SEEC FORM 20

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

RECEIVED FOR FILING NOV 0 | 2019

TOWN CLERK'S OFFICE EAST HAVEN, CONN.

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COVER PAGE

1. NAME OF COMMITTEE						este te geeste				
Maltese for Mayor - 2019	7				No continue de continue e continue de cont		· · · · · · · · · · · · · · · · · · ·		***************************************	
2. TREASURER NAME			HAN							
First		МІ		Last					Suffix	
Richard		T		Poulto	1					
3. TREASURER ADDRESS			4446							
Street Address			City			1	State	Zip C	ode	
32 Cliff St			East	t Haven			CT	065	12	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only i	if Candidat	Committee)	\$ 5 \$ \$ \$ (\$)		6. DIST	RICT NUMBER	
(mm/dd/yyyy) 11/05/2019	Mayor			-				(if applicable	9	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)	, Taban				jara sarah	MARKET .		
First		MI		Last					Suffix	
Salvatore		R		Maltes	e					
8. TYPE OF REPORT (Check One Box)			-1,711,	HARRA		Robert 1		100000	\$4,7435,4153 NO	
O January 10 filing	O7th day preced	ling primar	ſy	O7th	day preceding referendum		itial Contr	ribution o	r Disbursement	
O April 10 filing	O30 days follow	30 days following primary			days following referendum		O Amendment to			
July 10 filing	O7th day preced	O7th day preceding election			ficit	Ту	pe of Rep	ort:		
October 10 filing	Ol 2th day prece (State Central Con			⊙ Ter	mination	****				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n							
9. PERIOD COVERED										
	Beginning Dat	te			Ending Date					
,	10/11/2019			thru	10/30/2019					
10. CERTIFICATION										
I hereby certify and state, under p Disclosure Statement for the per						nis Item	iized Can	apaign F	inance	
John Bru	Sn_		Richa	ard T. Po	ulton			10/30/	2019	
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	-	PRIN	T NAME	OF SIGNER			DATE	(mm/dd/yyyy)	
						1774(1)				
A person who is _.					olated any provisions of the morisonment or both	e camp	aign finai	nce statu	ites	

Page 1 of 17

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Maltese for Mayor - 2019	TYPE OF REPORT Termination	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1517.80
12. Balance on hand at the beginning of Reporting Period	347.41	
13. Contributions Received from Individuals (Sections A and B)	0	6105
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	300
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c, Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	6405
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	7922.80
19. Expenses Paid by Committee (Section P)	347.41	7922.80
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	О	О
21. In-Kind Donations not Considered Contributions Received (Section L4)	o	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	О	0
23. In-Kind Contributions Received (Section M)	О	394
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	o	
25a. + Loans Received (Section D)	0	400
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	400
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Maltese for Mayor - 2019		Termination			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	ed this Period ONLY UBTOTAL SECTION A	\$			
B. Itemized Cor	ntributions from Indivi	duals			
Last Name	First			MI	
Residential Street Address	City		State 2	Zip Code	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to does contributor or business he/she walued at more than \$5,000? Is this contribution associated with an		t with said municipality	', Amoun	nt of Contribution	
event reported in Section L1? If yes, list Event # No If yes, indicate which bran of government the contract	ch or branches	OLegislative No			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney					
Last Name	First			MI	
Residential Street Address	City		State 2	Zip Code	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			, Атоип	nt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which brar of government the contraction of government the contraction.		te contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order				
Last Name	First			MI	
Residential Street Address	City		State 2	Zip Code	
Principal Occupation	Name of Employer	104-4-0-0-1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business he/she is valued at more than \$5,000?			', Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?		te contractor? O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		1		
SUBT	OTAL Section B — This	Page 0			
TOTAL	of additional Section B l	Pages 0			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page			,	

I. MONETARY RECEIPTS (Sections A—K)

	MITTEE (Provide Completese for Mayor - 2019	****	vith Filing Reposi	itory)			TYPE OF REPOR	TYPE OF REPORT Termination				
		C1. C	Contributio	ns fi	rom Ot	her Committe	es					
Name of Committee						Name of Treasurer						
Address				Is t	his contrib ent reporte	d in Section L1?	th an Oycs ONo					
City	- 100 to	State	Zip Code		Date Receiv		gregate Contributions					
Name of Committee						Name of Treasurer						
Address		AA A A A A A A A A A A A A A A A				d in Section L1?	th an OYes ONo	A	mount of	Contribution		
City		State	Zip Code		Date Receiv		ggregate Contributions					
Name of Committee						Name of Treasurer		· ·				
Address						d in Section L1?	ith an Yes No	A	mount of	f Contribution		
City		State	Zip Code		Date Recei		ggregate Contributions					
Name of Committee		Reimbursemen	ts or Surp	lus D	Distribu	tions from ot Name of Treasurer	her Committees					
Address					City				State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type OReimbursen	nent for shared	expens	se OSi	ırplus Distribution			Amoun	t of Receipt		
Description		•		•								
Name of Committee						Name of Treasurer						
Address					City				State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type Reimburs	ement for share	ed expe	ense O	Surplus Distributio	n		Amoun	t of Receipt		
Description						······································	4. A. J. Marie V.					
			SUBTO	OTAI	L Sectio	n C — This Pa	ge 0					
			TOTAL	of ac	lditiona	l Section C Pag	es 0					
		F ALL COMMIT as C1 + C2) (Enter										

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete N	une as Registered with Filing Reposito	ry)				REPORT	
Maltese for Mayor - 2019					ermin	ation	
	D. Loans 1	Receiv	ved this Period	<u> Politikasisi</u>			
Name of Lender			Source of Loan: OBank O Can	didate 🔘 I	ndividu	al Other Committee	Date of Receipt
Street Address	City			8	Itate	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender	-		Source of Loan:			100	Date of Receipt
			OBank OCan	didate 🔘 l	ndıvıdu	Committee	
Street Address	City				itale	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	and the state of t			•			Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank O Can	didate O	Individu		Date of Receipt
Street Address	City				State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)				<u>L</u>		1	Amount Received
Street Address	City				State	Zip Code	
			TOTAL SECT	ION D	0		
E. Receipts from E	ntities other than Indivi	iduals	or Other Com	mittees	Refere	ndum Committe	es ONLY)
Name of Entity							
Street Address				Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contr	ibutions	
Name of Entity							
Street Address		•		Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contr	ibutions	
Name of Entity							A CONTRACT OF THE CONTRACT OF
Street Address				Date Re	ceived		Amount Received
		· · · · · · · · · · · · · · · · · · ·					
City		State	Zip Code	Aggreg	ate Contr	ibutions	
			TOTAL SECT	TION E	0		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing i	Repository)				TYPE OF REPORT
Maltese for Ma	yor - 2019		Termination				
F.	Amount Transferred	from Affi	liated Bu	siness T	reasury (Business	s Entity Committees ONLY)
Date of Receipt	Is this transaction associ event reported in Section		8Yes No	If yes, list	Event #		Amount
Date of Receipt	Is this transaction associ		8Yes No	<i>If yes</i> , list	Event #		Amount
Date of Receipt	Is this transaction associ		8Yes No	<i>If yes</i> , list	Event #		Amount
Date of Receipt	Is this transaction associ		8Yes No	<i>If yes</i> , list	Event #		Amount
				то	TAL SEC	TION F	r. (1)
G. Amount Trai	nsferred from Affilia	ted Labor	Union o	r Other	Organiza	tion T	reasury (Organization Committees ONLY)
Date of Receipt		Date of Receipt				D	Date of Receipt
Ame	punt	Amount					Amount
				тот	AL SECT	ION G	0
	I. Personal Funds of	the Candi	date Rec	eived th	is Period	(Candia	idate Committees ONLY)
Date of Receipt	Method of payment:	ine Canai	unity itte	CITCU EI	15 7 01 10 0	(Cumun	Amount
·	OCash	0	Personal Ch	eck	O Credit/	Debit Care	rd
Date of Receipt	Method of payment: Cash	0	Personal Ch	eck	O Credit/	Debit Care	Amount rd
Date of Receipt	Method of payment:						Amount
	OCash	0	Personal Ch	eck	O Credit/	Debit Care	rd
Date of Receipt	Method of payment:						Amount
	OCash	0	Personal Che	eck	O Credit/	Debit Care	rd
				I	OTAL SE	CTION	0
		I. Ar	ıonymou	ıs Contr	ibutions		
	-				-	_	er be deposited in <i>any</i> campaign treasurer shall

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registe	red with Filing Repository)	T	PE OF R	EPORT	
Maltese for Mayor - 2019		Te	rminati	on	The following the second of the second secon
J. Inte	erest from Deposits in Autl	orized Accounts			
Name of Institution		Da	te Receive	1	Amount
Street Address	City	State] Z	ip Code	
	,			,	
Name of Institution		De	te Receive	đ	Amount
Street Address	City	State	Z	ip Code	
	Ţ	OTAL SECTION J	0		
K. Miscellaneo	ous Monetary Receipts not	Considered Cont	ributio	ns	
Name			Date of	Transaction	Amount Received
Stoot Address	City		State	Zip Code	
Street Address	City		Julio	laip cour	
Description				-1	
Name			Date of	Transaction	Amount Received
	Lev		State	Zip Code	
Street Address	City		State	zip code	
Description					
			Data of	Transaction	
Name			Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					_
			- (5 · /	· · · · ·	
Name			Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTA	L SECTION K	0		
SUMMARY OF O	THER MONETARY REC	EIPTS (Sections	D thro	ugh K)	
Total Loans Received this Period (Section D)			-	0	
Total Receipts from Entities other than Individua	ls or Other Committees (Section	E)	+	0	
Total Amount Transferred from Affiliated Busine	ess Treasury (Section F)		+	0	
Total Amount Transferred from Affiliated Labor	Union or Other Organization To	reasury (Section G)	+	О	
Total Amount of Personal Funds of the Candidate	Received this Period (Section I	I)	+	0	
Total Amount of Interest from Deposits in Author	rized Accounts (Section J)		+	0	
Total Miscellaneous Monetary Receipts not Consi	idered Contributions (Section K)		+	0	
(Add Sections D	Total of C through K) (Enter total on Line 15,	ther Monetary R			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
	Maltese for Mayor - 2019 L1. Event Information Letter Description City Description City City Description City Oyes (If yes, go to Section L5 Associated with a Hous purchases made by host(Oye) This event hosted at a personal residence? Oyes (If yes, go to Section L5 Associated with a Hous purchases made by host(Oye) This fundraiser include goods or services donated by a business entity of to \$200 or items donated by an individual of up to \$100? Oyes (If yes, go to Section L4 and complete required in Oye) Oyes (If yes, enter Total Receive there purchases of advertising space in a program book or on a associated with this fundraiser? Oyes (If yes, go to Section L5 Oyes (If yes, enter Total Receive there purchases of advertising space in a program book or on a or on a Sign and complete required in Oyes (If yes, go to Section L3 Oyes (If yes, go to Section L4 Oyes) Oyes (If y										
	L1, Even	t Infori	nation								
Event # Date of Event Letter	Description				Wa	s this a fui	ndraising event?				
Location: Street Address		City		-		State	Zip Code				
Subpart 1: (All Committee Was this event hosted at a		_	Associated with a Hou	ise Party and coi	nplete req	uired infor	mation for any				
		 Yes (If yes, go to Section L4 In-Kind Donations not Considered Cont and complete required information.) No 									
			(If yes, enter Total Rec	eipts here.)	\$						
Were there purchases of a	dvertising space in a program book or on a	OYes	(If yes, go to Section L:	3 Purchases of A			Program Book				
Did your committee sell f	ood or beverage at a fair or similar mass	_	(If yes, enter Total Rec	celpts here.)	\$						
Event # Date of Event Letter	Description	<u> </u>	Les environs		Wa	s this a fu	ndraising event?				
Location: Street Address		City			<u>, , , , , , , , , , , , , , , , , , , </u>	State	Zip Code				
Subpart 1: (All Committee Was this event hosted at a		O ^{Yes} O ^{No}	(If yes, go to Section L: Associated with a Hot purchases made by hos	use Party and co	mplete reg	quired info	rmation 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?		s (If yes, go to Section L and complete required		tions not C	Considered	Contributions				
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	O Yes	(If yes, enter Total Rec	ceipts here.)	→ [\$						
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comidvertising space in a program book or on a fundraiser?	Mittees of OYes ONo	ther than Exploratory (If yes, go to Section L or on a Sign and com	3 Purchases of A	dvertising formation	g Space in a	ı Program Book				
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes ONo	(If yes, enter Total Rec	eipts here.)	\$						
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fi	om Sale	of Donated Items —	This Page ()						
			Subpart 3 <i>(Town Commi</i> n Food Purchases —		0						
		TOTAL	of additional Section	n Li Pages	0						
	TOTAL OF ALL RECE	LPTS F	ROM SMALL PU	RCHASES	0						

II. EVENT ACTIVITY (Sections L1—L5)

Per P individu	ublic Act 11-48, effect al purchases from a co	tive January 1 ommittee tag s	, 2012 comrale, auction,	nittees are no lor or a sale of don	nger requir ated items	red to . <i>Sec</i>	itemize ction L2.	small removed
NAME OF COMMETER	(Provide Complete Name as Registe	prod with Eilling Panacita	pp)	a a la company de la company d	PE OF REPOR	т	n e a need alle en	
Maltese for Ma		лен жин гиму керохио	• 3/	***	rmination			
		es of Advertisin	ig in a Progr	am Book or on a	ı Sign			
Name of Purchaser	Light Williams	01 01 110 0	-B			Purchase	Made By:	
					•	O Busi	iness Entity	Other
					(O Indi	vidual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	m Ad Purchas	e A	Amount of Si	gn Purchase
					Τ,			
Name of Purchaser						_	Made By: iness Entity	Other
						~	vidual/Sole P	-
Street Address			City				State	Zip Code
	The same	A Durchones	for All Property	A	- Ad Desembles		mount of Cir	m Dunchasa
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	m Au Purcnas	e A	amount of Si	gn rurenase
Name of Purchaser						Purchase	Made By:	
					- [OBus	iness Entity	Other
						O Indi	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	ım Ad Purchas	se A	Amount of Si	gn Purchase
Name of Purchaser					- 1		Made By:	C Other
					1		iiness Entity ividual/Sole P	Other
Street Address			City			O mai	State	Zip Code
biles Address			,			ı		
		I	Con All Property		4 d Db			Dywakasa
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	im Ad Purchas	ie A	Amount of Si	gn Purchase
Name of Purchaser					1	Purchase	Made By:	
					Į,	O Bus	iness Entity	Other
					(O Indi	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	m Ad Purchas	ie A	Amount of Si	gn Purchase
								-
		1			es 1, 1 ty, es 15 te 1	Ц		
	SUBTOTAL Section L3	Fotal Purchases of	Advertising in	Program Book — T	his Page 0		***	
	SUBTOTAL Sec	tion L3 Total Purc	hases of Adver	tising on a Sign — T	his Page ()			
			TOTAL o	f additional Section	L3 Pages 0			
TOTA	L OF ALL PURCHASES	OF ADVERTISIN	G IN A PROG	RAM BOOK or ON	A SIGN 0			

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repo	sitory)		TYPE OF REPO)RT			
Maltese for N	1ayor - 2019			[τ	Termination				
	L4	. In-Kind Donatio	ns Not Consi	dered Contribut	ions				
Name of Donor									
Street Address			City		ekona modi a antiko b		State	Zip Code	
Donation Given By:	Description of Donation					Fair N	/ /Iarket Val	ue of Donation	
O Business Entity	•					1			
O Individual	Date Received	Event #		Aggregate Value for	this Event	_			
O Sole Proprietorship									
Name of Donor	1								
Street Address			City	- <u>8</u>	*************************************		State	Zip Code	
Donation Given By: Business Entity	Description of Donation		<u> </u>		entermote with the control of the co	Fair N	l Varket Val	ue of Donation	
OIndividual	D. A. D	Event #	,,,,,,	Aggregate Value for	thic Event				
OSole Proprietorship	Date Received	Event #		riggiegate (mae io)	and Divin			3	
Name of Donor									
Street Address		An An Affil A Affil P I I	City				State	Zip Code	
Donation Given By: Business Entity	Description of Donation	y salay di salah (1964) di mili				Fair !	Market Va	lue of Donation	
O Individual O Sole Proprietorship	Date Received	Event#	1.27.27.111.27.7.11.2	Aggregate Value for	this Event				
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By: O Business Entity	Description of Donation					Fair l	Market Va	lue of Donation	
O Individual O Sole Proprietorship	Date Received	Event#	44.	Aggregate value for	this Event				
		S	UBTOTAL Sect	ion L4 — This Page	0				
		π	OTAL of additio	nal Section L4 Page	0				
TO	FAL OF ALL IN-KIN	D DONATIONS NOT (Enter total on Line 2	CONSIDERED 21, Column A of S	CONTRIBUTION ummary Page Totals	0				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov.	ide Complete Name as Registered with Filing Repositary)		TYPE OF REPORT			
Maltese for Mayor	- 2019			Terminatio	n		
L5. Ir	-Kind Donations Not Considered	Contributions Associa					
Name of Host			Is this event s	supporting me	re than on	e candidate or	
			committee?			3T <i>e</i>	
			If yes, co	mplete Itemiza			
Street Address		City			State	Zip Code	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate	1			
	:						
Name of Host			Is this event	supporting me	ore than on	ne candidate or	
			committee?	OYes O N	0		
			If yes, co	mplete Itemiza			
Street Address		City			State	Zip Code	
					1		
Description of Donation				Fair Mar	ket Value o	of Donation	
•							
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
isvent #	1,55,000						
N. CIT.			Is this event	eupporting m	ore than or	ne candidate or	
Name of Host			committee?	OYes ON	0	ie candidate di	
			If yes, co	omplete Itemiza	ition in Add		
Street Address		City			State	Zip Code	
Description of Donation				Fair Mar	ket Value	of Donation	
						•	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	-			
E LYCIN IT	, iggiogato (titul titul zioni in)						
N			Is this event	sunnorting m	ore than or	ne candidate or	
Name of Host			committee?	OYes ON	0		
			If yes, co	omplete Itemiz	ition in Ado		
Street Address		City			State	Zip Code	
Description of Donation				Fair Mai	ket Value	of Donation	
Description of Bonation							
77	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
Event #	Aggregate value of this Event—an nosis	right barne of an Evenior inno					
				<u> </u>			
	St	JBTOTAL Section L5 —	This Page	0			
	TO	TAL of additional Section	L5 Pages	0			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI e 22, Column A of Summary	BUTIONS Page Totals)	0			
		-					
1							

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		TYPE OF REPORT	*********			
Maltese for Mayor - 2019			***	Termination				
		M. In-Kind Cor	ıtributions					
Name								
			Ica.		State	Zip Code		
Street Address			City		Siate			
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		<u> </u>		
Type of contributor:		3. 3						
	If contribution is in	excess of \$400 to a candi	idate for a chief executive	officer of a municipality.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does contributor or valued at more than	business he/she is associa n \$5,000?	ted with have a contract w	vith said municipality		Iarket Value Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes.	utor a principal of a state of, indicate which branch overnment the contract is wi	contractor or prospective s or branches th: Executive	tate contractor? Yes No No Legislative	8			
Name			-					
Street Address		- Constitution of the Cons	City	A Whiteholder Co.	State	Zip Code		
		·						
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution				
Individual / Sole Proprietorship Oother	1	<u></u>)44,0				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	dana anatalbustan a	or business he/she is associ	didate for a chief executive inted with have a contract Yes No	e officer of a municipality, with said municipality		Market Value Contribution		
Is this contribution associated with an event reported in Section L1?	Yes Is contribution No If yes,	utor a principal of a state of, indicate which branch o	contractor or prospective s	ONo I				
If yes, list Event #		ernment the contract is wi	th: C Executive	OLegislative				
Name								
Street Address			City		State	Zip Code		
						İ		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	l Contribution				
Ondividual / Sole Proprietorship Oother								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is i	or business he/she is assoc	iated with have a contract	e officer of a municipality, with said municipality		Market Value Contribution		
Is this contribution associated with an	valued at more the		O Yes O No contractor or prospective s	state contractor? OYes				
is this contribution associated with an event reported listed in Section L1? If yes, list Event #	No If yes,	indicate which branch o ernment the contract is wi	r branches	OLegislative No				
		SUBTOTAL	. Section M — This Pa	age O		_ 		
		하는 기계 보고 있는 기계 보고 보고 있다. 기계 보고 있는 경우 기계 보고 싶을 보고 있다. - 기계 보고 있는 것이 되었다. 그 보고 보고 있는 것이 되었다. 그 보고 있는 것이 되었다. 그 것이 되었다	ditional Section M Pag	egreene en				
				로 보고 :				
TOTAL OF ALL IN-KIND CON	TRIBUTIONS	Enter total on Line 23, Col	umn A of Summary Page 1	(otals) U				
	N, Refun	idable Deposit to	Felephone Compa	ny				
Last Name of Individual		First	*	MI	Date Depos	it Made		
Residential Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code	<u> </u>	Amount of		
						Deposit -		
Name of Telephone Company				1 1				
sompmy								
Street Address		City		State Zip Code				
Street Address		City		3.0000				
TOTAL S	ECTION N (Enter	r total on Line 24, Colum	n A of Summary Page To	otals) 0				

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page	13	۸f	17
1 1126	IJ	VI.	1.1

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Maltese for N	Mayor - 2019		Termination	
	P. Expenses	Paid by Committee		
Name of Payee East Haven	Animal Shelter		Date of Payment 10/24/2019	Method of Payment: O Check #BC O Debit Card OEFT
Street Address		City		State Zip Code
189 Comme	erce St	East Haven		CT 06512
Purpose of Expenditure (by code) SRPLS	Description Dispursement of Campaign Funds		n/a	Amount 200
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 contribution)	e) Independ	tionOAOBOCOD	
Name of Payce East Haven F	ood Pantry		Date of Payment 10/24/2019	Method of Payment: Check #BC Debit Card EFT
Street Address		City		State Zip Code
39 Park Place	9	East Haven		CT 06512
Purpose of Expenditure	Description		Event #	Amount
(by code) SRPLS	Dispursement of Campaign Funds		n/a	147.41
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 contri	o) O Independ		
Name of Payee			Date of Payment	Method of Payment: O Check # 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 u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) O Indepen		
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card O EFT
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 control of the c	re) 🔘 Indepen		
		SUBTOTAL Section P —	- This Page 347.41	
	TO	TAL of additional Secti	on P Pages 0	
	TOTAL OF ALL EXPE (Enter total on Lin	NSES PAID BY CON e 19, Column A of Summary	AMITTEE 347.41 Page Totals)	

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPORT		e e e e e e e e e e e e e e e e e e e
Maltese for Mayor - 2019			Termination		
		Expenses Paid by C	andidate		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	ls reim	oursement claimed?
			1		Yes O No
Street Address		City		State	Zip Code
SHEEL Address					
Purpose of Expenditure (by code)	Description		Event #		Amount
(by coco)					
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?
				0	Yes O No
		City		State	Zip Code
Street Address		Chy			
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?
Transcore and the state of the	•				Yes O No
	140	Total		State	Zip Code
Street Address		City		Siarc	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Payee (Name of V	 'endor, Person or Entity who candidate paid directly)		Date of Payment	ls rein	bursement claimed?
Manie of I ayee (Hame of F	, 1000, 2000				Yes O No
				State	Zip Code
Street Address		City		Pillie	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Payor (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	bursement claimed?
Name of Payce (Name of V	ento, readillo hany who calling pain any			ا م	Yes O No
1990-004					Zip Code
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)			ļ		
V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	bursement claimed?
Name of Payce (Name of V	emior, Ferson or Emily who cumulate putt unecry)				Yes O No
					-
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #	***	Amount
(by code)					
				<u> </u>	
		SUBTOTAL Section	n Q — This Page 0		
		TOTAL of additional	Section Q Pages 0		
	MODITOR IT	EXPENSES PAID B	V CANDIDATE		,
	HOTAL OF ALL (Enter total	on Line 26, Column A of Si	mmary Page Totals)		

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repos	itory)	TYPE OF REPOR	Т		
	for Mayor - 2019		Termination			
	R. Expenses Incu	rred on Committee Cr	edit Card			
Name of Issuing Insti	tution	Type of Credit Card:			_	
		O Visa O Master	Card ODiscover OA	nerican Express	Other:	
Name of Vendor, Person	or Entity			Date of T	ransaction	
Street Address	the desired by the second seco	City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	spenditure) 🚺 Indep	endent	Ов		
Name of Vendor, Person	or Entity			Date of T	ransaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (If opplicable) Name of Vendor, Person	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	spenditure) O Indep	endent OB OC		ransaction	
	· · · · · •					
Street Address		City	and the second s	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 expenditure) Coordinated without reimbursement sought (in-key)	xpenditure)		Ов		
		SUBTOTAL Section R -	This Page 0			
		TOTAL of additional Sectio	n R Pages 0			
TC	OTAL OF ALL EXPENSES INCURRED ((Enter total or	ON COMMITTEE CREI 1 Line 27, Column A of Summar	DIT CARD y Page Totals)			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPORT	\$ 2. \$ 1 miles	trustra del del troca, de esp
	or Mayor - 2019		Termination		
	S. Expenses Incurred by C	Committee but Not Pa	id During this Period		
Name of Creditor				Date Incur	red
Street Address		City	-durd-	State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req. None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure) On	ow" is checked) idependent rganization: OA OB OC O	, D	
Name of Creditor				Date Incur	тed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req. None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure) On	ow" is checked) Idependent rganization: OA OB OC O	D	
Name of Creditor	•			Date Incut	тed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		tount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req. None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure) O	ow" is checked) idependent rganization: OA OB OC) D	
		SUBTOTAL Sect	ion S-This Page 0		
		TOTAL of additional	Section S Pages 0		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE ((Enter total	DURING THIS PERIOD I al on Line 28, Column A of Su	BUT NOT PAID mmary Page Totals)		
	Previously reporte	d Expenses Unpaid and sti	ill Outstanding 0		
	TOTAL OF ALL EXPENSES INCUI (Enter total	RRED BY COMMITTEE on Line 28a, Column A of Sui			

IV. EXPENDITURES (Sections P—T)

	E (Provide Complete Name as Registered with Filing Repost	(ory)			E OF RE minatio			
Maltese for	Mayor - 2019 T. Itemization of Rein	nbursements	and Second	iary Pay	ees			
		First				мі	Date of Pa	nyment to Vendor, Entity
st Name of Worker/Const	aitant						reisono	ышу
					Payment t	o Reimburse (Committee V	Vorker/Consultant as
me of Vendor, Person or	Entity Paid by Committee Worker/Consultant				reported i	n Section P:		oit Card OEFT
		<u> </u>			O Che	CK #	State	Zip Code
eet Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				- 1		
				l 27 . 44				1
rpose of Expenditure y code)	Description			Event #				Amount
xpenditure#	Type of Expenditure (Itemization in Addendum T Req	uired unless "Non	e of the below"	ls checked)				
f applicable)	O Mana af the halow							
	A design and with reimbursement sought (joint)	expenditure)	O Indepe	endent O	O _R (၀ ၀ ၈	 	
	Coordinated without reimbursement sought (in-		Organi	LAUOIL O A		MI	Date of	Payment to Vendor,
ast Name of Worker/Con	sultant	First					Person o	or Entity
					I n	to Daimhura	Committee	Worker/Consultant
ame of Vendor, Person o	or Entity Paid by Committee Worker/Consultant				reported	in Section P:		
				J	OCh	eck#		ebit Card BF
treet Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	-				State	Zip Code
		-						
urpose of Expenditure	Description			Event #				Amount
by code)								
	Type of Expenditure (Itemization in Addendum T Re	eauired unless "No	re of the below	" is checked	1)		7	
Expenditure # (if applicable)	O Nama of the below							
	Canadinated with reimburgement sought (join)	t expenditure)	Indep	pendent O	, O	$O_{\circ C} \circ I$		
	Coordinated without reimbursement sought (in	ir-Kind Commodition)	Oorga	nization, O	А ОВ	М	Date o	f Payment to Vendo
						1,771	Person	or Entity
Last Name of Worker/Co	nsultant	First				Ì	7 4.002	
Last Name of Worker/Co	nsultant	First		······				. Worker/Consultan
		First	AMAN, SAN		Payme reporte	ent to Reimbur	se Committe	e Worker/Consultan
Last Name of Worker/Co	onsultant or Entity Paid by Committee Worker/Consultant	First		****	reporte	ent to Reimbur ed in Section F Check #	se Committe	Debit Card OE
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant	First			reporte	ed in Section F	se Committe	
Name of Vendor, Person					reporte	ed in Section F	se Committe	Debit Card OE
Name of Vendor, Person Street Address of Vendo	or Entity Paid by Committee Worker/Consultant r, Person or Entity Paid by Committee Worker/Consultant			Event #	reporte	ed in Section F	se Committe	Debit Card OE
Name of Vendor, Person Street Address of Vendo	or Entity Paid by Committee Worker/Consultant			Event #	reporte	ed in Section F	se Committe	Debit Card OE
Name of Vendor, Person Street Address of Vendo Purpose of Expenditure (by code)	or Entity Paid by Committee Worker/Consultant or, Person or Entity Paid by Committee Worker/Consultant Description	City	nua of the balance		reporte	ed in Section F	se Committe	Debit Card OE
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Name of Vendor, Person Street Address of Vendo Purpose of Expenditure (by code)	or Entity Paid by Committee Worker/Consultant or, Person or Entity Paid by Committee Worker/Consultant Description Type of Expenditure (Itemization in Addendum T Item) None of the below	City Required unless "Not interpretation"	O Ind	v" is checke ependent anization: c	reporte O C	O O	State	Debit Card OF
Name of Vendor, Person Street Address of Vendo Purpose of Expenditure (by code)	or Entity Paid by Committee Worker/Consultant or, Person or Entity Paid by Committee Worker/Consultant Description Type of Expenditure (Itemization in Addendum T Item) None of the below	City Required unless "No on the expenditure) (in-kind contribution) SUBTO:	O Ind Oorg	ependent canization: C	ed) Page	Check #	State	Debit Card OF
Name of Vendor, Person Street Address of Vendo Purpose of Expenditure (by code) Expenditure # (if applicable)	or Entity Paid by Committee Worker/Consultant or, Person or Entity Paid by Committee Worker/Consultant Description Type of Expenditure (Itemization in Addendum T Is Coordinated with reimbursement sought (joing Coordinated without reimbursement sought (City Required unless "Notes and expenditure) (in-kind contribution) SUBTO:	Ind Org FAL Section 7	ependent (anization: C	ed) Pages	Check #	State	Debit Card OF
Name of Vendor, Person Street Address of Vendo Purpose of Expenditure (by code) Expenditure # (if applicable)	or Entity Paid by Committee Worker/Consultant or, Person or Entity Paid by Committee Worker/Consultant Description Type of Expenditure (Itemization in Addendum T Item) None of the below	City Required unless "Notes and expenditure) (in-kind contribution) SUBTO:	Ind Org FAL Section 7	ependent (anization: C	ed) Pages	Check #	State	Debit Card OE