Summit A	ve		East Hav	en		CT 06512			
Donation Given By:	Description of Donation				······································	Fair Market Value of Dona			
O Business Entity	241 Small Lawn Sig	ns with 126 Step Sta	kes & 40 Larg	je 6' Lawn Stakes		394			
O Individual O Sole Proprietorship	Date Received 08/12/2019	Event# N/A		Aggregate Value fo	r this Event				
Name of Donor									
Street Address	,		City			***************************************	State	Zip Code	
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation	
OBusiness Entity									
⊙ Individual	Date Received	Event#		Aggregate Value for	r this Event	7			
OSole Proprietorship		:							
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation					Fair N	viarket Val	ue of Donation	
Business Entity									
Ofindividual Office Proprietorship	Date Received	Event #		Aggregate Value for	rthis Event				
O Sole Proprietorship									
Name of Donor						•			
Street Address			City				State	Zip Code	
D 4 6 D	In								
Donation Given By: Business Entity	Description of Donation					Fair N	farket Vali	ue of Donation	
O Individual	Date Received	Event#		Aggregate value for	this Event	-			
O Sole Proprietorship						1			
		SUI	BTOTAL Secti	on L4 — This Page	394				
		тот	'AL of addition	al Section L4 Page	8				
тот	AL OF ALL IN-KIND	DONATIONS NOT C Enter total on Line 21,							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repos.	itory)			TYPE OF RE	PORT		
Maltese for Mayor -	7 Days Preceding Primary							
L5. I	n-Kind Donations Not Consider	ed (Contributions Associa	ted with a H	Iouse Part	у		
Name of Host				committee?	Yes O N	upporting more than one candidate or Yes O No		
				If yes, co	mplete Itemiza			
Street Address			City			State	Zip Code	
Description of Donation		•••	<u></u>		Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	rgregate Value of all Events—this ha	ost/candidate				
Name of Host				committee?	Supporting me OYes ON Simplete Itemize	0	ne candidate or lendum L5	
Street Address			City			State	Zip Code	
Description of Donation			L		Fair Mar	ket Value (of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this he	ost/candidate	-			
Name of Host	I	!		committee?	supporting mo OYes ON omplete Itemiza	0	ne candidate or Jendum LS	
Street Address			City			State	Zip Code	
Description of Donation					Fair Mai	ket Value (of Donation	
Event #	Aggregate Value of this Event—all hosts	Aį	ggregate Value of all Events— <i>this h</i> u					
Name of Host				committee?	supporting m OYes ON omplete Itemiz	o	ne candidate or Jendum L5	
Street Address			City			State	Zip Code	
Description of Donation					Fair Mai	rket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	A	ggregate Value of all Events—this h	ost/candidate			**	
		SUI	BTOTAL Section L5 —	This Page	0			
	Т	от	AL of additional Section	L5 Pages	0			
TOTAL OF ASSOCIATED WITH A	FALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on I		ONSIDERED CONTRI 22, Column A of Summary		0			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Reį	gistered with i	Filing Repository	v)			TYPE O	F REP	ORT		
Maltese for Mayor - 2019							7 Days	ys Preceding Primary			
	M. In-Kind Contributions										
Name											
Street Address				".	City					State	Zip Code
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution											
Olndividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No 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 valued at more than \$5,000? Yes No											farket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? 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											
Name		1		····			******		,		
Street Address					City	7				State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Recei	ved	Aggregate Con	tributions	l .	Description of In-Kind (Contributio	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/si		ited	o for a chief executive of with have a contract w			* * '		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Yes Is contributor a principal of a state contract or or prospective state contractor? No If yes, list Event # Executive OLegislative											
Name										. "	
Street Address					City	,				State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Con	tributions		Description of In-Kind	Contributio	п			
OIndividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sl		ated	e for a chief executive with have a contract w Yes \text{\text{O}} No					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal indicate which rnment the cor	ı branch or	bra	actor or prospective stanches Executive	_		8Yes No		
			SUI	BTOTAL	Sec	tion M — This Pag	ge O			· · ·	
			тот	AL of add	itio	nal Section M Page	es O				
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS Œ	Enter total on L	ine 23, Colu	mn	A of Summaty Page To	etals) 0				
N. Refundable Deposit to Telephone Company											
Last Name of Individual				First					MI	Date Deposi	t Made
Residential Street Address			City	,			State	Zip C	Code		Amount of Deposit
Name of Telephone Company							<u> </u>				
								1-2	-		
Street Address			City	,			State	Zip (Code		
TOTAL SI	ECTION	N (Enter	total on Line 2	24, Column	Αą	f Summary Page Tota	ds) 0	_1		1	

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. SEEC FORM 20 Jerfied January 2818 Page 13 of 17 IV. EXPENDITURES (Sections P-T) TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) 7 Days Preceding Primary Maltese for Mayor - 2019 P. Expenses Paid by Committee Method of Payment: Date of Payment Name of Payee O Check # 8/26/2019 **Shore Publishing** O Debit Card OEFT Zip Code City Street Address CT 06443 Madison PO Box 1010

-					<u> </u>
Description		Event #			Amount
Ad Purchase		n/a		403	
None of the below Coordinated with reimbursement sought (joint expenditure	e) Independ	ent	в Ос О в		
O coordinated transcers	, Congramati	Date of l	Payment		
se		08/30)/2019	O Debit	Card OEFT
	Ť			1	Zip Code
Rd	East Haven			CI	06512
Description		Event #			Amount
Loan Payment in Full		n/a		400	
None of the below	e) Independ	iont ion (OA O			
		1	•	-	•
Ishing		09/03	3/2019	O Debit	Card OEFT
	City			State	Zip Code
0	Madison			СТ	06443
Description		Event #			Amount
Ad Purchase		n/a		970	
None of the below	are)	ident ation () A ()			
		Date of	Payment	O Chec	k#
	City			State	Zip Code
Description		Event #		0	Amount
Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	are) O Indepen	dent	в Ос О в		
None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continuous)	are) O Indepen	ident ation () A ()			
None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continue)	are) Independential Independential Organization	dent ation <u>A</u> — This Page			
	Ad Purchase Type of Expenditure (Itemization in Addendum P Required un Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control Coordin	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is a Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) City East Haven Description Loan Payment in Full Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is a Coordinated with reimbursement sought (in-kind contribution) City Madison Description Ad Purchase Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is a Coordinated without reimbursement sought (in-kind contribution) City Madison Description Ad Purchase Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is a Coordinated with reimbursement sought (in-kind contribution) City Madison City None of the below Coordinated with reimbursement sought (in-kind contribution) City None of the below Coordinated without reimbursement sought (in-kind contribution) City City	Ad Purchase Type of Expenditure (**Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (in-kind contribution) See City East Haven Description Loan Payment in Full Type of Expenditure (**Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated without reimbursement sought (in-kind contribution) Date of Op/OS City City City Coordinated without reimbursement sought (in-kind contribution) Date of Op/OS City Madison Description Ad Purchase Type of Expenditure (**Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated without reimbursement sought (in-kind contribution) Date of Op/OS City None of the below Coordinated without reimbursement sought (in-kind contribution) Description Ad Purchase Type of Expenditure (**Itemization in Addendum P Required unless "None of the below" is checked) Organization A Organization A Date of Op/OS City None of the below Coordinated without reimbursement sought (in-kind contribution) Date of Op/OS City City None of the below Coordinated without reimbursement sought (in-kind contribution) Date of Op/OS	Description Date of Payment Date of Paymen	Description Add Purchase In/a Add Purchase In/a Add Purchase In/a Add Purchase Interpretation in Addendum P Required unless "None of the below Coordinated with reimbursement sought (io-kind contribution) Independent Organization Organi

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.

SEEC FORM 20 styled January 2015

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		**************************************		YPE OF REPORT		
Maltese for M	1ayor - 2019			7	Days Preceding P	rimary	
	P. Expenses	Paid by C	ommittee				
Name of Payee				Da	ite of Payment	Method of	-
South Shore	e Wine			0	8/22/2019	O Check	
		City				O Debit State	Card OEFT Zip Code
Street Address		1	n			CT	06512
662 Coe Av	re	East Have	11			101	00012
Purpose of Expenditure	Description			Event#			Amount
(by code) MISC	ICE for Fund Raiser			082220	019B	29.97	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of	the below" is	checked)		1	
(if applicable)	None of the below		101				
	Coordinated with reimbursement sought (joint expenditure		Q Independ		0 0 0		
-	Coordinated without reimbursement sought (in-kind contri	rbution)	Organizat		OBOCOD tte of Payment	Method of	Payment:
Name of Payee					•	Check	
Capotorto's				0	8/22/2019	O Debit	Card OEFT
Street Address		City				State	Zip Code
688 Foxon R	₹d	East Have	n			СТ	06512
Purpose of Expenditure	Description	<u> </u>		Event #			Amount
(by code)	Catering Service			082220)19B	1010-	
						1063.5	UÇ
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	itess "None of	the below" is c	cnecked)			
)	None of the below Coordinated with reimbursement sought (joint expenditure	e)	O Independ	lent			
1	Coordinated with reimoursement sought (in-kind contribution)	ibution)			Ов Ос Ор		
Name of Payec			-		nte of Payment	Method of	
Blg "Y"				0	8/22/2019	O Check	
Street Address		City				State	Zip Code
1060 W Mai	in St	Branford				СТ	06405
				Event#		<u> </u>	
Purpose of Expenditure (by code)	Description			l	110P		Amount
FOOD	Sheet Cakes			082220		79.98	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.	nless "None o	f the below" is	checked)	1		
th addisormant	O None of the below		O 30.4	den4		1	
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)		O Indepen		ОвОсОр		
Name of Payee		•	Urganiz		ate of Payment	Method of	Payment:
Big Prints				1	08/27/2019	Check	k#BC
		City				O Debit State	Card OEFT Zip Code
Street Address		City	ND.			CT	1 -
15 Baer Ci	arcie	East Have	=11			UI	06512
Purpose of Expenditure	Description			Event #			Amount
(by code) A-SIGN	Large Sign			n/a		143.5	7
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None o	f the below" ic	checked)		1	
(if applicable)	None of the below	Hone of					
يت المارادين	O Coordinated with reimbursement sought (joint expenditure		Q Independ				
	Coordinated without reimbursement sought (in-kind cont		O Organiza	ation()A	OB OC OB		
	8	SUBTOTAL	Section P -	- This P	age 1317.02		
	тс	TAL of add	litional Section	on P Pag	çes		
	TOTAL OF ALL EXPR						
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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.

EEC FORM 20 June 1 June 2015

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for	Mayor - 2019	7 Days Preceding I	7 Days Preceding Primary					
	P. Expenses	Paid by Comm	ittee	· ————				
Name of Payee Walmart	Method of O Check O Debit	c#						
Street Address		City			State	Zip Code		
120 Comme	ст	06405						
Purpose of Expenditure (by code) MISC	code)							
Expenditure # (if applicable)	d) <u>a Ов Ос О р</u>							
Name of Payee Walmart				Date of Payment 08/10/2019	Method of O Check O Debit	c# Card OEFT		
Street Address 120 Comme	rcial Prky	City Branford			State	Zip Code 06405		
Purpose of Expenditure	Description		Event #	4		Amount		
(by code) FOOD	Assorted Soda's & Bottled Water			22019B	46.43			
Expenditure # (f applicable)								
Name of Payee Date of Payment Big Prints 08/14/2019						Payment: k # BC Card OEFT		
Street Address 15 Baer Circ	cle	City East Haven			State CT	Zip Code 06512		
Purpose of Expenditure (by code) A-SIGN	Description Large Lawn Signs & Small Lawn Sign Stakes		Event i	#	Amount 549.03			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind cont	re) O I	Independent	ed)) A () B () C () D				
Name of Payee Big Prints	Name of Payee Date of Payment				Method of Chec	k# tCard () EFT		
Street Address 15 Vaer Circ	ele	East Haven			State CT	Zip Code 06512		
Purpose of Expenditure (by code) A-SIGN	Description Large Lawn Signs		Event n/a	#	377.5	Amount		
Expenditure # (if applicable)								
		SUBTOTAL Section	on P — This	Page 987.94				
	то	TAL of additional	l Section P I	'ages				
	TOTAL OF ALL EXPE	NSES PAID BY						

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.

EEC FORM 20 stilled Jaansey 2015

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT							
Maltese for Ma	ауог - 2019	7 Days Preceding Primary					
P. Expenses Paid by Committee							
Name of Payce	Method of Payment:						
U.S.P.S.			7/2	2/2019	Check Debit		
Street Address		City			State	Zip Code	
5 Court St Branford						06405	
Purpose of Expenditure	Description		Event#			Amount	
(by code) POST	Stamps	165					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)				
(A obbingation)	None of the below	. 0.41					
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribute)) в Ос О <u>р</u>			
Name of Payce		C Organiza		of Payment	Method of P		
Petonito's P	Pastry		7/2	4/2019	Check		
Street Address		City			O Debit (Card OEFT Zip Code	
190 Main St		East Haven		:	CT	06512	
		Lastilavell	[F				
Purpose of Expenditure (by code)	Description		Event#			Amount	
FOOD	Cookies for Meet & Greet		n/a		17.50	:	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)				
у присших	None of the below		ta				
ĺ	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri)в Ос О р			
Name of Payec				of Payment	Method of F	•	
Staples			7/2	9/2019	Check		
Street Address		City			O Debit (Card OEFT Zip Code	
85 N Main S	t	Branford			СТ	06405	
Purpose of Expenditure	Description		Event #			Amount	
(by code) OFFICE	Mailing Labels		0822201	9B	15.94		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	ulars "Nova of the helow" is	checked)		15.74		
(if applicable)	O None of the below	ness rivine by the below to	checheny				
	O Coordinated with reimbursement sought (joint expenditure			_			
	Coordinated without reimbursement sought (in-kind conti	ribution) Organiz) B O C O D			
Name of Payee				of Payment	Method of I	-	
Petonito's P	eastry each earlier of the control o		07/	/31/2019	O Debit		
Street Address		City			State	Zip Code	
190 Main St		East Haven			СТ	06512	
Purpose of Expenditure (by code)	Description		Event #			Amount	
FOOD	Cookles for Meet & Greet		n/a		30		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)			:	
(9 apparame)	None of the below Coordinated with reimbursement sought (joint expenditure)	e) Indepen					
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SEEC FORM 20 Reibed Juneary 2015

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Maltes	e for Mayor - 2019		7 Days Preceding	7 Days Preceding Primary			
	P. Expenses	Paid by Committee					
	Marketing		Date of Payment 07/03/2019	Method of Payment: O Check #BC O Debit Card OEFT			
Street Address 920 Belle	Ave #1330	Winter Springs		State Zip Code FL 32708			
Purpose of Expenditure (by code) POLL Expenditure # (if applicable)	Description Cost to Produce Political Poli Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure	,	Amount 2800				
Name of Payee U.S.P.S.	Coordinated without reimbursement sought (in-kind contri		tionOA OB OC OD Date of Payment 7/3/2019	Method of Payment: O Check #			
Street Address		City	77072017	O Debit Card OEFT			
5 Court St		Branford		State Zip Code CT 06405			
Purpose of Expenditure (by code) POST	Description Postage for SEEC Form 20		Event # n/a	Amount 25.50			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required union None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril) Independ	·				
Name of Payce Staples			7/18/2019	Method of Payment: O Check # O Debit Card O EFT			
Street Address 85 N Main :	St	City Branford		State Zip Code CT 06405			
Purpose of Expenditure (by code) OFFICE	Description Envelope Labels		Event # 08222019B	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	e) 🕜 Indepen	dent	10.71			
Name of Payee Walmart			Date of Payment 7/18/2019	Method of Payment: O Check # O Debit Card OEFT			
Street Address 120 Comm	nercial Prky	City Branford		O Debit Card EFT State Zip Code CT 06405			
Purpose of Expenditure (by code) OFFICE	Description Envelopes & Printer Paper		Event # 08222019B	Amount			
Expenditure # (f/ applicable)	Type of Expenditure (Itemization in Addendum P Required unl None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	•					
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IV. EXPENDITURES (Sections P—T)

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Maltese	for Mayor - 2019	mig neposnory)		TYPE OF REPO	ORT
	Q. Camp	aign Expenses Paid		7 Days Prece	eding Primary
ayee (Name	e of Vendor, Person or Entity who candidate paid directly)	angh Expenses Paid	by Candid	ate	
				Date of Payment	Is reimbursement claimed?
ress					O Yes O No
	•	City			
Expenditure	Down				State Zip Code
Familia	Description		R	ent#	
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yee (Name e	of Vendor, Person or Entity who candidate paid directly)				
				Date of Payment	Is reimbursement claimed?
ss				1	O Yes O No
		City			
penditure	Description				State Zip Code
,	Description		Eve	of#	
					Amount
e (Name of	Vendor, Person or Entity who candidate paid directly)				
				Date of Payment	Is reimbursement claimed?
					O Yes O No
		City			State Zip Code
enditure	Description				Zip Code
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	<u> </u>				Amount
(iName of V	endor, Person or Entity who candidate paid directly)				
				Date of Payment	Is reimbursement claimed?
		City			O Yes O No
		City			State Zip Code
diture	Description				
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une of ver	ndor, Person or Entity who candidate paid directly)		<u></u>		
			1	Pate of Payment	Is reimbursoment claimed?
		City			O Yes O No
		City	-		State Zip Code
ture D	escription				
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л пу у енц	or, Person or Entity who candidate paid directly)		l De	tc of Payment	
			\ \int \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	te of Payment	Is reimbursement claimed?
		City			O Yes O No
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re Des	cription				
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		A oj sumina	y rage Totals	<u>"["</u>	1

TANDE OF COMMETT	TD (Devide Complete Name on Partitional with Filling Paravitors			TVPE	ОЕ ВЕРОРТ		
Maltese for N	EE (Provide Complete Name as Registered with Filing Repositor) Mayor - 2019	2) TYPE OF REPORT 7 Days Preceding I				Primary	
	R. Expenses Incurre	ed on Com	mittee Cree			-	
Name of Issuing Instit		Type of Cree					
		O Visa	Master Ca	ard ODisc	over OAmerica	n Express	o Other:
Name of Vendor, Person o	r Entity	<u> </u>		-		Date of T	ransaction
ŕ	·						
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description	Event#					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum R Require	d unless "None	of the below" i	s checked)			
(lf applicable)	None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of	diture)	O Indepe	ndent)в Ос Ов		
Name of Vendor, Person o	r Entity					Date of T	Transaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the kind of th	diture)	O Indepe	ndent)в Ос Ор		
Name of Vendor, Person o	r Entity					Date of 1	Fransaction
Street Address		City		,		State	Zip Code
Purpose of Expenditure (by code)	Description	1		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kindenee)	diture)	O Indepe	ndent	Эв Ос Ор		
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	TEE (Provide Complete Name as Registered with Filing Repositor)	אין		TYPE OF				
Maltese for	Mayor - 2019	unidea - b	Not Data D-		Preceding F	rimary		
21 20 "	S. Expenses Incurred by Com	imittee bu	t Not Paid Du	ring this	rerioa	Data I	nd.	
Name of Creditor						Date Incuri	Date Incurred	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	diture Description Event #							
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Name of Creditor						Date Incur	red	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Ev	rent #		t .	ount Incurred limate or Actual)	
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Name of Creditor						Date Incur	red	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Ev	ent#			ount Incurred timate or Actual)	
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IV. EXPENDITURES (Sections P—T)

Page 17 of 17

NAME OF COMMITTE	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Maltese for Mayor - 2019					7 Days Preceding Primary			
	T. Itemization of Reimb	ursements	and Second					
Last Name of Worker/Con		First		<u>y</u> <u>y</u>		МІ	Date of Person o	Payment to Vendor, or Entity
Name of Vendor, Person o	Butity Paid by Committee Worker/Consultant	<u> </u>				Section P:	_	Worker/Consultant a
Street Address of Vendor,	Person 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 Require One of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditure)	ne of the below" i. Independent	ndent O	О В C) (
Last Name of Worker/Con	sultant	First				МІ		Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	L				n Section P:	_	Worker/Consultant a
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			11.11.11.11.11		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	nditure)	O Indepe		о в с			
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Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant				Payment to reported in Che	n Section P:		Worker/Consultant
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			<u>. </u>		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #				Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	nditure)	O Indepe	is checked) endent O	О (• в •			
, arthur a		SUBTOTA	AL Section T –	This Pa	ge 0			
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TOTAL OF ALL	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANT							
