SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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

Stary gravino, CCTC

TOWN CLERK

REGISTRATION TYPE	1. ELECTION DATE	(mm/dd/yyyy)	2. MUNICIPALITY	
O T. 345.1 O 6	,		(If applicable)	
Initial OAmendment				
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER
MAYOR e	OF EAST	HAVEN		(If applicable)
5. PARTY AFFILIATION				
Republican	O Democratic	OOther (Speci	(fs)	
6. CANDIDATE NAME				
First Name		MI	Last Name	Suffix
SALVATORE		I R	MALTESE	
7. CANDIDATE RESIDENC	E ADDRESS		8. CANDIDATE MAILING ADDRESS	(If different)
Street Address 11 Holh	and Roc		Address // HOLLAND X	COAD
City	ISt	nte Zip Code	City	State Zip Code
EAST HAVE	£-4	3 065/2	City EAST HAVEN	et 06512
9. CANDIDATE TELEPHON	(IC 1	0. CANDIDATE EM	IAIL ADDRESS	
(Include Area Code)				,
203 589 1	1709	SALHAL	TEXE CONCAST. NE	ブ
11. DESIGNATION OF CAM	IPAIGN FUNDING SC	URCE		
(Check one)				
A. I am formi Registration	-	mmittee and I	am required to file a Candidate	Committee
Go to Form	1A and complete pa	nges 2 and 3 — Co	andidate Registration Statement.	
	ot from forming a ng a Candidate Co		mittee and I am filing a Certific	cation of Exemption
Go to Form	1B and complete pa	ge 4 — Certificat	ion of Exemption from Forming a Co	andidate Committee.
of Candidate Con	nmittee," <i>or</i> Form i oming a candidate v	IB "Exemption f will subject the c	this page together with either For From Forming a Candidate Commi andidate to a mandatory \$100 late nnecticut General Statutes.	ttee," within 10 days
Making a f			ou to criminal penalties, including but n te of up to two thousand dollars, or both	

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



REGISTRATION TYPE CANDIDATE NAME MALTESE SAWATORE Amendment Initial 12. COMMITTEE NAME LANTESE FOR MAYOR 2019 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE 13. COMMITTEE ADDRESS Address CLIFF STREET RTP50e AOL. COM C/25/2 16. TREASURER NAME ΜI Last Name First Name POULTON ICHARD 18. TREASURER MAILING ADDRESS (If different) 17. TREASURER RESIDENCE ADDRESS 32 CLIFF STREET 32 CLIFF STREET Zip Code EAST HALEN 4512 20. TREASURER EMAIL ADDRESS 19. TREASURER TELEPHONE (Include Area Code) 203 -46M-7864 RTP50E AOL. CON 21. DEPUTY TREASURER NAME Suffix First Name PYCELA E 23. DEPUTY TREASURER MAILING ADDRESS (If different) 22. DEPUTY TREASURER RESIDENCE ADDRESS HOLLAND ROAD KOAD Zip Code Zip Code 06512 dar12 25. DEPUTY TREASURER EMAIL ADDRESS 24. DEPUTY TREASURER TELEPHONE KPYCELA @ CONCAST. NET 203-530-7680 26. DEPOSITORY INSTITUTION NAME NEBSTER 27. DEPOSITORY INSTITUTION ADDRESS EAST Halen Address 06517

DECISTO	ATION TYPE	CANDIDATE NAME			
Initial	OAmendment	SAWATORE	RA	ALTESE	
28. CERTI	FICATION				
com this	mittee registration statement includ	on statement are true and a es my certification to the	accurate to the fact that any	t, that all of the designations set for e best of my knowledge and belief individual designated herein to ser f my appointment of them to those	f, and further, that we as my treasurer
A	liter	faltes		07-10-2019	
CAN	DIDATE SIGNATURE			DATE (mm/dd/yyyy)	
4, *.		•		ne General Statutes, and to abide by	y any prohibitions,
		tions concerning campaign aid any civil penalties or			
I cer I cer juris unde plea	rtify that I have p rtify that I have n sdiction, any (A) er Title 9 of the C	eaid any civil penalties or not been convicted of or plately felony involving fraud, for General Statues, or that at on of any sentence, which	forfeitures a led guilty or orgery, larce least eight y	ns and expenditures.	o 157, inclusive. ompetent) criminal offense the conviction or

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/vyyy)

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

SUMMARY PAGE TOTALS

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

I. MONETARY RECEIPTS (Sections A-K)

			فسنسون								
NAME	OF COMMITTEE (Provide Comp	lete Nat	ne as i	Registered with Filing Repository)			TYPE	OF REPORT			
	Maltese for mayor -2019										
A.	Total Contributions fr (See instructions for definition of					his Period ONLY FOTAL SECTION A	\$				
				B. Itemized Cor	ntril	outions from Indivi	duals			-	
Last Nam	ie				\[F	irst					MI
Residenti	al Street Address				City	St			State	Zip	Code
Principal	Occupation					Name of Employer					
		Yes No	doe	contribution is in excess of \$400 cs contributor or business he/she ued at more than \$5,000?					, Amo	unt o	of Contribution
event re	contribution associated with an eported in Section L1?	8	Yes No	ls contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	r branches	_	O No			
Method	of Contribution:					Date Received	Aggrega	te Contributions			
O Cash	OPersonal Check OCredit/	Debit C	Card (OPayroll Deduction OMoney	Orde	r					
Last Nam	e		***************************************		F	first					MI
Residenti	al Street Address				City	·····			State	Zip	Code
Principal	Occupation					Name of Employer		<u> </u>		<u>1 </u>	
or dependence of the dependenc	ontribution associated with an corted in Section L1?		doe	ontribution is in excess of \$400 on the secont of the second of the seco	is asse state on nch o	Ociated with have a contract O Yes O No Contractor or prospective star r branches	with sai	d municipality ctor? SYes No	, Amo	unt o	f Contribution
	list Event #			of government the contrac	Ct is w	vith: Executive Date Received		gisiative te Contributions	-		
	Personal Check Ocredit/l	Debit C	Card (Payroll Deduction Money	Orde						
Last Nam						First	<u> </u>			N-LINE BURNE	MI
Residenti	al Street Address				City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			State	Zip	Code
Principal	Occupation					Name of Employer				<u></u>	
		Yes No	doe	contribution is in excess of \$400 cs contributor or business he/she ued at more than \$5,000?					, Amo	unt e	of Contribution
event rej	ontribution associated with an ported in Section L17 list Event #	8	Yes No	Is contributor a principal of a s If yes, indicate which brar of government the contrac	nch or	r branches	_	ONo			
	of Contribution:			_		Date Received	Aggrega	te Contributions			
O Cash	OPersonal Check OCredit/	Debit C	Card (Payroll Deduction OMoney	Orde	r					
				SUBT	ОТ	AL Section B — This	Page	0			
				TOTAL	ړ of ₃	additional Section B I	ages	0			
	TOTAL	OF A	\LL	CONTRIBUTIONS FROM (Enter total on Line I		DIVIDUALS (Sections A Jolumn A of Summary Page		0			, and the second plants

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
Maltese	for Mayor - 2019									
		C1. C	ontributio	ns from Ot	her Committee	es .				
Name of Committee					Name of Treasurer			:		
Address				Is this contrib	oution associated with d in Section L1? If yes, list Eve		Amount o	Contribution		
City		State	Zip Code	Date Receiv	ved Agg	regate Contributions	7			
Name of Committee	ACCUPATION OF THE PROPERTY OF				Name of Treasurer					
Address					ution associated with d in Section L1? If yes, list Eve		Amount o	Contribution		
City		State	Zip Code	Date Recei	ved Agg	regate Contributions				
Name of Committee		<u> </u>			Name of Treasurer					
Address	ress			oution associated with d in Section L1? If yes, list Eve			f Contribution			
City		State	Zip Code	Date Recei		regate Contributions				
	C2 R	eimhursemen	ts or Surn	lus Distribu	tions from oth	er Committees				
Name of Committee					Name of Treasurer					
Address		A CONTRACTOR OF THE CONTRACTOR		City			State	Zip Code		
Date Received	Expenditure # (If applicable)	Payment Type OReimbursen	nent for shared	expense OS	urplus Distribution		Amoun	t of Receipt		
Description										
Name of Committee	***************************************				Name of Treasurer		***************************************			
Address			<u>, , , , , , , , , , , , , , , , , , , </u>	City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type Reimburs	ement for share	ed expense	Surplus Distribution		Amoun	t of Receipt		
Description										
			SUBTO	OTAL Sectio	n C — This Pag	e 0				
					l Section C Page					
	TOTAL OF (Sections	ALL COMMIT s C1 + C2) (Enter	TEE CONT total on Line I	RIBUTIONS 4, Column A of	S AND RECEIP Total	rs s) 0				
İ										

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT		
Maltese for Mayor - 2019							
D.	Loans I	Receive	d this Period				
Name of Lender		!	Source of Loan: OBank Candidat	te O Indi	vidual 🔘	Other Committee	Date of Receipt
Street Address	City	·		State		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	e Zi _į	Code	
Name of Lender			Source of Loan: OBank O Candida	te 🔘 Indi	vidual 🔘	Other Committee	Date of Receipt
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						
Street Address	City	,, <u> ,</u>		Stat	e Zij	Code	
Name of Lender	<u> </u>	*	Source of Loan: Bank Candida	te 🔘 Indi	vidual C	Other Committee	Date of Receipt
Street Address	City			State	e 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			Stat	e Zij	p Code	
			TOTAL SECTIO	N D	0		
E. Receipts from Entities other tha	n Indivi	duale o	r Other Commit	tees (Ra	forondus	n Committe	os ()NI.Y)
Name of Entity	11 118/114	duns	other commi	itees (Re	yer endun	· Commisc	
Street Address		· 		Date Receiv	ved		Amount Received
City		State	Zip Code	Aggregate (Contribution	a	
Name of Entity	<u> </u>				,		
Street Address		<u>, , , , , , , , , , , , , , , , , , , </u>		Date Receiv	/ed		Amount Received
City		State	Zip Code	Aggregate (Contribution	ıs	
Name of Entity	<u></u>						L
Street Address				Date Receiv	ved	<u> </u>	Amount Received
City		State	Zip Code	Aggregate	Contribution	ns	
			TOTAL SECTIO	NE	0		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Pro	vide Complete Name as Registe	7	YPE C	OF REPORT		
Maltese for Mayor	- 2019					
F. An	ount Transferred	from Affiliated B	usiness Treasury (Bus	iness	Entity	Committees ONLY)
Date of Receipt	Is this transaction associ event reported in Section		If yes, list Event#	,		Amounf
Date of Receipt	Is this transaction associ		If yes, list Event#			Amount
Date of Receipt	Is this transaction associ event reported in Section	246 ~	If yes, list Event#			Amount
Date of Receipt .	Is this transaction associ event reported in Section	34 · · · ·	If yes, list Event#			Amount
***************************************	de contractor de		TOTAL SECTION	ON F	(0
G. Amount Transf	erred from Affilia	ted Labor Union o	or Other Organizatio	n Tr	easu	ry (Organization Committees ONLY)
Date of Receipt		te of Re				
Amoun	t		Amount			Amount
TOTAL SECTION G						
н.	Personal Funds of	the Candidate Re	ceived this Period (C	andid	ate Co	ommittees ONLY)
Date of Receipt	Method of payment:					Amount
	OCash .	O Personal Cl	neck O Credit/Deb	it Card	l	
Date of Receipt	Method of payment:					Amount
	O Cash	O Personal Ci	neck O Credit/Deb	it Card	I	
Date of Receipt	Method of payment:					Amount
	O Cash	O Personal Cl	neck Credit/Deb	it Card	l	
Date of Receipt	Method of payment:			1.4.0		Amount
	O Cash	O Personal Ch	neck Credit/Deb	it Card	l	
			TOTAL SECT	ION	н	0
		I. Anonymo	us Contributions			
amount	. If a committee	receives an anony contribution to t	tributions may no lo ymous contribution, he State Elections E the General Fund.	the c	amp	aign treasurer shall

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE C					
Maltese for Mayor - 2019		<u> </u>			
J. Interest fr	om Deposits in Authorized Accoun	ıts			
Name of Institution		Date R	eceived		Amount
Street Address	City	State	Zip	Code	
Name of Institution	THE PROPERTY OF THE PROPERTY O	Date R	eceived	<u>, , , , , , , , , , , , , , , , , , , </u>	Amount
Street Address	City	State	Zip	Code	
	TOTAL SECTIO	NJ	0		
K. Miscellaneous Mo	netary Receipts not Considered Co	ontrib	ution	S	: v. 1
Name]	Date of T	ransaction	Amount Received
Street Address	City	State)	Zip Code	
Description	<u> </u>			. _т	
Name		Date of T	ransaction	Amount Received	
Street Address	State	;	Zip Code		
Description	<u> </u>				
Name		1	Date of T	ransaction	Amount Received
Street Address	City	State)	Zip Code	
Description	<u></u>			<u> </u>	
Name			Date of T	ransaction	Amount Received
Street Address	City	Stat	e	Zip Code	
Description		+			
	TOTAL SECTION K	0			
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ons D	throu	gh K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entitles other than Individuals or Ot	her Committees (Section E)	+			
Total Amount Transferred from Affiliated Business Trea		+			
Total Amount Transferred from Affiliated Labor Union of		G) + +		·	
Total Amount of Personal Funds of the Candidate Receiv Total Amount of Interest from Deposits in Authorized Ac		+			,
Total Miscellaneous Monetary Receipts not Considered C		+			
	Total of Other Monetar K) (Enter total on Line 15, Column A of Summe			0	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Maltese for May	or - 2019							
	L1. Event	Information						
Event # Date of Event Letter	Description			Was this a fun OYes	draising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) O No						
Did this fundraiser included of up to \$200 or items do	e goods or services donated by a business entity nated 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 in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$				
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a fundraiser?	OYes (If yes, go to Section L.	Committees) 3 Purchases of Advert plete required informa		Program Book			
Subpart 3: (Town Comm Did your committee sell i 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	eipts here.)	\$				
Event # Date of Event Letter	Description			Was this a fur	ndraising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L Associated with a Hor purchases made by hos No	5 In-Kind Donations ruse Party and completet(s) for food, beverage	e required infor				
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 I and complete required O No		not Considered	Contributions			
Was this fundraiser a tag with purchases from an in	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 Comm advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required inform		Program Book			
Subpart 3: (Town Comm Did your committee sell i gathering held within the	nittees ONLY) ood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Red ONo	eipts here.)	\$				
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0		-			
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —						
		TOTAL of additional Section	n L1 Pages 0					
	TOTAL OF ALL RECE (Enter total on	IPTS FROM SMALL PU Line 16a, Column A of Summar	RCHASES y Page Totals)					

Po indiv	er Public Act 11-48 idual purchases fro	3, effective January 1 om a committee tag s	, 2012 commale, auction,	or a sale of o	donated items	irea t s. Se	ction L2.	smaii removed
NAME OF COMMIT	TEE (Provide Complete Name	e as Registered with Filing Reposito	ory)		TYPE OF REPOR	RT.		
	or Mayor - 2019							
	L3. Pı	urchases of Advertisi	ng in a Progi	ram Book or	on a Sign			
Name of Purchaser				<u> </u>		_	e Made By:	-
						_	siness Entity	Other
						O Ind	ividual/Sole Pi	
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Sig	n Purchase
Name of Purchaser					1	Purchas	e Made By:	
						OBu	siness Entity	Other
						OInd	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Sig	n Purchase
Name of Purchaser					<u> </u>	Purchas	e Made By:	
					Ì	OBu	siness Entity	Other
						Olno	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Pr	rogram Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser			***			Purchas	e Made By:	
						OBu	siness Entity	Other
						Olno	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Pa	rogram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser					<u> </u>	Purchas	se Made By:	
Name of Purchaser					- Control of the Cont	O _{Bu}	siness Entity lividual/Sole P	O Other
Street Address			City			Ų IIK	State	Zip Code
Sireet Address			O.K.)					
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purcha	ise	Amount of Si	gn Purchase
	SUBTOTAL Sec	tion L3 Total Purchases of	f Advertising in	Program Book	— This Page 0			
	SUBTO	FAL Section L3 Total Pur	chases of Adver	rtising on a Sign	— This Page ()			
			TOTAL o	f additional Sec	tion L3 Pages 0			
T	OTAL OF ALL PURC	HASES OF ADVERTISIT (Enter total on	NG IN A PROC Line 16c, Colum	RAM BOOK of an A of Summary	r ON A SIGN 0			

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 M	ayor - 2019										
	L4.]	n-Kind Donations	Not Consid	lered Contrib	utions						
Name of Donor							<u> </u>				
Street Address			City				State	Zip Code			
Ti.							ļ	1			
Donation Given By:	Description of Donation					Fair Market Value of Donat					
OBusiness Entity											
OIndividual	Date Received	Event #		Aggregate Value	for this Event						
O Sole Proprietorship	Į										
Name of Donor											
Street Address			City				State	Zip Code			
Donation Given By:	Description of Donation					Fair I	l Varket Val	ue of Donation			
OBusiness Entity							•				
Omdividual	Date Received	Event #	Aggregate Value for this Event								
OSole Proprietorship											
Name of Donor			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				<u></u>				
Street Address			City				State	Zip Code			
Donation Given By:	Description of Donation			, ,, ,, ,, , , , , , , , , , , , , , ,		Fair	Market Val	ue of Donation			
OBusiness Entity	,					ĺ					
OIndividual	Date Received	Event#		Aggregate Value	Aggregate Value for this Event						
O Sole Proprietorship											
Name of Donor								,, <u>,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
Hame of Bonor											
Street Address			City				State	Zip Code			
Donation Given By:	Description of Donation		<u></u>			Fair l	L	ue of Donation			
OBusiness Entity											
Olndividual	Date Received	Event #		Aggregate value	for this Event						
O Sole Proprietorship											
		CTIE	TOTAL See	on L. This Do	<i></i>						
			NOTAL Sect	ion L4 — This Pa	ge 0						
		тот	AL of addition	nal Section L4 Pa	ges 0						
гот	TAL OF ALL IN-KIND	DONATIONS NOT C Enter total on Line 21,	ONSIDERED Column A of Si	CONTRIBUTIO	ONS 0						
	TOTAL SECTION STATE OF THE SECTION SEC			***************************************	A CONTRACTOR AND A CONT	***************************************	00000000000000000000000000000000000000				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov.	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							
Maltese for Mayor	- 2019							
L5. Ir	n-Kind Donations Not Considered	d Contributions Associa	ted with a I	Iouse Part	у			
Name of Host			committee?	Supporting mo OYes ONo Omplete Itemiza)	e candidate or endum L5		
Street Address		City	<u> </u>		State	Zip Code		
Description of Donation		•		Fair Mar	ket Value o	f Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate		T-100-N-10-10-10-10-10-10-10-10-10-10-10-10-10-			
Name of Host			committee?	supporting mo OYes ONe omplete Itemiza)	e candidate or endum L5		
Street Address		City	1		State	Zip Code		
Description of Donation				Fair Mar	ket Value o	f Donation		
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate					
committee?					supporting more than one candidate or OYes O No omplete Itemization in Addendum 1.5			
Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code		
Description of Donation				Fair Market Value of Donation				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate	-				
Name of Host	and the second s		committee?	OYes ON)	e candidate or		
Street Address		City	If yes, co	omplete Itemiza	tion in Add State	Zip Code		
SHEET FAMILESS								
Description of Donation				Fair Mar	ket Value o	f Donation		
Event #	Aggregate Value of this Event-all hosts	Aggregate Value of all Events—this h	ost/candidate					
SUBTOTAL Section L5 — This Page								
TOTAL of additional Section L5 Pages					0			
TOTAL OF ASSOCIATED WITH A	BUTIONS Page Totals)	0						

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2019							
M. In-Kind Contributions							
Name							
Street Address			City		State	Zip Code	
				No. of Head			
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kin	d Contribution			
OIndividual / Sole Proprietorship OOther		44400		pr 6 11:		·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or business he/she is associa		late for a chief executive officer of a municipality, ed with have a contract with said municipality OYes No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	O No If	ributor a principal of a state ves, indicate which branch of covernment the contract is w	or branches	state contractor? Yes No			
	~ 6	or continue to continue is	<u>O</u> 2/10/11/10	O g			
Name							
Street Address			City		State	Zip Code	
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kine	d Contribution		<u> </u>	
OIndividual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		is in excess of \$400 to a can or or business he/she is assoc than \$5,000?			Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	O No Ify	ributor a principal of a state es, indicate which branch o overnment the contract is wi	or branches	state contractor? SYes No			
Name				<u> </u>			
Street Address			City		State	Zip Code	
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kine	d Contribution	· · · · · · · · · · · · · · · · · · ·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution does contributo valued at more	is in excess of \$400 to a camer or or business he/she is associthan \$5 000?	didate for a chief executive intention with have a contract Yes No	e officer of a municipality, with said municipality	Fair Market Value of this Contribution		
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	Yes Is control No If y	ributor a principal of a state es, indicate which branch o	contractor or prospective s	state contractor? SYes No Legislative			
y yes, no Diene	J. 5.		L Section M — This P				
			ditional Section M Pa		· · · · · · · · · · · · · · · · · · ·		
TOTAL OF ALL IN-KIND CON	TRIBUTIONS	(Enter total on Line 23, Col	lumn A of Summary Page	Totals) 0	·····		
N. Refundable Deposit to Telephone Company							
Last Name of Individual	· · · · · · · · · · · · · · · · · · ·	First		MI	Date Deposit	Made	
Residential Street Address		City		State Zip Code		smount of	
						Deposit	
Name of Telephone Company							
Street Address		City		State Zip Code	_		
						<u> </u>	
TOTAL SE	ECTION N (En	ter total on Line 24, Colum	n A of Summary Page To	tals) 0			

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

Revised January 1815			···		
	TEE (Provide Complete Name as Registered with Filing Repository)		7	TYPE OF REPORT	
Maltese f	or Mayor - 2019				
	P. Expenses	Paid by Committe	ee		
Name of Payee		······································	Ē	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 un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) O Indepe	endent	ОвОсОв	
Name of Payce			D	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 und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) O Indepe	endent	Ов Ос Ор	
Name of Payce				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 # ()f applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continued)	ure) O Indep	pendent	AOBOCO D	
Name of Payee			1	Date of Payment	Method of Payment: O Check # O Debit Card
Street Address		City			State Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement sought (in-kind control Coord	re) O Indep	endent	Дв Ос Ов	
		SUBTOTAL Section P	and a graph and a		
		OTAL of additional Sec			
	TOTAL OF ALL EXPR (Enter total on Lin	ENSES PAID BY CO			

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT			
Maltese for Mayor - 2019							
	Q. Campaign Exp	penses Paid by Candi	date				
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	ls reimbursement claimed?			
			O Yes O No				
Street Address		City		State Zip Code			
Purpose of Expenditure	Description	- 1.7	Event #	Amount			
(by code)							
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?				
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	·	Date of Payment	Is reimbursement claimed?			
			Ì	O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?				
				O Yes O No			
Street Address Ci		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Name of Payce (Name of V	'endor, Person or Entity who candidate paid directly)	<u>., ., </u>	Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
				1			
Purpose of Expenditure	Description		Bvent#	Amount			
(by code)							
Name of Payee (Name of V	i 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
, ,				O Yes O No			
Street Address		City	·	State Zip Code			
Purpose of Expenditure	Description	_ '	Event#	Amount			
by code)							
		SUBTOTAL Section Q -	-This Page 0				
	Transfer of the state of the st	OTAL of additional Section	on Q Pages 0				
		PENSES PAID BY CA					
	(Enter total on Li	ine 26, Column A of Summary	rage Totals)				

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT			
Maltese for Mayor - 2019							
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Type of Credit Card:							
O Visa O Master Card O Discover O Americ			an Express Other:				
Name of Vendor, Person or	Entity			Date of Tran	saction		
Street Address		City		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 expendit Coordinated without reimbursement sought (in-kind con	ture) O Indepe					
Name of Vendor, Person or	Entity			Date of Trai	saction		
Street Address		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 expendit Coordinated without reimbursement sought (in-kind co	ture) O Indepe					
Name of Vendor, Person or	Entity			Date of Trar	saction		
Street Address		City		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 expending Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought)	ture) O Indepe			•		
	Su	BTOTAL Section R —	This Page 0		(100 m)		
	тот	AL of additional Section	R Pages 0				
тот	FAL OF ALL EXPENSES INCURRED ON ((Enter total on Line	COMMITTEE CRED					

NAME OF COMME							
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPOR	TYPE OF REPORT			
Maltese	e for Mayor - 2019						
	S. Expenses Incurred by Com	mittee but Not Paid	During this Period				
Name of Creditor				Date Incu	Date Incurred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event#			Amount Incurred (Estimate or Actual)		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indep	is checked) endent ization: B C	ОР			
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	······································	Event #		nount Incurred stimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend	O Indep	endent				
	Coordinated without reimbursement sought (in-kind co	ontribution) Organi	zation:OA OB OC	Op			
Name of Creditor	Coordinated without reimbursement sought (in-kind or	ontribution) Organ	zanon Or O'R OC	Date Incu	rred		
	Coordinated without reimbursement sought (in-kind co	City	zanon OA OB OC		Zip Code		
Name of Creditor Street Address Purpose of Expenditure (by code)	Coordinated without reimbursement sought (in-kind or	ontribution)	Event#	Date Incus State			
Street Address Purpose of Expenditure	Coordinated without reimbursement sought (in-kind co	City Unless "None of the below" Indep. In	Event # is checked)	Date Incu. State An (Es	Zip Code		
Street Address Purpose of Expenditure by code) Expenditure #	Description Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend	City Unless "None of the below" Indep. In	Event # is checked) endent exation: A B C	Date Incu. State An (Es	Zip Code		
Street Address Purpose of Expenditure by code) Expenditure #	Description Type of Expenditure (Itemization in Addendum S Required Of Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind coordinated witho	City Unless "None of the below" Indepliture) Organiontribution)	Event # is checked) endent zation: A B C S-This Page 0	Date Incu. State An (Es	Zip Code		
Street Address Purpose of Expenditure (by code) Expenditure # (if applicable)	Description Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coefficients).	City Unless "None of the below" Indepontribution Organicontribution	Event# is checked) endent zation: S-This Page	Date Incu. State An (Es	Zip Code		
Street Address Purpose of Expenditure (by code) Expenditure # (if applicable)	Description Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coefficients) Coordinated Without reimbursement (in-kind coefficients) Coordinated Without Reimburse	City Unless "None of the below" Independent Indepen	is checked) endent exation: A B C S-This Page 0 tion S Pages 0 T NOT PAID try Page Totals)	Date Incu. State An	Zip Code		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TY	TYPE OF REPORT				
Maltese for Mayor - 2019									
	T. Itemization of Reimb	oursem	ents and Second	dary Pa	yees				
Last Name of Worker/Consultant						MI	Date of Parents of Person or	ayment to ' Entity	Vendor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						o Reimburse n Section P: ck #	_	orker/Con	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		······································			State	Zip Code	<u> </u>
Purpose of Expenditure (by code)	Description			Event#				Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditure)	O Indeper	ndent (O _B C				
Last Name of Worker/Cons	adtant	First				MI	Date of Pa Person or	ayment to \ Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					o Reimburse (n Section P:	_	orker/Con	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure)	O Indeper		O C	ОСОВ			
Last Name of Worker/Cons	ultant	First				MI	Date of Pr Person or	yment to \ Entity	endor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		L				Property of the Period	Committee W		sultant as
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City			O Once		State	Zip Code	OBT 1
Purpose of Expenditure (by code)	Description	I		Event #				Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expen	nditure)	O Indeper	ndent O	O C	С о в			
		SUBTO	OTAL Section T —	- This Pag	ge O				
		TOTAL	of additional Secti	on T Page	es 0				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	VORKE	RS AND CONSI	U LTAN T	rs o				;
									