### **SEEC FORM 20**

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

RECEIVED FOR FILING TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17

Stary Gravino, CCTC
Do Not Mark in This Space For Office ON CLERK

#### COVER PAGE

1. NAME OF COMMITTEE									
Maltese for Mayor - 2019									
2. TREASURER NAME									
First		МІ		Last					Suffix
Richard		T	!	Poulto	n			ļ	
3. TREASURER ADDRESS		<u>A PARAGO</u>	\$1,11,13						
Street Address			City	-			State	Zip Co	de
32 Cliff St			Eas	t Haven			СТ	0651	12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	SHT (Complete	e only	if Candidat	e Committee)			6. DISTF	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	Mayor							(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)		THE T					
First		MI		Last					Suffix
Salvatore		R	_!	Maltes	ie		_		
8. TYPE OF REPORT (Check One Box)			V. 34.			<del></del>	1774 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 1 4 5 <u>1 1</u>	<u> </u>
O January 10 filing O7th day preceding primary O7th day preceding referendum OInitial Contri								Disbursement	
April 10 filing	O30 days following primar			O45	days following	referendum C	)Amendmen		
OJuly 10 filing	O7th day preced	ding election	a	O De			Type of Rep	oort:	
October 10 filing	O12th day prece			<b>O</b> Ter	rmination			<del></del>	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		a						
9. PERIOD COVERED									
	Beginning Dat	.te			Ending	Date			
	09/05/2019		_	thru	10/10/2019	***************************************			
10. CERTIFICATION									
					·	V			
I hereby certify and state, under policiosure Statement for the per						et forth on this It	emized Car	npaign Fi	nance
R/100	no A		Rich	ard T. Po	oulton			10/10/2	2019
TREASURER OR DEPUTY TREASURE	3R (SIGNATURE)	7	PRIN	T NAME	OF SIGNER		_	DATE (1	mm/đd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

#### **SEEC FORM 20**

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	October 10, 2019 Filing COLUMN A	COLUMN B
	This Period	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	361.18	
13. Contributions Received from Individuals (Sections A and B)	100	6105
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	300	300
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
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)	0	6405
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	761.18	7922.80
19. Expenses Paid by Committee (Section P)	413.77	7575.39
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	347.41	347.41
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	394
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	400
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	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)	О	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)	o	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Maltese for Mayor - 2019		October 10, 2019 F	lling		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S	ed this Period ONLY UBTOTAL SECTION A	\$			
B. Itemized Con	tributions from Indivi	duals	<del></del>		
Last Name	First			MI	
Gallagher Residential Street Address	Thomas		State Zi	E ip Code	
1	East Haven		1	)6512	
Principal Occupation	Name of Employer				
Driver	Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves does contributor or business he/she is valued at more than \$5,000?			Amount	t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a st If yes, indicate which brane of government the contract		o contractor? Yes No  Clegislative			
Method of Contribution:	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/05/2019	100			
Last Name	First			MI	
Residential Street Address C	Sity		State Zi	p Code	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract Yes O No	e officer of a municipality, with said municipality	Amount	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, indicate which bran- of government the contract		C Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney C				[ MI	
Last Name	First			1411	
Residential Street Address	City		State Zi	p Code	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract Yes O No	e officer of a municipality, with said municipality	Amount	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Is contributor a principal of a standard which brane of government the contract	ate contractor or prospective state ch or branches is with:	O Legislative ONo			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney C	Date Received Order	Aggregate Contributions			
SUBTO	OTAL Section B — This	Page 100	2		
TOTAL	of additional Section B P	ages 0			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A 3, Column A of Summary Page	100 (A + B)			

	MITTEE (Provide Co	omplete Name a.	s Registered	with Filing Reposi	tory)		TYPE OF REPORT			
Maltese fo	or Mayor - 2019	********					October 10, 2019 Filling			
			C1. (	Contributio	ns from O	ther Commi	ttees			
Name of Committee						Name of Treasure	er	With the second		
						İ				
Address					Is this contr	ibution associated	with an OYes ONo	Amount of Contribution		
					event report	ed in Section L17  If yes, list		0		
City			State	Zip Code	Date Reco		Aggregate Contributions	· · · · · ·		
Name of Committee						Name of Treasure	T.			
Address					Is this contr	Libution associated	with an OYes ONo	Amount of Contribution		
					event report	ed in Section L1?				
City			State	Zip Code	Date Rece		Event # Aggregate Contributions	0		
			Built	Zip Code	Date Rece	IVEG.	Aggregate Contributions			
}				]						
Name of Committee						Name of Treasure	ſ			
r										
Address					1	<u> </u>				
					event reporte	bution associated ved in Section L1?	with an OYes ONo	Amount of Contribution		
						<i>If yes</i> , list I	Event#	0		
City			State	Zip Code	Date Rece	ved	Aggregate Contributions			
		ļ				ĺ				
	Ca	Daimha	ucomoné	a or Curali		tions from a	than Carrenittees			
Name of Committee	C4.	Kempu	sement	2 or Sarbic	is Distribi	Name of Treasurer	ther Committees			
						rame or rigadier				
Address					City			State Zip Code		
Date Received	Expenditure # (If applicable)	Payn	nent Type		····			Amount of Receipt		
	(у африсионе)	ORe	imburseme	nt for shared ex	pense OSu	rplus Distribution		1		
Description			· · · · · · · · · · · · · · · · · · ·		- <del>-</del>	*		<b>-</b>   °		
Name of Committee		-				Name of Treasurer				
						Traine or Treasurer				
			<del></del>				MAT SANDERS DATE ON A CALL OF THE CALL OF	NAME		
Address					City			State Zip Code		
Date Received	Expenditure # (if applicable)	Рауг	nent Type					Amount of Receipt		
	in approxime)	0	Reimbursen	nent for shared	expense (	Surplus Distributio	n	0		
<del></del>				Pro-100 at motor description		-		<b>4</b>		
legerintion										
Description										
Description										
Description				SUBTOT	'AL Section	C — This Pa	ge 0			
Description					****		5°			
Description				TOTAL of	`additional	Section C Pag	ges 0			
Description	TOTAL O			TOTAL of	additional		ges 0			

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposito	ory)			TYPE OF REPORT			
Maltese for Mayor - 2019				0	October 10, 2019 Filing			
D.	Loans	Receive	d this Period					
Name of Lender			Source of Loan: OBank Candid	ate 🔘 Ir	ndividual	Other Committee	Date of Receipt	
Street Address	City	<u> </u>		Si	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No	
Name of Cosigner/Guarantor (if applicable)		····		··········			Amount Received	
Street Address	City	· · · · · · · · · · · · · · · · · · ·		s	tate	Zip Code		
Name of Lender		!	Source of Loan: OBank Candid	ate O In	diviđual	Other	Date of Receipt	
Street Address	City			St	ate	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No	
Name of Cosigner/Guarantor ( <i>If applicable</i> )							Amount Received	
Street Address	City		e the state of the	S	tate	Zip Code		
Name of Lender		;	Source of Loan: OBank Candid	ate O Ir	ıdividual	Other Committee	Date of Receipt	
Street Address	City			Si	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No	
Name of Cosigner/Guarantor (if applicable)	····		er e	<u>-</u>			Amount Received	
Street Address	City			S	tate	Zip Code		
		r	TOTAL SECTIO	N D	0			
E. Receipts from Entities other tha	n Indivi	n əlenbi	r Other Commi	ttees //	Referen	dum Committee	s ONLY)	
Name of Entity							Kaliforni Maria (Carante Maria (Carante Maria (Carante Maria (Carante Maria (Carante Maria (Carante Maria (Car	
Street Address				Date Rec	eived		Amount Received	
City		State	Zip Code	Aggregat	e Contribi	utions		
Name of Entity				<u> </u>				
Street Address				Date Rec	eived		Amount Received	
City		State	Zip Code	Aggregat	e Contribi	itions		
Name of Entity		- 0000						
Street Address			yangangan andara da	Date Rec	eived		Amount Received	
City		State	Zip Code	Aggregat	e Contribu	itions		
		-	TOTAL SECTIO	NE	0			

NAME OF COMMITT	EE (Provide Complete Name as Regi	stered with Filing Repository,	,	North Carlotte (All All All All All All All All All Al	T	YPE OF REPORT		
Maltese for I	Mayor - 2019				0	October 10, 2019 Filling		
	F. Amount Transferred	l from Affiliated l	Busines	Treasury (	Business E	Intity Committees ONLY)		
Date of Receipt	Is this transaction asso- event reported in Section	- · · ·	s <i>If yes</i> , o	list Event #		Amount		
Date of Receipt	Is this transaction associated in Section	~~~	s If yes,	list Event #		Amount		
Date of Receipt	Is this transaction associated in Section		s If yes,	list Event #		Amount		
Date of Receipt	Is this transaction associated in Section	- · ·		list Event #		Amount		
			1	TOTAL SEC	TION F	0		
						5.2 T		
~	A COLL	-4-3 T about Halam	O4b		organia			
Date of Receipt	ransierred from Aiillia	Date of Receipt	or Otne	er Organiza		asury (Organization Committees ONLY)		
Date of Receipt		Date of Receipt			Date	e of Receipt		
	<del> </del>	<u> </u>						
	Amount		Amount		Amount			
			TC	TAL SECTI	ON G	0		
	H. Personal Funds of	the Candidate R	eceived	this Period	(Candidat	te Committees ONLY)		
Date of Receipt	Method of payment;		na fingunasa ay ta n Mari		. •	Amount		
	OCash	O Personal C	Check	O Credit/I	Debit Card			
Date of Receipt	Method of payment:					Amount		
•	OCash	O Personal C	Check	O Credit/I	Jehit Card	Imount		
Date of Receipt	Method of payment:	O TOISONAL C	JIICON	- Credio	ocole Card	A		
Date of Receipt		<b>O</b>		<b>^</b>		Amount		
	OCash	O Personal C	Check	O Credit/I	Debit Card			
Date of Receipt	Method of payment:			•		Amount		
	O Cash	O Personal C	Jheck	O Credit/I	Debit Card			
				TOTAL SEC	CTION H	C. O		
		I. Anonymo	ous Conf	ributions				
	Per Public Act 11-48,	, Anonymous Cor	ntributio	ons may no	longer b	be deposited in any		

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	-	TYPE OF REPORT			
Maltese for Mayor - 2019			ctobe	r 10, 2019 Fillr	<u>ig</u>
J. Interest f	rom Deposits in Authorized Accour	nts			
Name of Institution		Da	te Rece	ived	Amount
Street Address	City	State		Zip Code	
		15	4 - 17		
Name of Institution		Da	te Rece	eved	Amount
Street Address	City	State		Zip Code	
	TOTAL SECTIO	N J	0	<u> </u>	
K. Miscellaneous Mo	onetary Receipts not Considered Co	nti	ibut	ions	
Name		•	Date	of Transaction	Amount Received
Street Address	City	S	late	Zip Code	
Description					
Name			Date	of Transaction	
Name			Pare	or managetton	Amount Received
Street Address	City	S	tate	Zip Code	
Description					***************************************
Name	11 11 10 10 10 10 10 10 10 10 10 10 10 1		Date	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
	TOTAL SECTION K	10	)		
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	s I	) thr	ough K)	
Total Loans Received this Period (Section D)				0	
Total Receipts from Entities other than Individuals or Otl	ner Committees (Section E)	+		0	
Total Amount Transferred from Affiliated Business Treas	ury (Section F)	+		0	
Total Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Section G)	+		0	
Total Amount of Personal Funds of the Candidate Receive	ed this Period (Section H)	+		0	
Total Amount of Interest from Deposits in Authorized Acc		+		0	
Total Miscellaneous Monetary Receipts not Considered C		+	un and the second	300	
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summary				

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository,	,		TYPE OF R	BPORT	val, etc.	naka naka k
Maltese for Ma	ayor - 2019			October 1	0, 2019 F	Iling	
	L1. Ever	it Infor	nation				
Event # Date of Event Letter	Description				v	Vas this a fu	ndraising ever
Dute of Pacific					[	OYes	ONo
Location: Street Address	<u> </u>	City		· · · · · · · · · · · · · · · · · · ·		State	Zip Code
							'
			<del></del>				<u> </u>
Subpart 1: (All Committee		<b>(</b> ) YZ	(76)				
Was this event hosted at	a personal residence?	Ores	(If yes, go to Section L: Associated with a Hot				
		O No	purchases made by hos	t(s) for food, b	everage and	l invitations.)	·
Did this fundacion includ	le goods or services donated by a business entity		/*C	4 T 771 - 3 TS -		~	~ . D
	nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contri- and complete required information.)					
		O <sub>No</sub>					
	sale, auction, or other sale of donated items	<b>O</b> Yes	(If yes, enter Total Rec	г			
with purchases from an ir	ndividual of up to \$100?	O No				}	
Subpart 2: (Party Comm	nittees, Municipal Candidates and Political Com		her than Exploratory	Committees)			
Were there purchases of	advertising space in a program book or on a	<b>O</b> Yes	(If yes, go to Section La	Purchases of	Advertisi		Program Bool
sign associated with this	fundraiser?	ONo	or on a Sign and comp	olete required	informatic	on.)	
Subpart 3: (Town Comm	nittees ONLY)		······································			•	
	food or beverage at a fair or similar mass	<b>O</b> Yes	(If yes, enter Total Rec	eipts here.)	\[ \s	· · · · · · · · · · · · · · · · · · ·	**************************************
gathering held within the state with this fundraiser?					L.	)	·
		ONo					
Event #	Description					12.18.28	· · · · · · · · · · · · · · · · · · ·
Date of Event Letter	Description				W	-	ndraising even
·						OYes	ONo
Location: Street Address		City				State	Zip Code
Subpart 1: (All Committe	ves)	·····		·		<del></del>	<u> </u>
Was this event hosted at a	personal residence?	OYes	(If yes, go to Section L5				
			Associated with a Hou purchases made by host	se Party and ( (s) for food, be	complete re	equired infor invitations.)	mation for any
		<b>O</b> No	•	,	J	,	
	e goods or services donated by a business entity	O Yes	(If yes, go to Section L		ations not	Considered	Contributions
of up to \$200 or items do	nated by an individual of up to \$100?	O No	and complete required i	nformation.)			
Was this fundraiser a tag	sale, auction, or other sale of donated items	·····	(If yes, enter Total Reco	einte hara )			
with purchases from an in			(1) yes, circl roun acc		\$		
		O No					
Subpart 2: (Party Comm. Were there purchases of a	ittees, Municipal Candidates and Political Comi dvertising space in a program book or on a		ter than Exploratory ( (If yes, go to Section L3		Advorticin	a Snace in a	Deagram Back
sign associated with this f		_	or on a Sign and comp				rrogram book
• • • • • • • • • • • • • • • • • • •		ONo				·	
Subpart 3: (Town Comm	ittees ONLY)  ood or beverage at a fair or similar mass	OVer	(76 m	94- 1			
gathering held within the		Ores	(If yes, enter Total Rece	ipus nere.)	\$		
		ONo			<b>—</b>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
SUBTOTAL Section	1 L1—Subpart 1 (All Committees) Total Receipts fr	om Sale o	f Donated Items — '	This Page	0		
	CIDTOTAL C				·		··
			ibpart 3 <i>(Town Committ</i> Food Purchases — T		0		
		TOTAL	of additional Section	Li Pages	0		·····
	TOTAL OF ALL RECE					<del></del>	······································
			Column A of Summary		0		

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Maltese for Mayor - 2019 October 10, 2019 Filing L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Business Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** Purchase Made By: Nanc of Purchaser OBusiness Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Date Received Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** Name of Purchaser Purchase Made By: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase** Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity OOther O Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 0 SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITT	EE (Provide Complete Name	as Registered with Filing Repo	sitory)		TYPE OF REP	ORT			
Maltese for Ma					October 10, 2019 Filing				
	I	4. In-Kind Donatio	ns Not Cons	idered Contribu	ıtions		in Gaya		
Name of Donor			·						
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation					Fair l	Market Va	lue of Donation	
OBusiness Entity									
OIndividual	Date Received	Event#		Aggregate Value fo	or this Event				
O Sole Proprietorship									
Name of Donor									
Street Address			City	· · · ·		·····	State	Zip Code	
Succi Audiess			City				State	Zip Code	
Donation Given By:	Description of Donation		<u></u> L			Fair I	I Varket Val	lue of Donation	
OBusiness Entity									
OIndividual	Date Received	Event#		Aggregate Value fo	r this Event	<del></del>			
OSole Proprietorship									
Name of Donor		· · · · · · · · · · · · · · · · · · ·							
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation					Fair I	l Iarket Val	ue of Donation	
OBusiness Entity						ŀ			
OIndividual	Date Received	Event #		Aggregate Value fo	r this Event				
O Sole Proprietorship				-					
Name of Donor		<u> </u>							
m			Lo:		<u> </u>		~.		
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation		<u> </u>			Fair N	Iarket Val	L ue of Donation	
OBusiness Entity									
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event				
		L	BTOTAL Sect	ion L4— This Page	0		<u>.</u>		
					Š.				
		ТО'	TAL of additio	nal Section L4 Page	<b>s</b> 0			:	
тот	TAL OF ALL IN-KIN	D DONATIONS NOT ( (Enter total on Line 21	CONSIDERED , Column A of S	CONTRIBUTION ummary Page Totals	<b>s</b>				
	· · · · · · · · · · · · · · · · · · ·								
								1	

### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Reposit	itory)		TYPE OF REPORT			
Maltese for Mayor	- 2019			October 10	), 2019 Fi	ling	
L5, I	n-Kind Donations Not Considere	ed Contributions Associa	ited with a l	House Part	ty		
Name of Host			committee?	supporting models of North Markette North Markette Itemiza	o	ne candidate or	
Street Address		City			State	Zip Code	
Description of Donation				Fair Mai	ket Value	of Donation	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
Name of Host			committee?		o	ne candidate or lendum 1.5	
Street Address		City			State	Zip Code	
Description of Donation				Fair Mar	ket Value	of Donation	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
Name of Host			committee?	supporting mo OYes ON implete Itemiza	0	ne candidate or lendum L5	
Street Address	No. 10 Control of the	City			State	Zip Code	
Description of Donation				Fair Mar	ket Value (	of Donation	
Event#	Aggregate Value of this Eventall hosts	Aggregate Value of all Events—this h	ost/candidate	:			
Name of Host			committee?	Supporting mo OYes ONe mplete Itemiza	0	e candidate or lendum L5	
Street Address		City	•		State	Zip Code	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
	s	SUBTOTAL Section L5 —	This Page	0	·		
		OTAL of additional Section		0			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI		0			

### III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Reposito	n')	544		ТҮРЕ (	F REPORT	ngire teans	
Maltese for Mayor - 2019							Octob	er 10, 2019 Fili	ng	
			M. In-K	Cind Con	tri	butions				
Name										
Street Address	·	····			City	· · · · · · · · · · · · · · · · · · ·	··	<del> </del>	State	Zip Code
						,				
Type of contributor: OCommittee	Date Recei	ved	Aggregate Cor	ntributions	L	Description of In-Kind	Contributio	n		
Olndividual / Sole Proprietorship Oother						1				
Is contributor a lobbyist, spouse, O Yes						for a chief executive of				······································
or dependent child of a lobbyist? O No		stributor or it more than		ie is associati		vith have a contract w OYes ONo	th said m	unicipality		Market Value Contribution
Is this contribution associated with an	Q Yes	Is contribu	itor a principa	of a state co	ontr	actor or prospective st	ate contra			
event reported in Section L1?  If yes, list Event #	O No		indicate whic emment the co			Executive	C Legis	ative ONo		
Nanie	<del></del>		····		-,		<del></del>	L		
Street Address					City	′		······································	State	Zip Code
	<b>,</b>		.,				· · · · · · · · · · · · · · · · · · ·	······································		
Type of contributor: Committee	Date Recei	ved	Aggregate Cor	ntributions		Description of In-Kind	Contributio	n		
OIndividual / Sole Proprietorship OOther	TC	ilti.a. ia i.		20 6	J-4-		-60		····	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  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  Fair Market Value of this Contribution							Market Value Contribution			
Is this contribution associated with an event reported in Section Li?  Here het Event #										
Name		Of gove	raneat the col	ilidact is with	ł.	O Executive	Orcegisi	1	<del></del>	
Street Address		······································	· · · · · · · · · · · · · · · · · · ·		City	·			State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Con	tributions		Description of In-Kind	Contributio	n	1	<u> </u>
Olndividual / Sole Proprietorship Oother										
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sl		ted 1	for a chief executive with have a contract w				Market Value Contribution
Is this contribution associated with an			<del></del>	of a state co		ctor or prospective sta	te contrac	tor? OYes		
event reported listed in Section L1?  If yes, list Event #	O No	If yes,	indicate which rument the cor	ı branch or i	brai			ONo		
			SUI	BTOTAL S	Sec	tion M — This Pag	e ()			
			TOT	AL of addi	tio	nal Section M Page	s O			
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS (E	nter total on L	ine 23, Colun	nn /	A of Summary Page To	tals) ()		·	
	N.	Refund	lable Dep	osit to Te	ele	phone Compan	y			
Last Name of Individual		Control of Section Control of	entre l'escape de la contraction de la contracti	First	10,000			мі	Date Deposi	Made
Residential Street Address	·····	• • • • • • • • • • • • • • • • • • • •	City	<u> </u>			State	Zip Code	<del></del>	Amount of
									1 1	Deposit
Name of Telephone Company	<del></del>	· · · · · · · · · · · · · · · · · · ·		······································			<del></del>	<u> </u>	$\dashv$	
Street Address	<del></del>		City				State	Zip Code	-	
	grani egyedy.							<u> </u>		
TOTAL SE	CTION	N (Enter t	otal on Line 2	4, Column	4 of	Summary Page Tota	(s) ()			

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	5, 51, 5 + FFF	
	r Mayor - 2019		Octobewr 10, 201	9 Filing	
	P. Expenses	Paid by Committee			
Name of Payee			Date of Payment	Method of	•
Carl Ruggi	ero		09/10/2019	O Check	·········
Street Address	· · · · · · · · · · · · · · · · · · ·	City		O Debit State	Card OEFT Zip Code
12 Oak Hill	Dr	East Haven		CT	06512
Purpose of Expenditure	Description	<del></del>	Event #		Amount
POST	Postage		n/a	25.50	
(ц аррисавіе)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	c) Independ	dent ation OAOBOCOD		
Name of Payee			Date of Payment	Method of	•
Sal Maltese			09/27/2019	O Check	
Street Address	1	City		O Debit State	Card OEFT Zip Code
11 Holland R	d	East Haven		СТ	06512
Purpose of Expenditure	Description	1	Event #	1	Amount
(by code) POST	Postage		n/a	24.40	
(if 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 contributed)	) Independ		Method of	Payment:
				O Check	:#
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	-	Amount
(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 contri	e) O Indepen	adent		
Name of Payce			Date of Payment	Method of I O Check O Debit	:#
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
(if opplicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contrib	) [Independ	·		
	Sı	UBTOTAL Section P —	This Page 49.90		
	roj	FAL of additional Sectio	on P Pages 362.87		
	TOTAL OF ALL EXPEN (Enter total on Line	NSES PAID BY COM 19, Column A of Summary			

SEEC FORM 20

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

121 121 122 123 123 123 123 123 123 123			TYPE OF REPORT	**			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Maltese for Mayor - 2019				October 10, 2019 Filling			
Maitese to	**************************************						
	P. Expenses	Paid by Committee		**************************************			
Name of Payee			Date of Payment	Method of Payment: O Check #BC			
Petonito's Pastry			09/05/2019	O Debit Card OBFT			
Street Address City				State Zip Code			
190 Main St		East Haven		CT 06512			
Purpose of Expenditure							
(by codo) FOOD	Cookle Trays for M & G		n/a	26			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)				
(g syprically	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri						
Name of Payee	Conditiated without retinous enem sought (Beking com-	Organiza	tionOA OB OC O	Method of Payment:			
•	, n		09/09/2019	O Check #			
Stop & Sho	h		09/09/2019	O Debit Card OEFT			
Street Address		City		State Zip Code			
370 Heming	way Ave	East Haven		CT 06512			
Purpose of Expenditure (by code)	Description		Event #	Amount			
FOOD	Sheet Cake for M & G		n/a	34.99			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is (	checked)				
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	None of the below		l				
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		ionOAOBOCO	n			
Name of Payee		Organization	Date of Payment	Method of Payment:			
Dunkin Donu	its		09/09/2019	O Check #			
			O//O//EO//	O Debit Card OEFT			
Street Address		City		State Zip Code			
15 Hemingw		East Haven		СТ			
Purpose of Expenditure (by code)	Description		Event #	Amount			
FOOD	Coffee Plus for M & G		n/a	31.88			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)	<del>cyclus sin</del>			
(if applicable)	O None of the below						
	Coordinated with reimbursement sought (joint expenditure	-					
	Coordinated without reimbursement sought (in-kind contra	roution) Organiza	atiorOAOBOCO				
Name of Payee	•		Date of Payment	Method of Payment:  Check #			
Deli Mart			09/10/2019	O Debit Card O EFT			
Street Address	ng (ng ng n	City		State Zip Code			
34 Gerrish	Ave	East Haven		CT 06512			
Purpose of Expenditure	Description		Event#	Amount			
(by code) FOOD	Lunch for Poll Workers		n/a	270			
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)							
(if applicable)	O None of the below						
1	Coordinated with reimbursement sought (joint expenditure		_				
	O Coordinated without reimbursement sought (in-kind contri		tionOA OB OC O				
SUBTOTAL Section P — This Page 362.87							
TOTAL of additional Section P Pages							
	TOTAL OF ALL EXPE						
(Enter total on Line 19, Column A of Summary Page Totals)							

NAME OF COMM	ITTEE (Provide Complete Name as Regis.	tered with Filing Repository)	TYPE OF REPORT				
Maltese for Mayor - 2019			October 10. 201	October 10. 2019 Filing			
	Q	. Campaign Expenses Paid by	Candidate				
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursoment claimed?			
				O Yes O No			
Street Address	***************************************	City	· · · · · · · · · · · · · · · · · · ·	State Zip Code			
		}					
Purpose of Expenditure	Description		Event #	Amount			
(by code)	Doscription	TACIN II	Amount				
Name of Payee (Name o	f Vendor, Person or Entity who candidate p	ald directly)	Date of Payment	ls reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
		1					
Purpose of Expenditure	Description	1	Event #	Amount			
(by code)	•			***************************************			
Name of Payee (Name o	f Vendor, Person or Entity who cardidate p	aid directly)	Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Nama of Pausa (Nama a	Vendor, Person or Entity who candidate po	21.0					
Name of Tayee (Name of	r enuor, reison or zmity who cumulume po	uu anecuy)	Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
		ļ					
Purpose of Expenditure	Description		Event #	Amount			
(by code)				:			
Name of Payce (Name of	Vendor, Person or Entity who candidate pa	ild directly)	Date of Payment	Is reimbursement claimed?			
			24,700,71,911,011				
Street Address				O Yes O No			
Sifeet Address		City	•	State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
(o) codo)							
Name of Payce (Name of	Vendor, Person or Entity who candidate pa	ld directly)	Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address	<u> </u>	City					
		Chy		State Zip Code			
	<del></del>		·				
Purpose of Expenditure by code)	Description		Event #	Amount			
		CHRTOTAL CU.					
		SUBTOTAL Section	on Q — This Page 0				
		TOTAL of additional	Section Q Pages ()				
			× 4.75×9				
	TOT.	AL OF ALL EXPENSES PAID B	Y CANDIDATE 0				
		(Enter total on Line 26, Column A of Si	immary Page Totals)				

	TEE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPOR				
				october 10, 2019 Filling			
		urred on Committee Cr	edit Card	<u> Paranga</u>			
Name of Issuing Inst	itution	Type of Credit Card:			•		
		O Visa O Master	Card ODiscover OA	merican Expres	s OOther:		
Name of Vendor, Person	or Entity			Date of	ransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Req. None of the below Coordinated with reimbursement sought (joint e) Coordinated without reimbursement sought (in-	O Þ					
Name of Vendor, Person	or Entity				ransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Req. None of the below Coordinated with reimbursement sought (joint coordinated without reimbursement sought (in-	expenditure) O Indep	·	OÞ			
Name of Vendor, Person (	or Entity			Date of T	ransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure by code)	Description		Event#		Amount		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R Req  None of the below  Coordinated with reimbursement sought (joint expendituated without reimbursement sought (in-key)	spenditure) O Indep	•	Op			
		SUBTOTAL Section R —	This Page 0				
		TOTAL of additional Section	n R Pages 0				
ТО	TAL OF ALL EXPENSES INCURRED ( Enter total on	ON COMMITTEE CRED Line 27, Column A of Summary					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Ro	epository)	TYPE OF	REPORT	
			er 10, 2019 Filling		
	S. Expenses Incurred by	Committee but Not	Paid During this P	eriod	
Name of Creditor	· · · · · · · · · · · · · · · · · · ·			D	ate Incurred
Street Address		City	· · · · · · · · · · · · · · · · · · ·	Si	ate Zip Code
Purpose of Expenditure (by code)	Description	Description Event #			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S R None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	nt expenditure)	below" is checked) Independent Organization: OA OB	Oc Op	
Name of Creditor				Da	ate Incurred
Street Address		City		St	ate Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Re None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	t expenditure)	below" is checked) Independent Organization	Ос Ов	
Name of Creditor				Da	ate Incurred
Street Address		City		Sta	ate Zip Code
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event#		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Research None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	t expenditure)	helow" is checked) Independent Organization: OA OB	Oc Op	
		SUBTOTAL S	ection S-This Page	)	
		TOTAL of addition	al Section S Pages		
TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE (Enter to)	DURING THIS PERIO tal on Line 28, Column A of			
	Previously report	ed Expenses Unpaid and	still Outstanding (	)	
	TOTAL OF ALL EXPENSES INCU (Enter tota	RRED BY COMMITTE I on Line 28a, Column A of .		)	

#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					YPE OF REPORT				
Maltese for Mayor - 2019 Oc				tober 10, 2019 Filing					
	T. Itemization of Reim	bu	rsements and Secon	dary Pa	yees				
Last Name of Worker/Con	sultant	Fin	irst			МІ	Date of I Person o	Payment to Vendor, r Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			n Section P:	_	Worker/Consultant as	
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 Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin)	endit	iture) O Indepe		o (	) C 0 B			
Last Name of Worker/Con	suitant	Fic	irst			MI	Date of F Person or	Payment to Vendor, r Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				reported i	o Reimburse a Section P: ck #	_	Worker/Consultant as		
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 Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	enditı	iture) 🚺 Indepe		O C	) O			
Last Name of Worker/Con	sultant	Fir	irst			MI	Date of F Person or	Payment to Vendor, r Entity	
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	-ł				Section P:	_	Worker/Consultant as	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		3	***************************************	State	Zip Code	
Purpose of Expenditure (by code)	Description		•	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	enditu	ture) Indepe	ndent ()	O C	) С о в			
		S	SUBTOTAL Section T -	– This Pa <sub>l</sub>	ge O	·			
		TC	OTAL of additional Secti	ion T Pag	es 0				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	wo	ORKERS AND CONS	ULTAN'	rs 0				