SEEC FORM 20

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

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The state of the s			V IL	KIAGE						
1. NAME OF COMMITTEE										
Maltese for Mayor										
2. TREASURER NAME										
First		MI		Last				Suffix		
Richard	T Poulton									
3. TREASURER ADDRESS										
Street Address	City State						Zip C	Code		
32 Cliff St		East Haven					065	512		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	5. OFFICE SOUGHT (Complete only if Candidate Committee)					6. DIST	RICT NUMBER		
(mm/dd/yyyy) 11/2/2021	Mayor	Mayor					(if applicable	(e)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)								
First		MI		Last				Suffix		
Salvatore		R		Maltese						
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	O7th day preced	ding prima	y	O7th day preceding referendum		nitial Con		or Disbursement		
O April 10 filing	O30 days follow	wing prima	гу	O 45 days following referendum	O Amendment to					
July 10 filing	O7th day preceding election			O Deficit	Type of Report:					
October 10 filing	O12th day prec			OTermination						
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on							
9. PERIOD COVERED										
	Beginning Da	nte		Ending Date						
	7/10/2021			thru 9/30/2021						
10. CERTIFICATION										
I hereby certify and state, under positional description of the position of th			rate	all of the information set forth on the and complete.	nis Ite r	mized Ca	10/1/2			
July De	nuga					-				
TREÁSURER OR DEPUTY TREASUR	ER (SIGNATURE)		PRI	NT NAME OF SIGNER			DATE	(mm/dd/yyyy)		
A person who is	s found to have kn	nowingly a	ınd w	villfully violated any provisions of th	ne cam	paign fin	ance stat	lutes		

faces a civil penalty or imprisonment or both.

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maltese for Mayor	October 10, 2021 Filing				
	COLUMN A This Period	COLUMN B Aggregate			
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees	-	25			
12. Balance on hand at the beginning of Reporting Period	25				
13. Contributions Received from Individuals (Sections A and B)	12400	12400			
14. Receipts from Other Committees (Sections C1 and C2)	0	0			
15. Other Monetary Receipts (Sections D through K)	500	500			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	12925	12925			
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)	12925	12925			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	12925	12925			
19. Expenses Paid by Committee (Section P)	12442.50	12442.50			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	482.50	482.50			
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0			
23. In-Kind Contributions Received (Section M)	0	0			
24. Refundable Deposit to Telephone Company (Section N)	0	0			
25. Loan Balance	0				
25a. + Loans Received (Section D)	0	0			
25b. + Interest and Penalties on Loan	0	0			
25c Payments on Loan	0	0			
25d. Total Outstanding Loan Amount	0				
26. Campaign Expenses Paid by Candidate (Section Q)	0	0			
27. Expenses Incurred on Committee Credit Card (Section R)	0	0			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0				

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		ТУРЕ С	F REPORT			en e	
Maltese for Mayor		October 10, 2021 Filing					
A. Total Contributions from Small Contributors-Receiv		Period ONLY AL SECTION A	\$	· · · · · · · · · · · · · · · · · · ·			<u> </u>
						·	-
B. Itemized Co.	ntribiiti/	ons from Individ	luals		·	:a	\$. . A.*
Last Name	First			<u>"L" P G Fa</u>	·····		MI
Poulton	Richa	ard					T
Residential Street Address	City			,	State	Zip Co	de
32 Cliff ST	East Hav	en/en			CT	0651	12
Principal Occupation	Na	ime of Employer		•			
Retired	1						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associate	d with have a contract of the original of the	with said	municipality	Amo	unt of (Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08122021A Section L1? No list Event # 08122021A Is contributor a principal of a section L1? If yes, list Event # 08122021A	nch or bran	ches	O Legi:	o No slative			
Method of Contribution:		te Received		e Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 0	7/22/2021	100				
Last Name	First					1	MJ
Piccirillo	Jose	ph					
	City				State	Zip Co	
32 Edgehill Rd	East Hav				CT	0651	12
Principal Occupation Retired	Na	me of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contributor or business he/she valued at more than \$5,000?					Ame	unt of (Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08122021A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or bran			⊙ No			
Method of Contribution:		· · · · · · · · · · · · · · · · · · ·	Aggregate	Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 0	07/22/2021	50				
Last Name	First						MI
Mannochi	Ralp	ከ 					
Residential Street Address	City				State	Zip Co	
70 Robert Dr	East Hav				СТ	065	12
Principal Occupation Retired	Na	ame of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contributor or business he/she valued at more than \$5,000?					Amo 100		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08122021A Yes No If yes, indicate which brain of government the contract	nch or bran	ches	contrac	ŌNo			
Method of Contribution:	1	te Received		e Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 0	7/27/2021	100		<u> </u>		
SUB	TOTAL S	Section B — This	Page	250			
TOTAI	L of addi	tional Section B P	ages	12150			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DUALS (Sections A A of Summary Page 1		12400			

Section B ADDITIONAL PAGE __1____

of	43
UI.	

NAME OF COMMITTEE (Provide Complete Name as Re		TYPE OF REPORT					
Maltese for Mayor				October 10, 2021 Filing			
. Total Contributions from Small (See instructions for definition of Small Contri			s Period ONLY TAL SECTION A	\$			
							- ·; ·;·
	B. Itemized Con		tions from Indivi	duals			
Last Name Mannochi		Firs Da	ale				MI
Residential Street Address	C	City			I	State	Zip Code
70 Robert Dr] !	East H	laven			CT	06512
Principal Occupation Retired			Name of Employer			-	<u> </u>
or dependent child of a lobbyist? No does	entribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?					Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08122021A Yes No	Is contributor a principal of a sta If yes, indicate which branc of government the contract	ch or b	ranches	OLegislative	Yes No		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction Money (Order	Date Received 07/27/2021	Aggregate Contribi	utions		
Last Name		Firs	1			Į.	МІ
Dwyer		Ed	lmond				
Residential Street Address	C	City	·			State	Zip Code
130 Coe Ave #79	į s	East H	laven			CT	06512
al Occupation	· · · · · · · · · · · · · · · · · · ·		Name of Employer				
Mason			Union Hall				
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?					Amou	int of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08122021A	Is contributor a principal of a st If yes, indicate which brance of government the contract	ch or b	ranches :: O Executive	O Legislative	OYes No		
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card O	Payroll Deduction		Date Received 08/01/2021	Aggregate Contribu	tions]	
Last Name		Firs	<u>. </u>		-		Mï
Criscuolo		Аг	nthony				1
Residential Street Address	ſ	City				State	Zip Code
370 Thompson Ave		East H	faven			СТ	06512
Principal Occupation Retired			Name of Employer				
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?					Amo:	ant of Contribution
event reported in Section L1? O No If yes, list Event # 08122021A	Is contributor a principal of a sta If yes, indicate which branc of government the contract	ch or bi	ranches:	O Legislative	OYes No		
Method of Contribution: h	Payroll Deduction OMoney C	Order	Date Received 08/01/2021	Aggregate Contribu	tions		
) A	SUBTO	OTAI	_ Section B — This	Page 300			
4.	TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL C	CONTRIBUTIONS FROM		VIDUALS (Sections A			•	

SEEC FORM 20 Berled January 2015

Section B ADDITIONAL PAGE 2 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	<u> </u>	TYPE OF REPORT	
Maltese for Mayor	<u> </u>		Tina
· · · · · · · · · · · · · · · · · · ·		October 10, 2021 F	iling
. Total Contributions from Small Contributors-Receivises (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	
	, , , , , , , , , , , , , , , , , , , 	<u></u>	
B. Itemized Co	ntributions from Indivi	duals	- Ing
Cappelloni	Frank		MI
Residential Street Address	City		State Zip Code
122 Allison Way	East Haven		CT 06512
Principal Occupation	Name of Employer		L
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 candidate for a chief executive is associated with have a contract Oyes ONo	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 # 08122021A Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		CLegislative Yes	
Method of Contribution:	Date Received	Aggregate Contributions	7
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 07/31/2021	100	
Last Name	First		MI
Chandler	Tom		
Residential Street Address 19 Gurney RD	City East Haven		State Zip Code
al Occupation	<u></u>		CT 06512
Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Viscontribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? Is this contribution associated with an Yes Viscontributor a principal of a	is associated with have a contract O Yes O No	with said municipality	Amount of Contribution
event reported in Section L1? No If yes, indicate which bra of government the contra	ct is with:	O Legislative	
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Date Received Order 08/03/2021	Aggregate Contributions	
Last Name	Order U8/U3/2021	100	
Porto	William		MI
Residential Street Address	City		State Zip Code
2 Mansfield Grove Rd #265	East Haven		CT 06512
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 candidate for a chief executive is associated with have a contract Yes 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 # 08122021A Yes No If yes, indicate which bra of government the contra	state contractor or prospective state nch or branches ct is with:	Contractor? Yes No Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	7
h OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 08/03/2021	100	
SUB	ГОТАL Section B — This	Page 300	
TOTA	L of additional Section B P	ages	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page 2	+B) Totals)	· · · · · · · · · · · · · · · · · · ·

Section B ADDITIONAL PAGE 3 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						. 9.		
Maltese for Mayor			Ovctober 10, 2021 Filing					
. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$					
•								
B. Itemized Contributions from Individuals								
Last Name	Fü		<u> 4 873 1. 5.</u>		MI			
Anastasio	L	ouls Jr.						
Residential Street Address	City			State	Zip Code			
108 Prospect Place Ext	East	Haven		СТ	06512			
Principal Occupation	}	Name of Employer						
Retired		İ						
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?				/, Amou	int of Contrib	bution		
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If yes, list Event # 08122021A of government the contra	ect is wit	- 	OLegislative	4				
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	08/04/2021	100					
Last Name	Fir				MI			
Nastri		obert			<u>]</u>			
Residential Street Address EF Thompson St #148	City	Haven		State CT	Zip Code 06512			
55 Thompson St #14A	Last			Ci				
*al Occupation Retired		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?				7, Amou	int of Contrib	oution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08122021A Section L1? Is contributor a principal of a lifyes, indicate which brace of government the contraction.	anch or	branches	e contractor? Yes No Legislative					
Method of Contribution:			Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/04/2021	100					
Last Name	Fü	rst			MI			
Raccio	N	/largaret						
Residential Street Address	City	•		State	Zîp Code			
59 Mass. Ave	East	Haven		СТ	06512			
Principal Occupation Retired		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?				/, Amou	int of Contril	bution		
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Method of Contribution:	-	Date Received	Aggregate Contributions			ı		
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SUB	тота	L Section B — This	Page 300					
TOTA	L of a	dditional Section B.P	ages					
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A						

EC FORM 20 Section Section 19 Sec	n B	ADDITIONAL	PAC	GE	of	<u> </u>			
AME OF COMMITTEE (Provide Complete Name	as Regis	tered with Filing Repository)			TYPE OF	REPORT			
					October 10, 2021 Filing				
Maltese for Mayor		The Asset Depoisor	d 4hie	Period ONLY					
A. Total Contributions from Sn (See instructions for definition of Small Contribution)	18II C ontribu	ior) SU	JBTOT	AL SECTION A	\$				
		B. Itemized Conf	tribut	ions from Indivi	duals	· .			
st Name			First		•),	AI.
Gersz			Dav	<i>v</i> id				lai o	
sidential Street Address			ity				State CT	Zip Cod 0651	
99 Forbes Place		ļi	East H	even			<u></u>	0031	
incipal Occupation				Name of Employer					
Retired									
contributor a lobbyist, spouse, dependent child of a lobbyist? O Yes No	If cont	tribution is in excess of \$400 to contributor or business he/she is	o a cand s associa	idate for a chief executivated with have a contrac	ve officer of t with said r	a municipality nunicipality		unt of (Contribution
dependent child of a lobbyist? • No	valued	l at more than \$5,000?	_	Ures UND			100		
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ast Namo			Firs	1					MI
Glaquinto			Be	n	_				
esidential Street Address			City				State	Zip Co	
64 Bradly Ave	East Haven 1 C				CT	065	12		
pal Occupation				Name of Employer					
Retired						_		·	
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she at at more than \$5,000?	to a cand is assoc	didate for a chief execut iated with have a contra O Yes O No	Cf Aim 29th		10		Contribution
event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra-	nch or t	ranches _		G 110			
If yes, list Event # 08122021A Method of Contribution:		0. 60.		Date Received	Aggregate	Contributions			
OCash OPersonal Check OCredit/Debit	Card (Payroll Deduction Money	Order	08/10/2021	100				
Last Name			Fü	st					MI
Redente			R	obert 					<u> </u>
Residential Street Address			City				State	Zip (
95 Wheaton Rd			East	Haven			СТ	Uo	512
Principal Occupation				Name of Employer					
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she at more than \$5,000?) to a car e is asso	ndidate for a chief execuciated with have a contr	act with 28K	of a municipali I municipality	ty, Ar 10		f Contributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08122021A	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches _	state contractive O Leg	OM.			
Method of Contribution:				Date Received		te Contributions			
ash Personal Check OCredit/Debi	Card (Payroll Deduction OMone	y Order	08/10/2021	100		L_		
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	<u> </u>			dditional Section					
l .		IUIA	TT DY 0	GAIGORAL Decreases		'n			

Section B ADDITIONAL PAGE 5 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Ro		TYPE OF REPORT					
Maltese for Mayor	October 10, 2021 Filing						
1. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	s-Received Sui	this BTO	Period ONLY TAL SECTION A	\$			
B. Item	ized Conti		tions from Individ	luals			1341
Last Name		First	uls				MI
Milano	Cit	<u> </u>			State	Zio	Code
Residential Street Address 127 Cosey Beach Ave A-3		•	laven		CT	1 -	512
Principal Occupation			Name of Employer		<u>.l</u>		
Retired		}					•
or dependent child of a lobbyist? One does contributor or busivalued at more than \$5,	iness he/she is a ,000?	associ	lidate for a chief executive ated with have a contract OYes ONo	with said municipality	10		of Contribution
Is this contribution associated with an Yes Is contributor a pri	incipal of a stat	ı or bı	tractor or prospective stateranches : OExecutive	CLegislative			
Method of Contribution:		1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney O	rder	08/10/2021	100			
Lust Name		Firs					MI
Weiner		Sc	ott				
Residential Street Address	Cit	-			State	1 -	Code
125 Main St	E	ast F	laven		СТ	108	5512
pal Occupation			Name of Employer				
Self			Tire Center Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exc. does contributor or busivalued at more than \$5,	iness he/she is	a cand associ	didate for a chief executive iated with have a contract Yes O No	e officer of a municipality	1	mount (of Contribution
event reported in Section L1? No If yes, indicat	rincipal of a sta te which branc nt the contract	h or t	ntractor or prospective sta oranches h: Executive	te contractor? Ye			
Method of Contribution:	-		Date Received	Aggregate Contributions	\neg		
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Last Name	• • • • • • • •	Fig					MI
Walters			harles		1-:	1 ~	0.1.
Residential Street Address	1	ity Eac t l	Hayan		State	1 -	p Code 6512
129 Cosey Beach Ave A-6		ası	Haven		101		UJ 12
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or bus valued at more than \$5	siness he/she is	a can assoc	didate for a chief executive chief the contract of the chief the c	ve officer of a municipal t with said municipality	ity, A		of Contributio
event reported in Section L1? No If yes, indicat	rincipal of a sta te which brane nt the contract	ch or t	h: O Executive	O Legislative	:s		
Method of Contribution: Shape of Contribution: Shape of Contribution: Method of Contribution: OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney C	Order	Date Received 08/10/2021	Aggregate Contributions 50			
	SUBT	OTA	L Section B — Thi	s Page 250			
	TOTAL	of ac	dditional Section B	Pages			
TOTAL OF ALL CONTRIBUTION (Enter to	ONS FROM otal on Line 13	IND 3, Col	IVIDUALS (Sections umn A of Summary Page	A + B) Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	יכי	Frank Age (1984)	TYPE OF REPORT		
Maltese for Mayor	October 10, 2021 Filing				
Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this l SUBTOT	Period ONLY AL SECTION A	\$		
	Contributi	ons from Indivi	duals		MI
Last Name Patente	Lind	la			
Residential Street Address	City		-	State	Zip Code
7 Farm River Rd	East Ha			СТ	96512
Principal Occupation Manager		ame of Employer Green Grass Soluti	ons		
Manager Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$	\$400 to a candid	late for a chief executiv	ve officer of a municipalit	y. Amo	unt of Contribution
or dependent child of a lobbyist? No does contributor or business he valued at more than \$5,000?	e/she is associat	ed with have a contract OYes ONo	t with said municipality	250	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Q8122021A Method of Contribution: Yes No No If yes, indicate which of government the contribution:	n branch or bra ontract is with:	octor or prospective stanches OExecutive	_ © No		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	Ioney Order	08/11/2021	250		
Last Name	First				MI
Parente	Rob	ert 		Ta	la: 6 l
Residential Street Address	City East Ha	ven		State	Zip Code 06512
7 Farm River Rd		lame of Employer		1	
Retired		-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contributor or business he valued at more than \$5,000?	\$400 to a candide/she is associated	late for a chief executived with have a contract O Yes O No	ve officer of a municipalit t with said municipality	ty, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08122021A Yes Is contributor a principal If yes, indicate which of government the contributor is principal of government the contributor as principal in the second section is a second sec	h branch or bra contract is with:	nches	O Legislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	l T	Oate Received 08/11/2021	Aggregate Contributions 250		
Last Name	First		250		MI
Culligan	Eisi	e			
Residential Street Address	City			State	Zip Code
46 Benjiman Rd	East Ha	Name of Employer		СТ	06512
Principal Occupation Retired	ľ	vame of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business hydred at more than \$5,000?	\$400 to a candi ne/she is associa	date for a chief executive description of the contract of the	ct with said municipality	ity, Am	ount of Contribution
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TOTAL OF ALL CONTRIBUTIONS F	FROM INDIV		(A+B)		

Section B ADDITIONAL PAGE 7 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposi	(ory)	TYPE OF REPORT				
Maitese for Mayor		October 10, 2021 F	October 10, 2021 Filing			
Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	eceived this Period ONL SUBTOTAL SECTION	X A				
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	d Contributions from Inc	MAIGGAIS		MI		
Last Name Murch	Arvin	•				
Residential Street Address	City		State	Zip Code		
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or dependent child of a lobbyist? One does contributor or business valued at more than \$5,000?		No	50	mint or Court manage		
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DiMaggio Residential Street Address	City		State	Zip Code		
130 Salerno Ave	East Haven		СТ	06512		
nal Occupation	Name of Employer					
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business valued at more than \$5,000	of \$400 to a candidate for a chief exc s he/she is associated with have a co ? Yes	ntract with said municipality	ity, Ame	ount of Contribution		
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Last Name Marcarelli	First Tom			1772		
Residential Street Address	City		State	Zip Code		
441 Coe Ave C-26	East Haven	<u></u>	CT	06512		
Principal Occupation Retired	Name of Employer					
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TOTAL OF ALL CONTRIBUTIONS (Enter total	S FROM INDIVIDUALS (Section Line 13, Column A of Summar)	tions A + B) Page Totals)				

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NAME OF COMMITTEE (Provide Complete N	ıme as Re	gistered with Filing Repository)			TYPE OF REPORT			
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2 Mansfield Grove Rd			East	Haven	 	СТ	06512	
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Principal Occupation Retired				Name of Employer				
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Section B ADDITIONAL PAGE 9 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT				
Maltese for Mayor			October 10, 2021 I	 ilina			
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Last Name Pietrandrea	First				MI		
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560 Silver Sands Rd #1403	City East Ha	aven		State CT	Zip Code 08612		
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Section B ADDITIONAL PAGE 10 of 43

NAME OF COMMITTEE Provide Compl	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
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			B. Itemized Con		utions from Indivi	duals				MI
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Ruggiero				City			s	itate	Zip C	ode
Residential Street Address 12 Oak HIII Dr			Į.	•	Haven			CT	065	13
Principal Occupation					Name of Employer					
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does o	ntribution is in excess of \$400 t contributor or business he/she d at more than \$5,000?	is asso	ociated with have a contract OYes ONo	t with said municip	icipality, ality	Amount of Contribution 100		
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Lee				L	Robert 			State	Zip (ode
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39 West St					Name of Employer					
ral Occupation										
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TOTTE Residential Street Address				City		 · -		State	Ζip	Code
56 Victor St				1 -	t Haven		}	CT	06	512
Principal Occupation				ــــــ	Name of Employer					
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Section B ADDITIONAL PAGE 11 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Fili		TYPE OF REPORT					
Maltese for Mayor			October 10, 2021 Filing				
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Principal Occupation Retired		Name of Employer					
or dependent child of a lobbyist? No does contributor or valued at more than	business he/she is asso a \$5,000?	andidate for a chief executive ociated with have a contract OYes ONo	with said municipality	Amo	unt of Contribution		
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Residential Street Address	City			State	Zip Code		
2 Lisa Lane	Eas	t Haven		СТ	06512		
al Occupation Attorney		Name of Employer Zullo, Zullo & Jack	s,LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than	r business he/she is ass	andidate for a chief execution ociated with have a contract OYes ONo	ve officer of a municipality t with said municipality	y, Amo	unt of Contributio		
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Last Name Anastasio		Fred					
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Section B ADDITIONAL PAGE 12 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing		TYPE OF REPORT						
Maltese for Mayor				Octobe	er 10, 2021 Fil	ling		
Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	rs-Received SU	this Period BTOTAL SE	d ONLY CTION A	\$				
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ast Name	Mizeu Cons	First	VIII IIIVALTAN					MI
Parlato		Samantha	i			- <u> </u>		<u> </u>
Residential Street Address	Cit	•			l.	State	Zip C	
470 Thompson Ave	E	ast Haven	<u> </u>			CT	065	12
Principal Occupation		Name of E	imployer					
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$	usiness he/she is : \$5,000?	associated with	have a contract Yes ONo	with said	municipality	100		Contribution
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Residential Street Address	Ci	ity				State	Zip C	Code
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Last Name Enders		Michael						
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23 Oregan Ave		East Haven				СТ	06	512
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event reported in Section L1?	a principal of a st cate which branc ment the contract	ch or branches is with:	O Executive	Cleg	islative ONo			
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TOTAL OF ALL CONTRIBUT	TIONS FROM							

Section B ADDITIONAL PAGE 13 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	 	TYPE OF REPORT	TYPE OF REPORT			
Maltese for Mayor		October 10, 2021 F	iling			
Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period Of UBTOTAL SECTION	NLY S				
B. Itemized Con	tributions from	Individuals				
Last Name Barker	First William		E			
			State Zip Code			
84 Francis St	East Haven		CT 06512			
Principal Occupation	Name of Employ	er en				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief is associated with have to OYes	executive officer of a municipality ontract with said municipality No	Amount of Contribution 100			
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2) yes, and Broken Cotte 202 111	Date Received	┥				
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al Occupation	Name of Employ	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of the contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chies is associated with have a O Yes	f executive officer of a municipality a contract with said municipality No	y, Amount of Contribution 50			
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Residential Street Address	City East Haven		State Zip Code CT 06513			
32 Edgehill Dr	Name of Employ		00010			
Principal Occupation Retired	(value of Emplo)	C1				
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Method of Contribution:	Date Received	Aggregate Contributions	7			
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Section B ADDITIONAL PAGE 14 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT							
Maltese for Mayor				October 10, 2021 Filing					
Total Contributions from Small Contributors-Recei	ived t	this Peri TOTAL S	iod ONLY SECTION A	\$					
			·						
B. Itemized C	ontri	butions	from Individ	luals			137		
Last Name	1.	First					MI		
Gravino		Stacy		<u>. </u>	State	7	p Code		
Residential Street Address	City	st Haven			CT	- 1	6512		
132 Vista Dr			of Employer						
Principal Occupation Town Clerk		ł	Haven						
Is contributor a lobbyist, spouse, OYes If contribution is in excess of \$40	00 to a c	candidate f	or a chief executive	officer of a municipali	y, A	Amount of Contribution			
or dependent child of a lobbyist? No No No No No No No No No N	she is ass	sociated w	ith have a contract v	with said municipality		100			
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al Occupation			of Employer Thuil Liquer Ce	inter					
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Residential Street Address 54 Ridgewood CT	1 -	heiton			СТ	[-		
Principal Occupation			of Employer		!	1.			
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			onal Section B						
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo		TYPE OF REPORT					
Maltese for Mayor			October 10, 2021 Filing				
Total Contributions from Small Contributors-l (See instructions for definition of Small Contributor)	Received to SUBT	his Period ONLY OTAL SECTION A	s				
B. Itemiz	ed Contril	butions from Indivi	duals			14	
Last Name	i i	^{First} Marilyn				МІ	
Lyon	City			State	Zip C	ode	
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5 Nursey Lane		Name of Employer			<u> </u>		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Maltese for Mayor	_		October 10, 2021 F	iling			
Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		S Period ONLY TAL SECTION A	\$				
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	City			State	Zip C	i	
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Section B ADDITIONAL PAGE 17 of 43

NAME OF COMMITTEE (Provide Complete Name as Register		TYPE OF REPORT						
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Principal Occupation			Name of Employer					
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Maltese for Mayor			October 10, 2021 F	iling 				
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ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Maltese for Mayor				October 10, 2021 F	iling			
Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$				
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NAME OF COMMITTEE (Provide Complete Name as Reg	stered with Filing Repository)			TYPE OF	REPORT			
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Section B ADDITIONAL PAGE 23 of 43

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Section B ADDITIONAL PAGE 26 of 43

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NAME OF COMMITTEE (Provide Complete Name as Registered	l with Filing Repository)			TYPE OF REPORT	 :	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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sh Personal Check Ocredit/Debit Card OPayrol	Il Deduction OMoney Or	rder	09/09/2021	250		
*	SUBTO	TAI	L Section B — This	Page 375		
	TOTAL o	f ad	ditional Section B P	ages		
TOTAL OF ALL CONT			VIDUALS (Sections A mn A of Summary Page			

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Section B ADDITIONAL PAGE 2728 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	g Repository) TYPE OF REPORT
Maltese for Mayor	October 10, 2021 Filing
Total Contributions from Small Contribute (See instructions for definition of Small Contributor)	<u>. </u>
B. Ite	mized Contributions from Individuals
Berkun	First MI Lanna
Residential Street Address	City State Zip Code
3 Cambridge Court	East Haven CT 06512
Principal Occupation	Name of Employer
or dependent child of a lobbyist? O No does contributor or by valued at more than \$	20
event reported in Section 1.1? O. No If yes, indicate	rincipal of a state contractor or prospective state contractor? te which branch or branches nt the contract is with: OExecutive OLegislative
Method of Contribution:	Date Received Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	on OMoney Order 09/10/2021 25
Last Name Carlo	Fürst MI
Residential Street Address	Robert
7 Cambridge Court	City State Zip Code East Haven CT 06512
al Occupation	Name of Employer CT 06512
\smile	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in ex valued at more than \$2.	cess of \$400 to a candidate for a chief executive officer of a municipality, iness he/she is associated with have a contract with said municipality of Yes No No 100
event reported in Section L1? No If yes, indicate	rincipal of a state contractor or prospective state contractor? te which branch or branches the contract is with: Executive C Legislative
Method of Contribution:	Date Received Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney Order 09/10/2021 100
ast Name	First
Criscuolo	Anthony
Residential Street Address	City State Zip Code
370 Thompson Ave	East Haven CT 06512
and the second s	reatine of Employer
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or but valued at more than \$5	tess of \$400 to a candidate for a chief executive officer of a municipality, iness he/she is associated with have a contract with said municipality (000? Yes No 100
event reported in Section L1? O No If yes, indicate	incipal of a state contractor or prospective state contractor? e which branch or branches t the contract is with: Executive O Legislative
Method of Contribution: sh Personal Check	Date Received Aggregate Contributions 09/10/2021 200
·	SUBTOTAL Section B — This Page 225
	TOTAL of additional Section B Pages
TOTAL OF ALL CONTRIBUTIO	ONS FROM INDIVIDUALS (Sections A + B) tal on Line 13, Column A of Summary Page Totals)

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Section B ADDITIONAL PAGE __ 2829 of __ 43

NAME OF COMMITTEE (Provide Complete No.	ame as Registered with Filing Repository)		TYPE OF REPORT	<u> </u>	
Maltese for Mayor			October 10. 2021 Filing		
Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$		
Last Name	B. Itemized Co	ontributions from Indivi	iduals		
Pettoia		First Richard		MI	
Residential Street Address		City		State Zip Code	
111 Robert Dr		East Haven		CT 06512	
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract	e officer of a municipality	y. Amount of Contribution 50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	state contractor or prospective statench or branches	Contractor? Yes No		
Method of Contribution:	or Boroningon and commu	Date Received	Aggregate Contributions	4	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone		50		
Last Name		First		110	
Pettola		Maria		МІ	
Residential Street Address		City		State Zip Code	
111 Robert Dr		East Haven		CT 06512	
val Occupation		Name of Employer	·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract O Yes O No	with said municipality	Amount of Contribution 50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra-		e contractor? OYes No		
Method of Contribution:		Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	Order 09/10/2021	50		
Last Name		First	<u> </u>	MI	
Poulton		Richard			
Residential Street Address		City		State Zip Code	
32 Cliff St		East Haven		CT 06512	
Principal Occupation		Name of Employer	-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If 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 # 09162021B	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract		_ O No		
Method of Contribution: Personal Check Ocredit/Debit Co	ard OPayroll Deduction OMoney	Order 09/10/2021	Aggregate Contributions 200		
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		of additional Section B P			
TOTAL OF A	LL CONTRIBUTIONS FROM		. + B)		
	1211101 TOTAL DIS ESSE	-, Johnson I by Danishary I age I			

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Section B ADDITIONAL PAGE _______ of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)	TYPE OF REPORT		
Maltese for Mayor	October 10, 2021 F	October 10, 2021 Filling		
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	Y S			
			-	
	ed Contributions from In	dividuals		
Last Name Culligan	First		MI	
Residential Street Address	Elsie			
46 Benjamin RD	City East Haven		State Zip Code CT 06513	
Principal Occupation	Name of Employer		00013	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	of \$400 to a candidate for a chief exests he/she is associated with have a control? OYes OYes	cutive officer of a municipality tract with said municipality No	Amount of Contribution	
event reported in Section L1? No If yes, indicate when the section L1?	pal of a state contractor or prospective		- 1 /3	
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order 09/13/2021	175	}	
Last Name Guiliano	First		MI	
Residential Street Address	John			
200 Tyler St #101	City East Haven		State Zip Code CT 06512	
ipal Occupation	Name of Employer	·	CT 06512	
	inam of suproyer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000	of \$400 to a candidate for a chief exects he/she is associated with have a con?	tract with said municipality	Amount of Contribution 75	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B Yes No If yes, indicate with an of government the	pal of a state contractor or prospective nich branch or branches e contract is with:	e state contractor? OYes No tive O Legislative] "	
Method of Contribution:	Date Received	Aggregate Contributions	7	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction O	Money Order 09/13/2021	75		
Last Name	First	•	MI	
Guillano Residential Street Address	Cindy			
· 200 Tyler St #101	City East Haven		State Zip Code CT 06512	
Principal Occupation	Name of Employer		- 100012	
	of \$400 to a candidate for a chief exects he/she is associated with have a con?	tract with said municipality	Amount of Contribution	
	pal of a state contractor or prospective ich branch or branches contract is with:	e state contractor? Ores tive O Legislative]	
Method of Contribution: "ash)Money Order Date Received 09/13/2021	Aggregate Contributions		
	SUBTOTAL Section B — T	This Page 225		
Ť	OTAL of additional Section	B Pages		
TOTAL OF ALL CONTRIBUTIONS (Enter total of	FROM INDIVIDUALS (Section Line 13, Column A of Summary P	ons A + B) Cage Totals)		

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Section B ADDITIONAL PAGE 8031 of 43

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT			
Maltese for Mayor	Maltese for Mayor			ctober 10, 2021 Filing		
A. Total Contributions from Sma	A. Total Contributions from Small Contributors-Received this Period ONLY					
(See instructions for definition of Small Cont	tributor)	SUBTOTAL SECTION A	\$			
			 -			
	B. Itemized C	ontributions from Indivi	idnole			
Last Name		First	duais	- IMI		
Fowler		Kevin				
Residential Street Address 2 Dale Place		City		State Zip Code		
2 Date Flace Principal Occupation		East Haven		CT 06513		
imospai occupation		Name of Employer				
s contributor a lobbyist, spouse, Yes If co	ontribution is in excess of \$400	to a candidate for a chief executive				
or dependent child of a lobbyist? O No doe	es contributor or business he/shued at more than \$5,000?	e is associated with have a contract O'es O'es ONo	e officer of a municipality with said municipality			
s this contribution associated with an Yes	Is contributor a principal of a	state contractor or prospective state	e contractor? OYes	-		
event reported in Section L1? No No Wyes, list Event # 09162021B	If yes, indicate which bra of government the contra	inch or branches	OLegislative No			
Method of Contribution:	Se service and contact	Date Received	Aggregate Contributions	4		
Cash	Payroll Deduction OMone	y Order 09/13/2021	75			
ast Name		First		I MI		
Fowler		Therese		MI		
esidential Street Address		City		State Zip Code		
_ 2 Dale Place		East Haven		CT 06513		
pal Occupation		Name of Employer				
	····					
r dependent child of a lobbyist? • No does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a candidate for a chief executive is associated with have a contract to Yes No	officer of a municipality, with said municipality	Amount of Contribution		
s this contribution associated with an vent reported in Section L1? We yes, list Event # 09162021B	Is contributor a principal of a If yes, indicate which bra of government the contra	state contractor or prospective state nch or branches ct is with:	⊙ No	_ /3		
Method of Contribution:		1	Aggregate Contributions	1		
Cash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order 09/13/2021	75			
ast Name	• • • • • • • • • • • • • • • • • • • 	First		MI		
Pietrandrea		Antonia	_			
esidential Street Address	-	City		State Zip Code		
560 Silver Sands Rd #1403		East Haven		CT 06512		
incipal Occupation		Name of Employer				
r dependent child of a lobbyist? ONO does		to a candidate for a chief executive is associated with have a contract v Yes No		Amount of Contribution		
this contribution associated with an vent reported in Section L1? No No Yes, list Event # 09162021B	Is contributor a principal of a siffyes, indicate which brand of government the contract		_ O _N ₀			
fethod of Contribution:		1	Aggregate Contributions]		
sh Personal Check OCredit/Debit Card	Payroll Deduction OMoney	Order 09/13/2021	125			
بمبي <u> </u>	SUBT	OTAL Section B — This I	Page 225			
	TOTAL	of additional Section B Pa	ages			
TOTAL OF ALL C		INDIVIDUALS (Sections A 13, Column A of Summary Page T				

Section B ADDITIONAL PAGE __ \$432 of _ 43

					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	,		
Maitese for Mayor		October 10, 2021 Filing			
Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	d this Period ONLY JBTOTAL SECTION A	\$			
	ributions from Indivi	duals			
Last Name	First		MI		
Welner	Scott				
1	ity East Haven		State Zip Code		
Principal Occupation	Name of Employer		CT 06512		
. market cooperion	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	associated with have a contract OYes ONo	with said municipality	Amount of Contribution		
event reported in Section L1? No If yes, indicate which brane of government the contract	h or branches	_ O No			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney C	order 09/14/2021	180			
Last Name	First		_L_ MI		
Gertz	David				
Residential Street Address C	ty		State Zip Code		
99 Forbes Place	ast Haven		CT 06512		
al Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes of Contributor a principal of a statement reported in Section L1? Yes of Contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	associated with have a contract O Yes O No te contractor or prospective stat h or branches	e contractor? OYes	Amount of Contribution 75		
If yes, list Event # 09162021B of government the contract Method of Contribution:		O Legislative Aggregate Contributions	4		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney O		175			
Last Name	First		1		
Redente	Robert		"-		
Residential Street Address Ci	y		State Zip Code		
95 Wheaton Rd	ast Haven		CT 06512		
Principal Occupation	Name of Employer	<u></u> <u>\</u>			
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?	a candidate for a chief executive associated with have a contract O Yes • No	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 # 09162021B Section L1? Yes No Yes No Is contributor a principal of a sta If yes, indicate which branch of government the contract if	or branches	_ O No]		
Method of Contribution:	Date Received	Aggregate Contributions	1		
ash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney O	rder 09/16/2021	175	<u> </u>		
SUBTO	TAL Section B This	Page 230			
TOTAL	f additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM) (Enter total on Line 13,	NDIVIDUALS (Sections A Column A of Summary Page T				

Section B ADDITIONAL PAGE 233 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Maltese for Mayor				October 10, 2021 Filing				
. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$				
							· · · · · · · · · · · · · · · · · · ·	
B. Itemize	d Conf		utions from Indivi	duals			,	
Last Name Doubton		Fin			- 		MI	
Poulton Residential Street Address		JL ity	ine 			T Facelo	Zip Code	
32 Cliff St			Haven			State CT	06512	
Principal Occupation			Name of Employer				1	
			1					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	s he/she is					y, Ama	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B Yes No Is contributor a principal No If yes, indicate which of government the	ich branc	h or b		_	⊙ No	_		
Method of Contribution:			Date Received		ate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money O	rder	09/16/2021	175		<u> </u>		
Last Name Torollo		Firs					MI	
Torello Residential Street Address		1	/nn ———————————————————————————————————					
62 Vista Dr	i Cit	-	łaven			State CT	Zip Code 06512	
'al Occupation			Name of Employer			<u>υ</u>	U00 12	
Is contributor a lobbyist, spouse, Q Yes If contribution is in excess of	of \$400 to	a cano	didate for a chief executiv	e office	of a municipality	Amo	ount of Contribution	
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000?	does contributor or business he/she is associated with have a contrac				d municipality	75	,	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B Yes No If yes, indicate which of government the	ich branc	h or b	ntractor or prospective state	_	ONo	_		
Method of Contribution:	Date Received				te Contributions	-		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction O	Money O	rder	09/16/2021	175		}		
Last Name White		Firs					MI	
Residential Street Address	1		evin					
6 Taylor Ave	Cit F	-	łaven			State	Zip Code	
Principal Occupation		ası ı	Name of Employer			СТ	06512	
•			Name or Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business by valued at more than \$5,000?	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of the contribution of the contract with said municipality and the contract with said municipality valued at more than \$5,000? Amount of the 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?							
When the French the Oct (2001) O No If yes, indicate which	es Is contributor a principal of a state contractor or prospective state contractor?							
Method of Contribution:	Contract is		Date Received		islative te Contributions	-		
ash Personal Check Ocredit/Debit Card OPayroll Deduction ON	Money Or		09/16/2021	75	w commence			
S	SUBTO	TAI	Section B — This	Page	225			
то	TAL o	f ado	ditional Section B P	ages		<u> </u>		
TOTAL OF ALL CONTRIBUTIONS F (Enter total on	ROM II Line 13,	NDIV Colum	VIDUALS (Sections A nn A of Summary Page 1	+ B) otals)				

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Section B ADDITIONAL PAGE _ \$34 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maltese for Mayor			October 10, 2021 Filing			
. Total Contributions from Small Contributors-Receiv	ved this Period ONL SUBTOTAL SECTION	Y s				
	ontributions from In	dividuals				
Last Name Lamothe	First		MI			
Lamoine Residential Street Address	Larry		State Zip Code			
Residential Street Address 55 Cliff St	City East Haven		State Zip Code CT 06512			
Principal Occupation	Name of Employer		101 100.2			
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 co	ecutive officer of a municipality intract with said municipality No	y, Amount of Contribution 75			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	state contractor or prospective	ve state contractor?				
Method of Contribution:	Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 09/16/2021					
Last Name	First		MI			
Furino	Mario					
Residential Street Address	City		State Zip Code			
42 Summit Ave	East Haven		CT 06512			
al Occupation	Name of Employer		L			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One West of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? Is this contribution associated with an One West One	is associated with have a con	ntract with said municipality No	75			
event reported in Section L1? If yes, list Event # 09162021B No If yes, indicate which bra of government the contract	anch or branches out is with: Execu	ve state contractor? Ores No utive O Legislative				
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPersonal Check	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Last Name		175				
Furino	First		MI			
Decidents Comments	Amy					
42 Summit Ave	city East Haven		State Zip Code			
Principal Occupation	Name of Employer		CT 06512			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief exect is associated with have a com	tract with said municipality				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B Section L1? If yes, list Event # 09162021B	state contractor or prospective	e state contractor? Yes	75			
Method of Contribution: ash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Date Received	Aggregate Contributions	4			
		175	<u> </u>			
	OTAL Section B — T					
	of additional Section	-				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1)	I INDIVIDUALS (Section 3, Column A of Summary Po	ns A + B) age Totals)				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(ער	<u> </u>	TYPE OF REPORT			
Maltese for Mayor			October 10, 2021 Filing			
. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized (Contrib	utions from Indivi	duals			
Last Name	Fü	ıst			MI	
Hennessey	T	homas				
Residential Street Address	City			State	Zip Code	
34 Columbus Ave	East	Haven		СТ	06512	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a can /she is assoc	ciated with have a contract OYes ONo	e officer of a municipality with said municipality	ty, Amo 75	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which is a second to the principal of If yes, indicate which is a second t	branch or b	branches	DLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	- -		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order	09/16/2021	175	1		
Last Name	Fir	<u> </u>			М	
Hennessey	Li	inda			···	
Residential Street Address	City			State	Zip Code	
34 Columbus Ave	, ,	Haven		СТ	06512	
al Occupation		Name of Employer			50512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?	400 to a can she is assoc	didate for a chief executive intensity of the contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B Yes Is contributor a principal of If yes, indicate which to of government the contributor of government the cont	branch or t	oranches	e contractor? Yes	5		
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor	ney Order	09/16/2021	175			
Last Name	Fire	st			MI	
Pycela	Ki	m				
Residential Street Address	City			State	Zip Code	
3 Holland Rd	East F	łaven		СТ	06512	
Principal Occupation		Name of Employer		<u> </u>	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$46 does contributor or business he/si valued at more than \$5,000?	00 to a cand she is associ	didate for a chief executive ated with have a contract	officer of a municipality with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?	a state con	tractor or prospective state	contractor? OYes	→ 75		
If yes, list Event # 09162021B of government the contribution:	tract is with	Executive	O Legislative			
sh Personal Check Ocredit/Debit Card Payroll Deduction OMon	ney Order	Date Received 09/16/2021	Aggregate Contributions	7		
San Control of the Co		<u></u>				
		Section B — This I				
TOTAL OF ALL CONTRIBUTIONS FRO		ditional Section B Pa			 -	
(Enter total on Line	e 13, Colun	nn A of Summary Page T	otals)			

Section B ADDITIONAL PAGE _ 3536 of 43

		- 4 1		PE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	SHOTY			October 10, 2021 Filing			
Maltese for Mayor				October 10, 2021 Filing			
. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)		this Period O		<u></u>		· · · · · · · · · · · · · · · · · · ·	
B. Itemize	d Contr	ibutions from	Individua	ls		· ·	
Last Name		First				MI	
МсКау		Ken					
Residential Street Address	City			-	State	Zip Code	
59 Sidney St	Ea	st Haven			СТ	06512	
Principal Occupation		Name of Employ	ver .				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business	s he/she is a	ssociated with have	a contract with			ount of Contribution	
valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Valued at more than \$5,000?	al of a state		ective state con	tractor? Yes)	
If yes, list Event # 09162021B of government the		with: OF	executive O	Legislative			
Method of Contribution:		Date Received		regate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Ore	ier 09/16/202	1 35	0			
Last Name Colangelo		First		· · · · ·		MI	
Residential Street Address	la	Sue				<u></u>	
_ 348 Coe Ave	City	st Haven			State	Zip Code	
al Occupation		Name of Employ			СТ	06512	
,		Name or employ	er				
Is contributor a lobbyist, spouse, Q Yes If contribution is in excess of	£\$400 to o	andidate for a chief	°			 	
or dependent child of a lobbyist? • No does contributor or business	he/she is as	sociated with have a	contract with	cer or a municipality said municipality	/, Amo	ount of Contribution	
valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a princip.			⊙ No		75		
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Gravino		Stacy				MI	
Residential Street Address	City				State	Zip Code	
132 Vista Dr ,	Eas	st Haven			CT	06512	
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	2J, V(········ A VJ SUMMO	y ruge 10tals,	' j			

Section B ADDITIONAL PAGE 37 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor	_		October 10, 2021 Filing			
. Total Contributions from Small Contributors-Receive		is Period ONLY OTAL SECTION A	\$			
		itions from Indivi	duals	- 	 -	
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Ruggiero	City	ıdy 		Ι σ	Taranda	
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Principal Occupation	East H	Name of Employer		<u> </u>	100313	
Frincipal Occupation		Name or Employer				
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Method of Contribution:		Date Received	Aggregate Contributions	\exists		
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4- 4	City			State	Zip Code	
12 Oak Hill Dr	East H			CT	06513	
al 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 i valued at more than \$5,000?	o a cand is associ	lidate for a chief executive ated with have a contract O Yes No	e officer of a municipality with said municipality	7. Amou	unt of Contribution	
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Posidential Street Address		oris				
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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?	a candi s associa	idate for a chief executive ated with have a contract to Yes No	officer of a municipality with said municipality	Amou	ut of Contribution	
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Section B ADDITIONAL PAGE #38 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maltese for Mayor			October 10, 2021	Filing	
. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$		
		utions from Indivi	duals		1 2 47
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Principal Occupation		Name of Employer		1	1550.=
		There is a married to			
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Richo	D	Donna			
	City		 -	State	Zip Code
67 Charnes Dr	East I	Haven		СТ	06513
al Occupation	<u> </u>	Name of Employer		<u> </u>	<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?	to a can	adidate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	75 Amo	unt of Contribution
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Method of Contribution:		<u> </u>	Aggregate Contributions	-	
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Cusano	Jo)e			
	City			State	Zîp Code
	East F	Haven		СТ	06512
Principal Occupation		Name of Employer	·		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a cand is associ	didate for a chief executive iated with have a contract v	officer of a municipality with said municipality	Amou	ant of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 09162021B Yes Is contributor a principal of a st If yes, indicate which brane of government the contract	ich or br	tractor or prospective state	⊙ No	'	
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		ditional Section B Pa	~		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13)	INDIV 3, Colum	VIDUALS (Sections A	+ B) otals)		

Section B ADDITIONAL PAGE 28 39 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Maltese for Mayor				October 10, 2021 Filing				
· Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	eceived SU	thi: BTO	Period ONLY TAL SECTION A	\$				
B. Itemized	d Cont	ribu	tions from Indivi	duals				
Last Name		Firs						MI
Surprenant	lau.		yan 			State	Zip C	ode
Residential Street Address	Cit	-	laven			CT	065	
501 Strong St			Name of Employer				<u>. </u>	
Principal Occupation								
contributor a lobbyist, spouse, dependent child of a lobbyist? No No Ves dependent child of a lobbyist? No Ves dependent child of a lobbyist? No Ves DNo Ves DNo Yes Sthis contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes State Contributor or prospective state contractor?						7, Amo	ount of	Contribution
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Surpreaant		J€	eff			_		
Residential Street Address		ity			<u></u>	State	Zip (
52 Foxon Blvd	E	asy	Haven			СТ	06!	013
al Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	s he/she is	a can	didate for a chief executivated with have a contract Yes O No	ve officer t with said	of a municipality I municipality	/, Am	ount o	Contribution
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Surprenant			onald ———————			State	7:0	Code
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Principal Occupation	L		Name of Employer				1	
The purchase								
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.	ss he/she is			t with said		y, Am		f Contributio
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SEEC FORM 20 Revised Juneary 2015

NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	TYPE OF REPORT					
Maitese for Mayor			October 10, 2021 Filing			
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B. Ite		tions from Indivi	duals			
Last Name	First	lma			Ml	
Carusone				State	Zip Code	
Residential Street Address 225 Beach St 2C	City West I	Haven		CT	06516	
Principal Occupation		Name of Employer		L	<u> </u>	
rimcipal Occupation						
or dependent child of a lobbyist? One does contributor or by valued at more than	business he/she is associ \$5,000?	idate for a chief executive ated with have a contract OYes ONo tractor or prospective state.		75	unt of Contribution	
event reported in Section L1? No If yes, indic	cate which branch or be ment the contract is with	ranches	OLegislative No			
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Last Name	Firs				MI	
Anastasio		ed		<u> </u>	lai a	
Residential Street Address	City East H	lavon		State	Zip Code 06512	
284 Dodge Ave	Edstr	Name of Employer			00312	
al Occupation	,	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in does contributor or by valued at more than	business he/she is associ	lidate for a chief executive intended with have a contract O Yes O No	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
event reported in Section L1? No If yes, indi	a principal of a state cor icate which branch or t ment the contract is with		O Legislative			
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Last Name	Fin				MI	
Piccerillo				State	Zip Code	
Residential Street Address 32 Edge Hil Rd	City East I	łaven		CT	06512	
Principal Occupation		Name of Employer			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No does contributor or valued at more than	business he/she is assoc	didate for a chief executi- iated with have a contrac Yes • No	ve officer of a municipalit t with said municipality	75	ount of Contributio	
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TOTAL OF ALL CONTRIBUT		IVIDUALS (Sections omn A of Summary Page				

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Section B ADDITIONAL PAGE 6041 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	<u> </u>	TYPE OF REPORT.			
Maltese for Mayor		October 10, 2021 Filing			
Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
B. Itemized Co	ntributions from Indivi	duals		-	
Last Name	First			MI	
Lyon	Edmond				
Residential Street Address	City Madlson		State CT	Zip Code 06443	
5 Nursey lane Principal Occupation	Name of Employer			100443	
Truespar Occupation	Name of Employer				
	is associated with have a contract OYes No state contractor or prospective stat	with said municipality e contractor? OYes	Amo	unt of Contribution	
event reported in Section L1? No If yes, indicate which brain of government the contract of government the government of government the government the government of go		O No O Legislative	1		
Method of Contribution:	Date Received	Aggregate Contributions			
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Last Name	First		'	MI	
Marcarelli	Thomas				
Residential Street Address	City		State	Zip Code	
441 Coe Ave C-26	East Haven		СТ	06512	
pal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract O Yes O No	with said municipality	75	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09162016B Yes Is contributor a principal of a If yes, indicate which bra of government the contra	state contractor or prospective state nich or branches ct is with: Executive	te contractor? Yes O Legislative		[
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Last Name Adamczyk	First Joan			MI	
Residential Street Address	City		State	Zip Code	
123 Hellstrom Rd	East Haven		CT	06512	
Principal Occupation	Name of Employer	·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes One 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 # 09162021B Yes Is contributor a principal of a state contractor or prospective state contractor? OYes If yes, list Event # 09162021B Yes Is contributor a principal of a state contractor or prospective state contractor? OYes ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO ONO					
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·	of additional Section B I	<u> </u>			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page			:	

SEEC FORM 20

Section B ADDITIONAL PAGE 49 40 of 43

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	sitory)			TYPE OF REPORT			
Maltese for Mayor	_			October 10, 2021 Filing			
Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	\$						
B. Itemized	d Con	trib	utions from Indivi	duals	-		
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Residential Street Address]c	ity		 	State	Zip Code	
						06512	
Principal Occupation			Name of Employer		l -		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes O Ye	he/she is	a car	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality with said municipality	7. Ame	ount of Contribution	
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Method of Contribution:	_		Date Received	Aggregate Contributions	-		
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Casagrande		A	Albert				
Residential Street Address		ity			State	Zip Code	
25 Pardee Place Ext	E	ast	Haven		CT	06512	
al Occupation			Name of Employer		_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	he/she is	a car	adidate for a chief executive ciated with have a contract Ves No	officer of a municipality with said municipality	, Amo	unt of Contribution	
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Residential Street Address 383 Mansfield Grove Rd	Ci	-	Haven		State	Zip Code	
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h 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 # Yes No If yes, indicate which of government the contributor a principal of government the contributor as principal of the principa	ch branci	h or t		contractor? Yes No			
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s	SUBTO	ТА	L Section B — This	Page 275	1.		
то	OTAL (of ac	Iditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

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Section B ADDITIONAL PAGE 43 of 43

NAME OF COLUMNIES OF THE ABOVE OF THE PARTY.	N	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing In Maltese for Mayor		October 10, 2021 Filing				
· \	n Deserting Abia Desir de ONY N		<u> </u>			
. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A					
		<u>-</u>				
B. Item	ized Contributions from Indi	ividuals				
Last Name	Füst		MI			
Poulton	Richard					
Residential Street Address	City		State Zip Code			
32 Cliff St	East Haven	<u>.</u>	CT 06512			
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, Yes If contribution is in execution	ess of \$400 to a candidate for a chief execu	itive officer of a municipality	Amount of Contribution			
or dependent child of a lobbyist? No does contributor or busivalued at more than \$5.	iness he/she is associated with have a contr	act with said municipality				
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event reported in Section L1? No If yes, indicate	which branch or branches	ve OLegislative				
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Last Name	First		MI			
Residential Street Address	City		State Zip Code			
al Occupation	Name of Employer					
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Is contributor a lobbyist, spouse, Yes If contribution is in exce	ess of \$400 to a candidate for a chief execu	tive officer of a municipality,	Amount of Contribution			
or dependent child of a lobbyist? No does contributor or busing valued at more than \$5,0	ness he/she is associated with have a contr 000? Yes ON					
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Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, Yes If contribution is in exce	ess of \$400 to a candidate for a chief execu	itive officer of a municipality.	Amount of Contribution			
	ness he/she is associated with have a contr	act with said municipality	Amount of Control			
	ncipal of a state contractor or prospective		1			
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	SUBTOTAL Section B — Th	nis Page 150				
	TOTAL of additional Section I	3 Pages				
TOTAL OF ALL CONTRIBUTION		- 4				

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COM	AMITTEE (Provide Comp	lete Name as Registered	with Filing Repos	sitory)		TYPE OF REPORT	
Malt	tese for Mayor	-				October 10. 202	1 Filina
		C1. (Contributio	ons from C	ther Cor		
Name of Committee					Name of T		
					:		
Address			<u> </u>	Is this cont	ibution assoc	iated with an Oyes ONo	Amount of Contribution
				event repor	ico in Section	L1?	
City		State	75- 6-4-	Date Rec		s, list Event#	0
J.,		State	Zip Code	Date Reco	ivea	Aggregate Contributions	
Name of Committee					Name of T	easurer	
Address	· · · · · · · · · · · · · · · · · · ·			In this contr	ibution	interfered to Over Over	Amount of Contribution
				event report	ed in Section	iated with an OYes ONo	Amount of Contribution
a						r, list Event#	0
City		State	Zip Code	Date Reco	ived	Aggregate Contributions	
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Name of Committee		·	<u></u>		Name of Tr	easurer	
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City		State	Zip Code	Date Rece		Aggregate Contributions	┥`
		,		ļ			
	C2.]	Reimbursemen	ts or Surpl	us Distribi	itions fro	m other Committees	<i>*</i>
Name of Committee					Name of Tr	espirer -	
					ļ		
Address				City	<u>.J.</u>	<u>′</u>	State Zip Code
Date Received	Expenditure #	Payment Type				·	
Date Received	(if applicable)	_ · · · · · ·		O			Amount of Receipt
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		•			Name of Tro	asurer	
Vame of Committee					1		
Vame of Committee					<u> </u>		
Name of Committee			=	City			State Zip Code
· 		 		City			State Zip Code
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· 			ment for shared		Surplus Dist	ribution	Amount of Receipt
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I. MONETARY RECEIPTS (Sections A—K)

Initial Issuery III5	11111		722 200 (500000				
NAME OF COMMITTEE (Provide Complete Name as Registered with File	ing Reposito	(קומ				REPORT .	
Maltese for Mayor				Oct	ober	10, 2021 Filin	g
D.	Loans	Receive	d this Period				
Name of Lender		ع ا	Source of Loan:		-	<u> </u>	Date of Receipt
		1	OBank O Candid	ate () Indi	vidual	Other Committee	
Street Address	City			State	;	Zip Code	Is there a Cosigner or
							Guarantor of this loan? O Yes O No
							_
Name of Cosigner/Guarantor (if applicable)							Amount Received
		_				rei a i	0
Street Address	City			Stat	6	Zip Code	
						<u> </u>	
Name of Lender	·		Source of Loan:	•			Date of Receipt
		- [OBank O Candid	late O Indi	vidual	Committee	
Street Address	City			State		Zip Code	Is there a Cosigner or
							Guarantor of this loan? O Yes O No
						·	
Name of Cosigner/Guarantor (if applicable)						İ	Amount Received
						,	0
Street Address	City			Stat	te	Zip Code	
Name of Lender	<u>. </u>	ľ	Source of Loan:				Date of Receipt
			OBank O Candid	late O Indi	ividual	Other Committee	
Street Address	City			Stat	e	Zip Code	Is there a Cosigner or
				}		1	Guarantor of this loan?
							O Yes O No
Name of Cosigner/Guarantor (If applicable)	Amount Received						
	<u> </u>					· · · · · · · · · · · · · · · · · · ·	0
Street Address	City			Sta	te	Zip Code	
	l			L		_	
			TOTAL CECOMO	NY D	0		
			TOTAL SECTION	ע אנ	٥		
							
E. Receipts from Entities other tha	n Indiv	iduals o	r Other Comm	ittees <i>(Re</i>	feren	dum Committe	es ONLY)
Name of Entity							
Street Address	-			Date Receiv	ved		Amount Received
							0
City		State	Zip Code	Aggregate	Contrib	utions	· ·
]					
Name of Entity	-			1	-		
a delicy							
Street Address				Date Recei	ved		Amount Received
prect varieze					,,,		Amount Accessed
634		T54-4-	17:0-4-		0		0
City		State	Zip Code	Aggregate	Contrib	unons	
		<u> </u>	<u> </u>				
Name of Entity							
				12 -			
Street Address				Date Recei	ved		Amount Received
				<u> </u>		,	0
City		State	Zip Code	Aggregate	Contril	utions	_
						ļ	
·		'			_	<u> </u>	
1			TOTAL SECTION	ON E	0		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)								PE OF REPORT		
Maltese for Mayo				<u> </u>			Oc	ctober 10, 202	21 Filing	
F. Am	ount Transferred	from Affili	ated Bu	ısiness T	reasury	(Busine	ss Ei	ntity Committe	es ONLY)	
Date of Receipt	Is this transaction associ event reported in Section		OYes No	If yes, list	Event #			0	Amount	
Date of Receipt	Is this transaction associ		8Yes No	If yes, list	Event#			0	Amount	
Date of Receipt	Is this transaction associ event reported in Section		8Yes No	If yes, list	Event#			0	Amount	
Date of Receipt	Is this transaction associ		8Yes No	If yes, list	Event#			0	Amount	
		-		то	TAL SEC	CTION	F	0		
G. Amount Transf	erred from Affilia	ted Labor	Union o	r Other	Organiz	ation 7	Frea	isury (Organ	ization Committee	es ONLY)
Date of Receipt Date of Receipt Date of				of Receipt						
Amoun			A	Amount			Amount			
				тот	AL SECT	ION G	}	0	· -	
								•		
н. 1	Personal Funds of	the Candid	late Rec	eived th	is Period	(Cana	lidate	e Committees (ONLY)	
Date of Receipt	Method of payment: Cash	O P	ersonal Ch	eck	O Credit	/Debit C	ard	0	Amount	
Date of Receipt	Method of payment: Cash	O F	ersonal Ch	eck	O Credit	/Debit C	ard	0	Amount	•
Date of Receipt	Method of payment: Cash	O P	ersonal Ch	eck	O Credit	/Debit C	ard	0	Amount	-
Date of Receipt	Method of payment: Cash	O r	ersonal Ch	eck	O Credit	/Debit C	ard	0	Amount	
			·	T	OTAL SI	ECTIO	NΗ	0		
		T An	Anymov	ıs Contr	ihutiane				 	
<u> </u>		1. All	опущое	is Cond	- NUUVIIS			•		
Dor	Public Act 11_49	Anontono	me Con	tributio.	10 mar =	a lana	or L	sa danasita	din ann	l

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.

Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)

0

500

Total of Other Monetary Receipts

(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Maltese for May			October 10, 2021	Filin	g				
L1. Event Information									
t# but of Event Letter 8/12/2021 A	Description Seasons			Was	this a fun OYes	draising event? ONo			
Location: Street Address		City		<u></u>	State	Zip Code			
990 Foxon Rd		East Haven			СТ	06513			
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L. Associated with a Hot purchases made by hos No	5 in-Kind Donations nouse Party and complete st(s) for food, beverage a	e requ	ired infor	Contributions mation for any			
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required O No	A In-Kind Donations of information.)	10t Co	nsidered (Contributions			
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Rec	celpts here.)	\$ 0					
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Commandvertising space in a program book or on a fundraiser?	Yes (1) yes, go to Section L	Committees) 3 Purchases of Advertiplete required informa	ising S ation.)	Space in a	Program Book			
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here.)	\$ 0					
t# f Event Letter 9716/2021 B	Description Seasons			Was	this a fur	ndraising event?			
Location: Street Address	<u> </u>	City		1	State	Zip Code			
990 Foxon Ro	l	East Haven			СТ	06513			
Subpart 1: (All Commit Was this event hosted at	•	Yes (If yes, go to Section I Associated with a Ho purchases made by ho	5 In-Kind Donations rouse Party and complet st(s) for food, beverage	te requ	uired info	rmation for any			
Did this fundraiser included of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No							
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Re	eceipts here.)	\$ 0)				
Were there purchases of sign associated with this		Yes (If yes, go to Section 1	y Committees) L3 Purchases of Adver nplete required inform	tising ation.	Space in a	a Program Book			
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Re	eccipts here.)	\$ 0)				
SUBTOTAL Section	SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page ()								
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page									
	TOTAL of additional Section L1 Pages 0								
	TOTAL OF ALL RECE	CIPTS FROM SMALL PU In Line 16a, Column A of Summa	JRCHASES 0						

II. EVENT ACTIVITY (Sections L1—L5)

Pe indiv	er Public Act 11-48, vidual purchases from	, effective January 1, m a committee tag sa	2012 comm le, auction,	nittees are no longer requor a sale of donated item	ired to s. <i>Se</i>	o itemize s ction L2. r	small removed
				TYPE OF REPO			
NAME OF COMMIT		as Registered with Filing Repositor	<u>//</u>	October 10, 2	2021 Fi	ling	
iviaite3e to		rchases of Advertisin	g in a Progr	am Book or on a Sign			
Name of Purchaser	L5, 1 u	Tenases of Travel vision	8		OBu	-	Other
					Olna	lividual/Sole Pr	Zip Code
Street Address			City				·
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
Name of Purchaser					OBu	se Made By: Isiness Entity Iividual/Sole Pr	Other oprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
Name of Purchaser				<u> </u>	OB	se Made By: usiness Entity dividual/Sole P	Other
Street Address			City		•	State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Sig	gn Purchase
Name of Purchaser					OB	se Mede By: usiness Entity dividual/Sole P	Other roprietorship
Street Address			City		<u>-</u>	State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
Name of Purchaser					Ов	ase Made By: usiness Entity adividual/Sole F	Other roprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
	SUBTOTAL Sec	ction L3 Total Purchases o	f Advertising i	n Program Book — This Page	0		
	SUBTO	TAL Section L3 Total Pur	chases of Adve	rtising on a Sign — This Page	0		
	TOTAL COLUMN	WAND OF A BAMBARA		of additional Section L3 Pages			· · · · · ·
ł	TOTAL OF ALL PURC	HASES OF ADVEKTISH Enter total on	NG IN A PRO Line 16c, Colu	GRAM BOOK or ON A SIGN mn A of Summary Page Totals)	0		

II. EVENT ACTIVITY (Sections L1—L5)

Donation Given By: O Business Entity O Individual O Sole Proprietorship Description of Donation Event # Aggregate Value for this Event City State Zip Code Description of Donation Donation Given By: O Business Entity O Individual O Sole Proprietorship Date Received Event # Aggregate Value for this Event Fair Market Value of Donation Fair Market Value of Donation Fair Market Value of Donation Name of Donor		C. Musta Cariaba Nama aa	Parietared with Filing Rena	sitory)		т	YPE OF REPOR	T			
L4. In-Kind Donations Not Considered Contributions			Registered with Pitalg Repos			0	ctober 10, 20	ber 10, 2021 Filing			
State Zip Code			In Wind Donatio	ne Not	Consider						
Description of Densition Densition Densition Densition Densition Densition Densition Densition Densition Dens	Vers of Degre	LA.	III-MIIII Dollatio	113 1100	Considere						
Denation Given By: Description of Denation Date Received Date R	Ague of Donor										
Denation Given By: Description of Denation O Business Britity O Individual O Sole Proprietorship Name of Denat Description of Denation Description of Denation City State Aggregate Value for this Event Fair Market Value of Donation O Sole Proprietorship Name of Denat Description of Denation City State Aggregate Value for this Event Denation Given By: O Business Entity O Individual O Sole Proprietorship Description of Denation Description of Denation Description of Denation Description of Denation Description of Denation City State Zip Code Fair Market Value of Donation O Sole Proprietorship Date Received Event # Aggregate Value for this Event Denation Given By: O Business Entity O Individual O Sole Proprietorship Date Received Event # Aggregate value for this Event Fair Market Value of Donation O Sole Proprietorship Date Received Event # Aggregate value for this Event Fair Market Value of Donation O Sole Proprietorship Date Received Event # Aggregate value for this Event Total Of ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS Description IA Pages O TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	Street Address			—т	Zity				State	Zip Code	
Description of Donation Description of Donation	HICK FRANCE			1				ļ			
O Business Entity O Individual O Sole Proprietorship Date Received Denation Given By: O Business Entity O Individual O Sole Proprietorship Name of Donor Street Address Denation Given By: O Business Entity O Individual O Sole Proprietorship Name of Donor Street Address Denation Given By: O Business Entity O Individual O Sole Proprietorship Date Received Denation Given By: O Business Entity O Individual O Sole Proprietorship Denation Given By: O Business Entity O Individual O Sole Proprietorship Name of Donor Street Address Denation Given By: O Business Entity O Individual O Sole Proprietorship Date Received Denation Given By: O Business Entity O Individual O Sole Proprietorship Denation Given By: O Business Entity O Individual O Sole Proprietorship Date Received Denation Given By: O Business Entity O Individual O Sole Proprietorship Date Received Date Rece	Practice Given By	T Description of Donation						Fair N	larket Va	lue of Donation	
O Individual O Sale Proprietocship Name of Donor Street Address Decaription of Donation O Individual O Sale Proprietocship Name of Donor Street Address Decaription of Donation O Individual O Sale Proprietocship Name of Donor Street Address City State Palar Market Value of Donation O Individual O Individual O Sale Proprietocship Donation Given By: O Blusiness Entity O Individual O Sale Proprietocship Name of Donor Street Address City State St		Description of a comment						ا ₀			
State Address City State Zip Code	<u> </u>	Date Received	Event#		_ _	Aggregate Value for t	his Event	1			
Donation Given By: Date Received Event # Aggregate Value for this Event O	_							}			
Denation Given By: Obusiness Entity OIndividual OSole Proprietorship Name of Denor Surcet Address City State Fair Market Value of Donation OSole Proprietorship Name of Denor Surcet Address City State Fair Market Value of Donation OSole Proprietorship Name of Denor Surcet Address City State	Name of Donor	,									
Donation Given By: Obtainess Entity Obt	Circuit Address				City				State	Zip Code	
Date Received Event # Aggregate Value for this Event Date Received Event # Aggregate Value for this Event Description of Donation	DH (40) 1 10001 400			-							
Date Date	No realize Chinas Bur	Description of Donation						Fair !	Market V:	Lalue of Donation	
Of Individual Osole Proprietorship Name of Donor Street Address City State Zip Code Fair Market Value of Donation Osole Proprietorship Date Received Event # Aggregate Value for this Event Onation Given By: Osole Proprietorship Name of Donor Street Address City State Zip Code Fair Market Value of Donation Osole Proprietorship Name of Donor Street Address City State Zip Code Fair Market Value of Donation Osole Proprietorship Date Received Event # Aggregate Value for this Event Fair Market Value of Donation Osole Proprietorship Date Received Event # Aggregate value for this Event Onation Given By: Osole Proprietorship State Total of additional Section L4—This Page O TOTAL of additional Section L4 Pages O TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS		Description of Dominon						Ì			
Sole Proprietorship	_	Date Received	Event#		 -	Aggregate Value for	this Event	٦,			
Street Address City State Zip Code	_	Dan Added									
Donation Given By: OBusiness Entity OIndividual OSole Proprietorship Date Received Event # Description of Donation Event # Aggregate Value for this Event City State Zip Code Donation Given By: OBusiness Entity OIndividual O Sole Proprietorship Description of Denation Fair Market Value of Donation Fair Market Value of Donation Fair Market Value of Donation For Market Value of Donation For Market Value of Donation For Market Value of Donation O Sole Proprietorship SUBTOTAL Section L4—This Page TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS O	Name of Donor	<u> </u>							-		
Donation Given By: OBusiness Entity OIndividual OSole Proprietorship Date Received Event # Description of Donation Event # Aggregate Value for this Event City State Zip Code Donation Given By: OBusiness Entity OIndividual O Sole Proprietorship Description of Denation Fair Market Value of Donation Fair Market Value of Donation Fair Market Value of Donation For Market Value of Donation For Market Value of Donation For Market Value of Donation O Sole Proprietorship SUBTOTAL Section L4—This Page TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS O										 -—	
Date Received Date Received Event # Aggregate Value for this Event O	Street Address				City				State	Zip Code	
Date Received Event # Aggregate Value for this Event O										<u> </u>	
O Individual O Sole Proprietorship Name of Donor Street Address City State Zip Code Donation Given By: O Business Entity O Individual O Sole Proprietorship Date Received Event # Aggregate Value for this Event Fair Market Value of Donation O Sole Proprietorship SUBTOTAL Section L4—This Page TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	Donation Given By:	Description of Donation						Fair !	Market V	alue of Donation	
Oladividual OSole Proprietorship Date Received Event # Aggregate Value for this Event Street Address City State Zip Code Donation Given By: OBusiness Entity OIndividual OSole Proprietorship Date Received Event # Aggregate value for this Event OSole Proprietorship SUBTOTAL Section L4—This Page TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS OSOLE Proprietorship TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	OBusiness Entity							0			
Name of Donor Street Address City State Zip Code Donation Given By: O Business Entity O Individual O Sole Proprietorship Date Received Event # Aggregate value for this Event SUBTOTAL Section L4 — This Page TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS O State Zip Code Fair Market Value of Donation O TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	4 T	Date Received	Event#			Aggregate Value for	this Event	7			
Street Address City State Zip Code	O Sole Proprietorship										
Donation Given By: O Business Entity O Individual O Sole Proprietorship SUBTOTAL Section L4—This Page TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS Fair Market Value of Donation Fair Market Value of Donation Fair Market Value of Donation Total Of Additional Section L4—This Page TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	Name of Donor										
Donation Given By: O Business Entity O Individual O Sole Proprietorship SUBTOTAL Section L4—This Page TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS Fair Market Value of Donation Fair Market Value of Donation Fair Market Value of Donation Total Of Additional Section L4—This Page TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS									-1	Tet . C. 1.	
O Business Entity O Individual O Sole Proprietorship Date Received Event # SUBTOTAL Section L4 — This Page TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS O	Street Address				City				State	Zip Code	
O Business Entity O Individual O Sole Proprietorship Date Received Event # SUBTOTAL Section L4 — This Page TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS O	L		 					1	<u> </u>	<u> </u>	
O Individual O Sole Proprietorship Date Received SUBTOTAL Section L4 — This Page TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	1 _	Description of Donation						Fair	Market V	alue of Donation	
Subtotal Section L4—This Page Total of additional Section L4 Pages Total OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	1 🗆					1	Grant,	_ o			
SUBTOTAL Section L4—This Page 0 TOTAL of additional Section L4 Pages 0 TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS 0	1 =	Date Received	Event#			Aggregate value for t	this Event				
TOTAL of additional Section L4 Pages 0 TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	C Sole I topilotoismp		ــــــــــــــــــــــــــــــــــــــ		,						
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS				SUBTO	TAL Section	L4 — This Page	0				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals) 0		<u> </u>	Т	'OTAL	of additional	Section L4 Page	s 0				
Effect tour on Line 21, Committee of Guinnary 1 400 10000	то	TAL OF ALL IN-KIN	D DONATIONS NO	r cons	SIDERED CO	ONTRIBUTION	S 0				
	ļ		Ciner was on zone	£1, Com	min vj uma	nuly 1 ugo 201-	<u></u>				
	Ì										

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Maltese for Mayor					October 10, 2021 Filing			
L5. In-Kind Donations Not Considered Contributions Associated with a House Party								
Name of Host				committee? (0	ne candidate or	
Street Address			City			State	Zip Code	
Description of Donation					Fair Market Value of Donation			
Event #	Aggregate Value of this Event—all hosts	Aggr	egate Value of all Events—this ha	st/candidate	0			
Name of Host	· · · · · · · · · · · · · · · · · · ·			committee?	OYes ON	0	e candidate or	
Street Address		- 12		If yes, co	mplete Itemiza	· · · · · · · · · · · · · · · · · · ·		
Ducti Addiess			∟ny			State	Zip Code	
Description of Donation					Fair Mar	ket Value o	of Donation	
					0			
Event #	Aggregate Value of this Event—all hosts	Aggn	egate Value of all Events—this has	st/candidate	Ů			
Name of Host		.		committee? (0	e candidate or	
Street Address		7	City		<u> </u>	State	Zip Code	
		ı						
Description of Donation				-	Fair Market Value of Donation			
Event #	Aggregate Value of this Event—all hosts	Aggr	egate Value of all Events—this hos	st/candidate	0			
Name of Host				committee?	supporting more than one candidate or OYes ONo mplete Itemization in Addendum L5			
Street Address	···	10	City			State	Zip Code	
		1				}		
Description of Donation					Fair Mar	ket Value o	f Donation	
				•	0			
Event #	Aggregate Value of this Event—all hosts	Aggre	egate Value of all Events—this hos	st/cundidate	Ü			
SUBTOTAL Section L5 — This Page					0			
TOTAL of additional Section L5 Pages						0		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin		NSIDERED CONTRIE Column A of Summary P		0			
							-	

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

oliman to the Marian	ana an Danistanad salsh I	Ilino Repository)		TYPE OF REPO	ORT		i	
IAME OF COMMITTEE (Provide Complete No	ime as registerea with F	south such assessing		October 10, 2	October 10, 2021 Filing			
Maltese for Mayor		M. In-Kind Cont	ributions	<u> </u>				
		W. In-Kind Cont.						
ame								
reet Address			City			State	Zip Code	
litte Minicos								
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution				
Individual / Sole Proprietorship Oother			_					
	If contribution is in	excess of \$400 to a candida	ate for a chief executive	officer of a munic	ipality,	Fair N	Inrket Value	
is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does contributor or lead to the valued at more than	business he/she is associate \$5,000?	OYes ONo	rini said indizionpia			Contribution	
	O Ves Is contribu	ntor a principal of a state co	ntractor or prospective s	state contractor?	OYes No	0		
event reported in Section L1?	No lives.	indicate which branch or criment the contract is with	branches _	O Legislative	One			
If yes, list Event #	OI gove	Amment the connect to will						
lame								
Address			City			State	Zip Code	
treet Address		ļ						
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kin	d Contribution			- 	
Individual / Sole Proprietorship Oother			}					
	If contribution is	in excess of \$400 to a candi	date for a chief executiv	e officer of a mun	icipality,	Fair	Market Value s Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor of valued at more that	or business he/she is associa	ated with have a contract Yes No	with said municip	xanty	Of m	2 COURTINGATION	
Is this contribution associated with an	O Ves Is contrib	utor a principal of a state co	ontractor or prospective	state contractor?	QYes	0		
event reported in Section L1?	No Ifves	, indicate which branch or ermment the contract is with	branches	OLegislative	O№			
If yes, list Event #	of gov	ernment the contract is with	02					
Name								
Street Address			City			State	Zip Code	
SHOOL FRANCES			1			<u> </u>		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution		_		
OIndividual / Sole Proprietorship OOther	.		_					
Is contributor a lobbyist, spouse, Q Yes	ve ia	in excess of \$400 to a cand	lidate for a chief executi	ve officer of a mu	nicipality,	Fair of th	Market Value is Contribution	
or dependent child of a lobbyist?		or business he/she is associ	Yes No	x with said munic	іраціу —		P Courtinger	
Is this contribution associated with an	Yes Is contril	butor a principal of a state of	contractor or prospective	state contractor?	QYes	0		
event reported listed in Section L1?	No live:	s, indicate which branch o vernment the contract is wi	r brancnes _	e OLegislative	QNo			
If yes, list Event#					·			
			Section M — This					
		TOTAL of ad	ditional Section M P	ages 0				
TOTAL OF ALL IN-KIND COM	NTRIBUTIONS	(Enter total on Line 23, Col	lumn A of Summary Pag	e Totals) 0				
TOTAL OF ALL IN-KIND COL								
	N. Refu	ndable Deposit to	1 elepnone Comp	ашу	MI	Date Dep	osit Made	
Last Name of Individual		First			""	,		
				[[] [] []	n Code	1		
Residential Street Address		City		State	p Code	}	Amount of Deposit	
Name of Telephone Company		-				0		
Street Address		City		State 2	ip Code			
later results						1		
								
TOTAL S	SECTION N (En	ter total on Line 24, Colum	nn A of Summary Page	Totals) 0				

SEEC FORM 20 Reduitment MIS

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	•						
Maltes	e for Mayor		October 10, 202	October 10, 2021 Filing			
	P. Expenses	Paid by Committee		= :			
Name of Payce	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Date of Payment	Method of Payment:			
Key Bank			07/30/2021	O Check #			
Street Address		City		O Debit Card OEFT State Zip Code			
245 Main	St	East Haven		CT 07612			
Purpose of Expenditure	Description		Event#	Amount			
(by code) BNK	Account Finance Charge						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)				
	None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri						
Name of Payee	Coordinated without feminum sentent sought (ur-kind contra	Organiza Organiza	Date of Payment	Method of Payment:			
Seasons			08/17/2021	O Check #17479 O Debit Card OEFT			
Street Address		City	. 	State Zip Code			
990 Foxon R		East Haven		CT 06513			
Purpose of Expenditure (by code)	Description		Event #	Amount			
FNDR	Fund raiser 08/12/2021		08122021A	4428			
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unl	less "None of the below" is a	checked)				
	None of the below Coordinated with reimbursement sought (joint expenditure) Independ	ent				
$\overline{}$	Coordinated without reimbursement sought (in-kind contril		ionQA OB QC O	D			
of Payee			Date of Payment	Method of Payment:			
Big Prints 08/20/2021			O Check #17480 O Debit Card OEFT				
Street Address		City	L	State Zip Code			
15 Baer Cir		East Haven		CT 06512			
Purpose of Expenditure (by code)	Description		Event #	Amount			
A-SIGN	300 Small lawn Signs w/ Stakes			1641.50			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)				
(у оррисава)	O None of the below						
	Coordinated with reimbursement sought (joint expenditur						
No-se of Posses	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza	tionQAOBQCO				
Name of Payer	44		Date of Payment	Method of Payment: Check #17481			
Richard Pou	iiton		08/23/2021	O Debit Card OEFT			
Street Address		City		State Zip Code			
32 Cliff St	<u> </u>	East Haven		CT 06512			
Purpose of Expenditure (by code) POST	Description		Event#	Amount			
POST	Envelopes / Labels		08122021A	70.92			
Expenditure #	7						
(if applicable)							
	Coordinated with reimbursement sought (joint expenditure) O Independ	lent				
Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
SUBTOTAL Section P — This Page 6148.42							
,	TOTAL of additional Section P Pages						
	TOTAL OF ALL EXPENSES PAID BY COMMITTEE 12, 442.50 (Enter total on Line 19, Column A of Summary Page Totals)						
-	(Dint. soms on the	, veramin 12 oj Daminuti y					

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	TYPE OF REPORT	Å#					
Maltese for	Mayor	<u>. </u>	October 10, 2021 F	iling			
V 11 V 11	P. Expenses	Paid by Committee	 • 				
Name of Payee Big Prints		·	Date of Payment 08/25/2021	Method of Payment: O Check #17482			
	· · · · · · · · · · · · · · · · · · ·	Color.	00/23/2021	O Debit Card OEFT			
Street Address 15 Baer Circle	•	City East Haven		State Zip Code CT 06512			
Purpose of Expenditure	Description		Event #	Amount			
(by code) A-Sign	Small Sign Add-On	228					
(і) аррисавіє)	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 contributed)	e) Independ	tent tionOAOBOCOD				
Name of Payee			Date of Payment	Method of Payment: O Check #			
U.S.P.S.			08/26/2021	O Creck # O Debit Card OEFT			
Street Address		City		State Zip Code			
5 Court St		Branford	·	CT 06405			
Purpose of Expenditure (by code)	Description		Event #	Amount			
POST	Stamps Type of Expenditure (Itemization in Addendum P Required uni		09162021B	264			
Expenditure # (if applicable)							
. of Payce	Method of Payment:						
Staples			08/26/2021	Check #			
Street Address		City		O Debit Card OEFT State Zip Code			
85 N Main St		Branford		CT 06405			
Purpose of Expenditure	Description		Event#	Amount			
(by code) POST	Envelopes		09162021B	40.40			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)				
	None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr		dent				
Name of Payee	, , <u></u>		Date of Payment	Method of Payment:			
Staples			09/01/2021	Check#			
Street Address		City		O Debit Card O EFT State Zip Code			
95 N Main St		Branford		CT 58.47			
Purpose of Expenditure	Description		Event#	Amount			
(by code) POST	Printer Paper		09162021B	58.47			
(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)	tionOA OB OC OD				
	TOTAL of additional Section P Pages						
TOTAL OF ALL EXPENSES PAID BY COMMITTEE							
		19, Column A of Summary					

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

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

	TEE (Provide Complete Name as Registered with Filing Repository) ese for Mayor		October 10, 2021 F	iling		
	P. Expenses	Paid by Committee				
Name of Payee Big Pri	ints		Date of Payment 09/14/2021	Method of P O Check O Debit (#17484	
Street Address 15 Ba	er Circle	City East Haven		State	Zip Code 06512	
Purpose of Expenditure (by code) A-SIGN	Description 2 large Lawn Signs	-	Event#	180.80	Amount	
Expenditure # ((f 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				
Name of Payee Big Prints Date of Payment 09/14/2021					ayment: #17484 Card OEFT	
Street Address 15 Bae	r Circle	City CIrcle		State	Zip Code 06512	
Purpose of Expenditure (by code) PRNT	Description Walking Cards		Event# n/a	239.29	Amount	
Expenditure # (If applicable)						
of Payee Seasor	ns		Date of Payment 09/16/2021	Method of Pa	# <u>14785</u>	
Street Address 90 Fo	xon Rd	City East Haven		State CT	Zip Code 06513	
Purpose of Expenditure (by code) FDNR	Description Fund Raiser		Event # 09162021B	2400	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 controlled)	re) Indepen	·			
	Silberberg		Date of Payment 09/17/2021	Method of Pa	# <u>14786</u>	
Street Address 29 High S	St	City East Haven		State CT	Zip Code 06512	
Purpose of Expenditure (by code) OVHD	Description Headquarters Rental		Event# n/a	800	Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC D						
<i></i>	S	UBTOTAL Section P —	-This Page 3620.09			
	TO	TAL of additional Section	on P Pages			
	TOTAL OF ALL EXPE	NSES PAID BY COM 19, Column A of Summary	•			

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Errind Imany 2615	IV. EAR BIVDI	TOTOS (Beeting	3 I I	<i>.</i>		
NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository,)	7	TYPE OF REPORT		
Maltes	e for Mayor	- · ·		October 10, 2021 I	Filing	
	P. Expenses	Paid by Committee	e			
Name of Payee Fred A	nastasio	•		Pate of Payment 9/20/2021	Method of l O Check O Debit	:# <u>17488</u>
Street Address		City			State	Zip Code
249 Do	odge Ave	East Haven			СТ	06512
Purpose of Expenditure (by code)	Description		Event#		1	Amount
(by code) Office	Headquarters Keys n/a			7.82		
Expenditure # (if applicable)	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 control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement with out reimbursement with out reimbursement (in-kind control of the below Coordinated with out reimbursement with out reimbursement with out reimbursement with out reimbursement with out reimbursement with out reimbursement with out reimbursement w	re) Indepen	endent	ОвОсОв		
Name of Payee				ate of Payment	Method of F	
Fred Ana	astasio	·	9	9/22/2021	O Check	Card OEFT
Street Address		City			State	Zip Code
249 Dod	ge Ave	East Haven			СТ	06512
Purpose of Expenditure (by code)	Description	-	Event #			Amount
Office	Office Supplies		n/a		40.06	
Expenditure # (if applicable)						
of Payee		<u> </u>	D:	OB OC OD	Method of P	
Fred Ana	stasio		9	/23/2021	O Check	
Street Address		City			O Debit (Card OEFT Zip Code
249 Dodg	·	East Haven			ст	06512
Purpose of Expenditure (by code) Office	Description Coffee Maker		Event#			Amount
Expenditure #	<u> </u>		n/a		14.00	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	re) O Indepen	ndent	ОвОсО в		
Name of Payee			Da	ate of Payment	Method of Pa	
Samanth	a Parlato		9	/24/2021	Check	
Street Address		City			O Debit C	ard OEFT Zip Code
470 Thom	·	East Haven			СТ	06512
Purpose of Expenditure (by code) Office	Event.				503.67	Amount
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization Organization OR OR OR OR OR OR OR OR OR O						
<u> </u>	S	UBTOTAL Section P —	– This Pa	ge 565.45		
· · · · · · · · · · · · · · · · · · ·	TO	FAL of additional Section	on P Page	es		
	TOTAL OF ALL EXPER	NSES PAID BY COM 19, Column A of Summary	AMITTE Page Tota	EE		

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

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Page	13	UL L/	

EPVENE JESLEY 2015	× 1, 2, 2, 2, 1, 2		,				
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT			
Maltese f	or Mayor		October 10, 2021 F	October 10, 2021 Filing			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method of Payment;			
Bia I	Prints		9/24/2021	Oheck #26502			
Street Address		Ciny		O Debit Card OEFT State Zip Code			
15 Bae	r Circle	East Haven		CT 06512			
Purpose of Expenditure	Description		Event#	Amount			
(by code) PRNT	Walking Cards		n/a				
	<u> </u>			981.08			
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) Independ					
Name of Payee			Date of Payment	Method of Payment:			
	Prints		9/24/2021	O Check #26502 O Debit Card OEFT			
Street Address		City		State Zip Code			
15 B	aer Circle	East Haven		CT 06512			
Purpose of Expenditure	Description		Event #	Amount			
(by code) A=SIGB	Large Signs		n/a	537.09			
Expenditure # (If applicable)							
Name of Payee			Date of Payment	Method of Payment: O Check #			
Street Address		City		O Debit Card OEFT State Zip Code			
Purpose of Expenditure (by code)	Description		Event#	Amount			
Expenditure # (if applicable)	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 cont	re) [Indepen					
Name of Payee			Date of Payment	Method of Payment: O Check #			
Ge A 3 !		lo:		O Debit Card OEFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event#	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 contract)	re) O Independ	٠				
		SUBTOTAL Section P —	-This Page 1518.17				
	то	TAL of additional Section	on P Pages				
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COM	•				

		· · · · · · · · · · · · · · · · · · ·				 1	
	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Maltese for Mayor				October 10, 2021 Filing			
		gn Expenses Paid b	y Candidate	,			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				te of Payment	Is reimbur	sement claimed?	
					OYO	cs O No	
Street Address City				 		Zip Code	
Succi rightes) Jane		
I mbose of tribementare Describing			Event#			mount	
(by code)			i		0		
Name of Paves (Name of V	endor, Person or Ently who candidate paid directly)		Da	nte of Payment	Is reimbin	rsement claimed?	
Janayan (crimine by F				-	OY	_	
Street Address		City			State	Zip Code	
		1			_		
Purpose of Expenditure	Description	t	Event#		A	mount	
(by code)					0		
Manager Co.	Indea Bernara Dalamata and Maria			ite of Payment	Te mi-L-	rsement claimed?	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		102	Date of Payment			
						es O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description	<u></u>	Event#			Amount	
(by code)				0			
					!		
Name of Payce (Name of	endor, Person or Entity who candidate paid directly)		Di	ate of Payment		Is reimbursement claimed?	
					OY	res O No	
Street Address		City			State	Zip Code	
		1					
Duman -FP - · · · · · ·	Description		Event#			Amount	
Purpose of Expenditure (by code)	2 - Continue				0		
		1000 · · · · · · · · · · · · · · · · · ·					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Di	Date of Payment Is reimbursement cla			
				O Yes (
Street Address		City			State	Zip Code	
		[
<u></u>	Invite		Event#			Amount	
Purpose of Expenditure (by code)	Description		Event #		0 1		
	<u> </u>				<u> </u>		
Name of Payee (Name of)	Vendor, Person or Entity who candidate paid directly)		D	ate of Payment	Is reimb	ursement claimed?	
					0.7	res O No	
Street Address		City			State	Zip Code	
	<u> </u>					Amount	
Purpose of Expenditure (by code)	Description		Event #			Amount	
(0, 2000)	1				0		
	,	CIDTOTAL	Section Q — This F	Page 0		_ 	
		SUDIUIALS		267			
		TOTAL of additi	ional Section Q Pa	ages 0			
	TOTAL OF A	ALL EXPENSES PAI	D BY CANDIDA	ATE 0			
<u></u>	(Enter	total on Line 26, Column A	oj Summary Page T	orais)			

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYI	TYPE OF REPORT				
Maltese for Mayor					October 10, 2021 Filing				
· · · · · · · · · · · · · · · · ·	R. Expenses Incurre	ed on Com	mittee Cree	dit Card	· · · · · · · · · · · · · · · · · · ·	-	3		
Name of Issuing Insti	tution	Type of Cree O Visa	dit Card: O Master Ca	ard OD	iscover OAmeric	an Expres	s O0ther:		
Name of Vendor, Person o	r Entity	<u> </u>				Date of T	Transaction		
Street Address		City	 		·	State	Zip Code		
Purpose of Expenditure (by code)	Description	!		Event #		0	Amount		
Expenditure # (if applicable)									
Name of Vendor, Person of	or Entity				·	Date of T	Fransaction .		
Street Address		City				State	Zip Code		
Purpose of Expenditure (by code)	Description	_		Event #		0	Amount		
Expenditure # (If applicable)	Type of Expendings (Itemization in Addendum R Required unless "None of the below" is cheeked!								
Name of Vendor, Person o	er Entity					Date of T	Transaction		
Street Address		City	4.			State	Zip Code		
Purpose of Expenditure (by code)	Description			Event#			Amount		
Expenditure # . (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind co	enditure)				0			
	SI	UBTOTAL S	Section R — T	his Page	0				
	ТО	FAL of addit	ional Section	R Pages	О	·			
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMIT	TEE CREDI A of Summary 1	T CARD Page Totals)	O				

		<u>. </u>				
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposito	ry)	TYPE C	F REPORT		
Maltese fo	г Мауог		Octob	er 10, 2021 Filing		
<u>-</u>	S. Expenses Incurred by Con	nmittee but Not Paid	During this	Period	_	
Name of Creditor				•	Date Incurr	ed
Street Address	 	City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event#			ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	Indep	is checked) endent exization:	в Ос Ор	0	
Name of Creditor					Date Incur	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event#			ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expense of Coordinated without reimbursement sought (in-kind)	Indep	is checked) endent ization:	в Ос Ор	0	
Name of Creditor					Date Incur	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event#			ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	Indep	endent	в Ос Ор	0	
		SUBTOTAL Section	S-This Page	0		
;		TOTAL of additional Se	ction S Pages	0		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DU (Enter total on	RING THIS PERIOD BU n Line 28, Column A of Summ		0		
	Previously reported E	xpenses Unpaid and still (Outstanding	0		
	TOTAL OF ALL EXPENSES INCURRI (Enter total on)	ED BY COMMITTEE BU Line 28a, Column A of Summ		0		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPI	PE OF REPORT				
				Octo	tober 10, 2021 Filing				
*	T. Itemization of Rein	nbursements	and Secondar	гу Рау	ees				
Last Name of Worker/Con	First				MI	Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		<u>.</u>	<u> </u>			Reimburse Section P: k #	_	ommittee Worker/Consultant as O Debit Card OEFT	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			<u> </u>		State	Zip Code	
Purpose of Expenditure (by code)	Description		Eve	ent#			0	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-key)	xpenditure)	of the below" is ch O Independen O Organization	nt O	o" c				
Last Name of Worker/Cor	isultant	First				MI		f Payment to Vendor, or Entity	
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant					Section P:	_	e Worker/Consultant as Debit Card OEFT	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Ev	ent#			0	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Req. None of the below Coordinated with reimbursement sought (joint e	:xpenditure)	Organizati	ent O	O C				
Last Name of Worker/Co	nsultant	First	- " · " · " · " · " · " · " · " · " · "			МІ		of Payment to Vendor, a or Entity	
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant				Payment to Reimburse reported in Section P: Check #		e Committee Worker/Consultant as Debit Card DEFT		
Street Address of Vendor	r, Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		E	vent#			0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Red None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure)	e of the below is c Independ Organizat	lent O	О ()		
		SUBTOTA	AL Section T —	This Pa	ge 0				
		TOTAL of	additional Sectio	n T Pag	es 0				
TOTAL OF AL	L REIMBURSEMENT TO COMMITTE	E WORKERS	AND CONSU	LTAN	TS 0				
	······································								