#### **SEEC FORM 5**

STATE ELECTIONS ENFORCEMENT COMMISSION

#### **EXPLORATORY COMMITTEE**

**Notice of Intent to Dissolve** 

**Revised January 2016** 



#### RECEIVED FOR FILING JUL 2 3 2019 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Stary Graving, CCTC TOWN CLERK

					100000000000000000000000000000000000000
REGISTRATION TYPE	1. NAME OF COMMITTEE	<u>C</u>			
	Mattese	Jan .	neya		
2. PARTY AFFILIATION				3. ELECTION DAT	E (mm/dd/yyyy)
Republican O Demo	crat Other (Specify)			11-5-20	> 19
4. CANDIDATE NAME					
First Name  SALVATORE		H.	Last Name MALTESE		Suffix
5. TREASURER NAME					
Pirst Name Richard		MI T	last Name Poulton		Suffix
6. CANDIDATE'S DECLARA	TION (Check one)				
A. I declare th	at I will seek the nomi	nation or	election to the office of:		
office sought Mayon	DISTRICT NUMBER	R	name of candidate Matter For	in	19
CANDIDATE SIGNATUR	E E		07-22 DATE (mm/dd	-2019 /yyy)	
	at I will not seek the nomy exploratory commit		or election to any public ormed.	ffice during the elec	ction
CANDIDATE SIGNATUR	EE .		DATE (mm/dd	/уууу)	
7. TREASURER'S CERTIFIC	CATION				
candidate's explored to the ca	ratory committee, for the pelief and that this notice of expenditures identifying all eatement.	reasons stat f intent to d	ment, that this statement of intered, is true, accurate and completed, is true, accurate and completissolve is being submitted by moloratory committee's receipts a	ete to the best of my the together with a State and expenditures since	ement
			_		
Making a false stateme	nt on this form may subject y	you to crimii	nal penalties, including but not lim	ited to, imprisonment for	^up to

one year or a fine of up to two thousand dollars, or both.

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

RECEIVED FOR FILING

TOWN CLERK'S OFFICE EAST HAVEN, CONN.

uno, CCTC

TOWN CLERK

Do Not Mark in This Space For Official Use Only

#### **COVER PAGE**

1. NAME OF COMMITTEE								
Maltese for Mayor 2019								
2. TREASURER NAME								
First Richard		MI T	Last Poul	ron				Suffix
3, TREASURER ADDRESS			J. Ou					
Street Address		45 25 42 4 18 1	City			State	Zip C	ode
32 Cliff St			East Have	n		СТ	065	12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	HT (Complete	e only if Cana	date Committee)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	Mayor						(if applicable	y
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
First		MI	Last					Suffix
Salvatore		R	Mal	ese				
8. TYPE OF REPORT (Check One Box)					<u> </u>			
O January 10 filing	O7th day prece	ding primar	у О	7th day preceding refer	endum 🔘	Initial Cont (PACs ONLY)		r Disbursement
O April 10 filing	30 days follow	wing primar	у О	45 days following refer	rendum O	Amendmer	nt to	
O July 10 filing	O7th day prece	ding election	n O	Deficit	Í	Type of Rep	ort:	
October 10 filing	O12th day prec			Termination .				
O Independent Expenditure  Primary Election	O45 days follow not held in No		n					
9. PERIOD COVERED								
	Beginning Da	ıte		Ending Dat	e			
	April 1, 2019		thr	June 30, 2019				
10. CERTIFICATION								
I hereby certify and state, under properties the performance of the pe					orth on this <b>It</b>	emized Ca	ımpaign	Finance
John 10	ret Am		Richard T	Poulton			_06	130/2019
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	·	PRINT NA	Æ OF SIGNER			DATE	(mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT	IS PUNISHABLE BY	FINE NOT	TO EXCEED	\$1,000, OR IMPRISONMI	ENT FOR NOT M	ORE THAN	ONE YEAR	, OR BOTH.

Page 1 of 17

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT					
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  Balance on hand at the beginning of Reporting Period  Contributions Received from Individuals (Sections A and B)  Receipts from Other Committees (Sections C1 and C2)  Other Monetary Receipts (Sections D through K)  Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)  Per Public Act 11-48, effective January 1, 2012 Section L2. removed  Total Purchases of Advertising—Program Book or Sign (Section L3)  Municipal and Town Committees ONLY  Total Monetary Receipts (add totals for Lines 13 through 16c)  Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  Expenses Paid by Committee (Section P)  Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Column n-Kind Donations not Considered Contributions Received (Section L4)  n-Kind Contributions Received (Section M)  Refundable Deposit to Telephone Company (Section N)	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		0				
12. Balance on hand at the beginning of Reporting Period	0					
13. Contributions Received from Individuals (Sections A and B)	2635	2635				
14. Receipts from Other Committees (Sections C1 and C2)	0					
15. Other Monetary Receipts (Sections D through K)	o	0				
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	2635	2635				
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)  Municipal and Town Committees ONLY	0	0				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	2635	2635				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2635	2635				
19. Expenses Paid by Committee (Section P)	1117.20	1117.20				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1517.80	1517.80				
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	О				
22. In-Kind Contributions Received (Section M)	0	0				
23. Refundable Deposit to Telephone Company (Section N)	0	0				
24. Receipts of Organization Expenditures (Section O) OPTIONAL	0	0				
25. Beginning Loan Balance	0					
25a. + Loans Received (Section D)	0	0				
25b. + Interest and Penalties on Loan	0	0				
25c Payments on Loan	o	0				
25d. Total Outstanding Loan Amount	o					
26. Campaign Expenses Paid by Candidate (Section Q)	197.68	197.68				
27. Expenses Incurred on Committee Credit Card (Section R)	191.94	191.94				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	О					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0					

#### I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE			TYPE OF REPO	ORT		
Maltese for Mayor 2019			Termination			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ O			
						<u> </u>
B. Itemized Con	ntribı	utions from Indivi	duals	or annual section of the section of		
Last Name	Fir	st				MI
Lyon	Ec	dmond		······································		F
	City			1	State	Zip Code
5 Nursey Lane	Madis	son			CT	06443
Principal Occupation		Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No					Amor	ant of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222019A  Section L1?  No list contributor a principal of a lf yes, indicate which brain of government the contraction.	nch or b	oranches	te contractor?	8 Yes No	] 20	
Method of Contribution:	113 1171	Date Received	Aggregate Contribu	utions	1	
OCash OPersonal Check OCredit/Debit Card OPayzoll Deduction OMoney	Order	05/02/2019	20			
Last Name	Fin	st		<del>Desiron de la comp</del> ensa de la compensa del compensa del compensa de la compensa del la compensa de la compensa della compensa della compensa	<u> </u>	Mi
Lyon	M	arilyn				Н
_	City			1	State	Zip Code
5 Nursey Lane	Madis	son				06443
Principal Occupation		Name of Employer			1	<del></del>
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source of \$400 to does contributor or business he/she valued at more than \$5,000?					Amou 20	ent of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  **Modesian Section L1?**  No Section L1?*  **Modesian Section L1.*  **Modesian Section L1.*	nch or b	ranches	te contractor?	O Yes O No		
Method of Contribution:	·	Date Received	Aggregate Contribu	utions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	05/02/2019	20			
Last Namo	Fin			tancontrol to the state of	denmenamena	Mī
Weiner	Sc	cott				J
Residential Street Address	City				State	Zip Code
125 Main St	East I	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?					Ameu 20	ent of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 05222019A  Section L1?  No  Yes  Is contributor a principal of a fundraising event listed in Section L1?  of government the contract of government the government thas a government the government that government the government the	nch or b	oranches	te contractor?	O Yes O No		
Method of Contribution:		Date Received	Aggregate Contribu	utions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	05/02/2019	20	one-anni Arichani de Santa		manismoutusiiniittiviisiittivumunkiintiidmaskiittiinisiityimosti
	SUB'	TOTAL Section B –	– This Page	60		
7	ГОТА	L of additional Sect	ion B Pages	2575		ppopijimalijani kiriki ini ini ini manadiyang pijani apada kiriki ini ini
TOTAL OF ALL CONTRIBUTIONS		M INDIVIDUALS (Se		2635	***************************************	imbanan samasahan bankaran samasahan bankaran bankaran bankaran bankaran bankaran bankaran bankaran bankaran b
	ASTICEF IC	om on tane 13 vj bustmu	y age Iviuis)			

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# Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Maltese for Mayor 2019			Termination			
Table Contributors From Small Contributors-Receive	ed th	is Period ONLY OTAL SECTION A	\$0		-	dayay da karan da ka
					-	
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Namo	- 1	rst				MI M
Coe		Stewart		State	Zìp C	
Residential Street Address	dential Street Address					
1270 N High St #217	Last	Name of Employer		L .	065	
Principal Occupation Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves	e is asso	ociated with have a contract OYes ONo	with said municipanty	, Am 50	ount of	Contribution
Is this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which bra	ınch or	branches	₩ 140			
Jyes, list Event # UJZZZUT//	101 13 171	Date Received	Aggregate Contributions	_		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	r 05/03/2019	50			
		irst				MI
Last Name O'Toole	].	Joseph				
Residential Street Address	City	<u> </u>		State	1 1	Code
155 Richards St	Wes	st Haven		СТ	06	516
incipal Occupation		Name of Employer				
Food Service Director		Apply Rehab	٠			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    No   Yes   If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a ca e is ass	andidate for a chief executi ociated with have a contrac O Yes O No	ve officer of a municipalit t with said municipality	y, Am 20		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 05222019A  Yes No If yes, indicate which be of government the contributor a principal of of government the contributor.	ranch o	or branches with: O Executive	• O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMond	The set of the second second		20			l MI
Last Name		First Lynette				""
O'Toole	City	Lynotto		State	Zip	Code
Residential Street Address		st Haven		CT	1 '	5516
155 Richards St		Name of Employer				
Principal Occupation Homemaker						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a c	candidate for a chief execut sociated with have a contra Yes • No	ct with said municipality	ty, Ar		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 05222019A  Yes No Is contributor a principal of No If yes, indicate which be of government the contributor.	ranch o	or branches with: O Executiv	ate contractor? OYe O Legislative Aggregate Contributions			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Ord	Date Received 05/04/2019	Aggregate Contributions 20			
		TAL Section B — Th	is Page 90		<del>, , , , , , , , , , , , , , , , , , , </del>	zz/ <u>www.unewanowano</u>
		additional Section B				
TOTAL OF ALL CONTRIBUTIONS FRO	DM IN 1e 13, C	DIVIDUALS (Section Column A of Summary Pag	SA+B) ce Totals)	mal anning and games to the State	en de la composição de la	

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# Section B ADDITIONAL PAGE 2 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TIPE OF REPORT	TYPE OF REPORT				
	Termination	mination				
Maltese for Mayor 2019  A. Total Contributions from Small Contributors-Received this Period ON (See instructions for definition of Small Contributor) SUBTOTAL SECTION	NLY SO					
B. Itemized Contributions from	Individuals					
act Name	American Color Annual Color Co	MI				
Scala Ronald		State Zip Code				
Residential Street Address City		State Zip Code CT 06512				
162 Charter Oak Ave East Haven		01   00012				
Principal Occupation Name of Employ  Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No Ves does contributor or business he/she is associated with have valued at more than \$5,000?	f executive officer of a municipalit a contract with said municipality  ONo	ty, Amount of Contribute 100				
Is this contribution associated with an event reported in Section L1?  Yes No Section L1?  Yes Is contributor a principal of a state contractor or prosp fyres, indicate which branch or branches for the contract is with:	ective state contractor? Yes  Executive OLegislative	5				
Hyes, list Event # U3222017A Date Received	Aggregate Contributions					
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 05/04/201	9 100					
First		MI				
Last Name MacDonald Douglas						
Residential Street Address City		State Zip Code CT 06512				
111-7 Cosey Beach Ave East Haven		CT 06512				
incipal Occupation Name of Emplo	yer					
Retired		ity. Amount of Contribut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chird does contributor or business he/she is associated with have valued at more than \$5,000?  Yes	o a candidate for a chief executive officer of a municipality, a associated with have a contract with said municipality  Yes  No					
I II ves. list Event # UOZZZZU 1773	Executive O Legislative					
Method of Contribution:  Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 05/04/20	19 20	   MI				
Last Name First Elsie						
Culigan		State Zip Code				
Residential Street Address City  At Popularin Pd East Haven		CT 06513				
None of Empl	1970					
Principal Occupation  Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have valued at more than \$5,000?  Yes	e a contract with said municipality  No	20				
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a state contractor or prosecution of government the contract is with:    Date Received   Date Rec	Executive O Legislative	Vθ				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 05/04/20	ł					
SUBTOTAL Section I	B — This Page 140					
TOTAL of additional So						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Enter total on Line 13, Column A of Sum	(Sections A + B) mary Page Totals)					

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	41-			- 561		

# Section B ADDITIONAL PAGE 3 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
the same that th			Termination	mination			
Maltese for Mayor 2019  A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S	ed this UBTO	Period ONLY TAL SECTION A	\$0				
						······································	
B. Itemized Con	atribu	tions from Indivi	luals	كالبخاب بريوس		MI	
Last Name	First					1411	
Giaquinto		11		State	2	ip Code	
Residential Street Address	City					•	
64 Bradley Ave	<u> </u>	Name of Employer					
Principal Occupation		,					
Retired  Is contributor a lobbyist, spouse, O Yes   If contribution is in excess of \$400	to a cano	didate for a chief executiv	e officer of a municipalit	ty,	Amour	t of Contribution	
or dependent child of a lobbyist? O No does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract OYes ONo	With said municipanty	_] :	20		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  Yes Is contributor a principal of a section L1?	nch or b	ranches	~ O NO				
event reported in Section L1? No No Hyes, indicate which brar of government the contract of government the government the contract of government the government of governm	et is with	: Œxecutive	OLegislative Aggregate Contributions				
Method of Contribution:	<u> </u>	Date Received 05/04/2019	20				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	- Control of the second		120			l Mi	
Last Name	Firs	n Iaria					
Connors	City	Juliu		Stat	le	Zip Code	
Residential Street Address	1 .	-laven		СТ	r	06512	
50 Cosey Beach Ave	I	Name of Employer			1.		
rincipal Occupation  Retired							
OV 15 contribution is in excess of \$400	loes contributor or business he/she is associated with have a contract with said municipality					Amount of Contribute	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 05222019A  Yes Is contributor a principal of a If yes, indicate which brateful of government the contra	anch or i	branches th: O Executive	: O Legislative				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received 05/04/2019	Aggregate Contributions 25				
Last Name	Fin					MI	
Chandler		ohn		Te.		Zip Code	
Residential Street Address	City	Haven		Sta C		0651 <b>3</b>	
29 Kristen Court	East	Name of Employer				+	
Principal Occupation Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	0 to a car ie is asso	ndidate for a chief execut ciated with have a contra Yes O No	ct with said municipality	isty,	20	int of Contribution	
Is this contribution associated with an event reported in Section L1?  When the section L1 is contributor a principal of a figure in dicate which brace is figure in the contributor of government the contributor apprincipal of a figure in the section L1?	anch or	branches th: O Executiv	e OLegislative	οľ			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	Date Received 05/06/2019	Aggregate Contributions				
SUB	BTOTA	AL Section B — Th	is Page 65			-1-1100	
TOTA	L of a	dditional Section B	Pages	- Andrews			
TOTAL OF ALL CONTRIBUTIONS FRO	)M INE	OIVIDUALS (Sections Jumn A of Summary Pag	A + B) te Totals)				
[4410]41 10041 411 421				September 1			

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# Section B ADDITIONAL PAGE 4 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repository)			TIPEOF					
Maltese for Mayor 2019				Termination					
A. Total Contributions from Small (See instructions for definition of Small Contri	Contributors-Received	d this JBTO	Period ONLY TAL SECTION A	\$0					
	R Itemized Con	tribu	tions from Individ	luals					
Last Name	D. HOMBERG COM	First			<u> </u>	<del></del>	MI		
Chandler		Fra	ances						
Residential Street Address	C	State	Zip Code 06513						
29 Kristen Court		East H				CT	00013		
Principal Occupation			Name of Employer						
Retired					C. municipality	T Am	ount of Contribution		
as dependent child of a lobbyist? (6) No   doe	ontribution is in excess of \$400 to s contributor or business he/she i ucd at more than \$5,000?	s associ	iated with have a contract OYes ONo	with said	типсіранц	20	ithit of Contribute		
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a st  If yes, indicate which bran- of government the contract	ch or b	ranches	_	ON WO				
If yes, list Event # 05222019A			Date Received	Aggregate	Contributions				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	OPayroli Deduction OMoney	Order	05/06/2019	20					
Last Name		Firs	et .				MI		
Pettola		Ri	chard						
Residential Street Address		City				State	Zip Code		
111 Robert Dr		East F	laven	<del>, ,</del>		СТ	06512		
rincipal Occupation			Name of Employer						
Retired						<del></del>			
or dependent child of a lobbyist? (6) No doe	contribution is in excess of \$400 to as contributor or business he/she dued at more than \$5,000?	to a can- is assoc	didate for a chief executive intended with have a contract O Yes O No	e officer with said	of a municipality	, Am 20	ount of Contributi		
Is this contribution associated with an event reported in Section L1?  No  No  No	Is contributor a principal of a self yes, indicate which brast of government the contract	nch or l	branches	O Leg	islative				
Method of Contribution:	-		Date Received		e Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoncy	Order	05/06/2019	20	aponto producti de la companya del companya de la companya del companya de la com		Takana paga sa basa basa sa		
Lost Name		Fir					MI C		
Pettola			1aria	···		State	Zip Code		
Residential Street Address		City Fact i	Haven			CT	06512		
111 Robert Dr		Lust	Name of Employer			1			
Principal Occupation Retired									
O Vec 16	contribution is in excess of \$400	to a car	l ididate for a chief executi	ve officer	of a municipalit	y, An	nount of Contribut		
or dependent child of a lobbyist? O No do va	es contributor or business he/she lued at more than \$5,000?	is assoc	ciated with have a contract O Yes O No	t with sai	d municipality	20			
Is this contribution associated with an event reported in Section L1?  No No No									
Method of Contribution: OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	y Order	Date Received 05/06/2019	Aggrega 20	te Contributions				
			L Section B — Thi	s Page	60				
			dditional Section B						
TOTAL OF ALI	CONTRIBUTIONS FROM (Enter total on Line	M IND 13, Col	IVIDUALS (Sections lumn A of Summary Pag	A + B) e Totals)					

STEE FOR VE20 Redded Interny 1915 Section B ADDITIONAL PAGE 5 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor 2019			Termination				
F. A. C. A. Shutions from Small Contributors-Receiv	ed th	nis Period ONLY OTAL SECTION A	\$0				
				-cockerine			
B. Itemized Co	ntrib	outions from Indivi	duals			Mi	
ast Name	1.	irst Frank				P	
Camera	City '	TOTAL		State	Zip C	ode	
Residential Street Address 54 Bennett Rd	1 -	Haven		CT	065	13	
Principal Occupation		Name of Employer					
Consultant		Simkins Ind.		<del></del>		Cdbdla	
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 ass	ociated with have a contract Oyes ONo	With said indincipality	20	mu oi	Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a ffyes, indicate which brace of government the contract of government the contract of the section	anch or	r branches	⊕ <sub>™</sub>				
If yes, list Event # 05222019A of government the contract of Government the		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	o5/06/2019	20				
Last Name	I	First				MI P	
Camera	City	Barbara		State	Zip (	<u> </u>	
Residential Street Address 54 Bennett Rd	1 -	it Haven		ст	06	513	
rincipal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	0 to a c ie is ass	candidate for a chief executi sociated with have a contrac Yes O No	t Mitti said municipanty	y, Am 20		f Contributio	
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or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	she is as	ssociated with have a contra O Yes O No	oct with said municipality	10			
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тот	AL o	f additional Section I	3 Pages				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	OM I ne 13,	NDIVIDUALS (Section Column A of Summary Pa	ge Totals)				

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# Section B ADDITIONAL PAGE 6 of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF	REPORT				
			Termination						
A. Total Contributions from Sn	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  \$\\$ SUBTOTAL SECTION A \$						<del></del>	edensii peedest <u>a massaanista ma</u>	
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	B. Itemized Cor		itions from Individ	luals				l Mat	
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Principal Occupation			Hallo of Employer						
Retired	If contribution is in excess of \$400	fo a can	didate for a chief executive	e officer o	f a municipality	Amo	ount o	Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said	municipality	1	100		
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esidential Street Address			State	1	Code E10				
560 Silver Sands Rd #1403 East Haven C1 06512						IJΙΖ			
incipal Occupation		•	Name of Employer						
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  Yes does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					, Am 20	Amount of Contribution			
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21 Rolling Hills Dr		No. I	Branford			СТ		471	
Principal Occupation			Name of Employer						
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TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M INI 213, Co	DIVIDUALS (Sections dumn A of Summary Page	A + B) Totals)					
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# Section B ADDITIONAL PAGE 7 of \_\_\_\_

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	)		TYPE OF REPORT		<del></del>	
Maltese for Mayor 2019	Termination					
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	\$					
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B. Itemized C	Contrib	outions from Indivi	duals			·
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rincipal Occupation		Name of Employer				
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	h branch :	contractor or prospective s or branches with:	e O Legislative			
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Last Name	<u> </u>	First				MI
Paquin		Betty				
Residential Street Address	City			State	1 '	Code
24 Norwood Rd	Ne	ew Haven		СТ	100	513
Principal Occupation		Name of Employer				
Office Worker		Marcus Law Firm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of does contributor or business h valued at more than \$5,000?	ne/she is as	ssociated with have a contro O Yes  O N	o	50		of Contribu
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## Section B ADDITIONAL PAGE 8 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)				REPORT			<del></del>	
Maltese for Mayor 2019				Termination					
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					zonecowie ciele	<del>o processo de la co</del>		
	B. Itemized Contributions from Individuals								
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Astorino		Ro	bert						
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Principal Occupation Name of Employer									
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Criscuolo		An	ithony						
Residential Street Address City State Zip Code									
370 Thompson Ave East Haven CT 06512									
rincipal Occupation		•	Name of Employer						
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  20						Contribution			
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Levatino		Pł	nilip						
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9 Holland Rd		East F	łaven			CT	065	12	
Principal Occupation			Name of Employer						
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposi	itory)	TYPE OF REPORT	
Maltese for Mayor 2019		Termination	In the nation of the second of
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	eceived this Period ONLY SUBTOTAL SECTION A	\$	
	d Contributions from Indivi	iduals	
Last Name Poulton	First		MI
Residential Street Address	June		S
32 Cliff St	City East Haven		State Zip Code CT 06512
Principal Occupation	Name of Employer		01 00012
Nurse	Yale Unversity		
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?	f \$400 to a candidate for a chief executive he/she is associated with have a contract	e officer of a municipality t with said municipality	
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Last Name Poulton	First	A CONTRACTOR OF THE PROPERTY O	MI
Residential Street Address	Richard		T
32 Cliff St	City East Haven		State Zip Code CT 06512
Principal Occupation	Name of Employer		C1   00512
Retired	The state of the s		
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249 Dodge Ave	City East Haven		State Zip Code CT 06512
Principal Occupation	Name of Employer		CT 06512
Sales	Charles Meat Mrkt		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a candidate for a chief executive ne/she is associated with have a contract Yes • No	e officer of a municipality, with said municipality	Amount of Contribution
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## Section B ADDITIONAL PAGE 10 of \_\_\_\_

event reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  Date Received O5/16/2019  Date Rec	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)			TYPE	OF REPORT		204-010-010-010-010-010-010-010-010-010-0	
B.     Itemized Contributions from Individuals	Maltese for Mayor 2019				Tern	Terminate			
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Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  State  Aggregate Contributions  Mannochl  Residential Street Address 70 Robert Dr  Retired  Retired  Residential Street Address 70 Robert Dr  Retired  Retired  Residential Street Address 70 Robert Dr  Retired  Reti			Da	le					
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Last Name  Mannochi  Residential Street Address 70 Robert Dr  Principal Occupation Retired  State Zip Code CT 06512  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Ves No  V	Method of Contribution:		7			_	7		
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Residential Street Address 70 Robert Dr  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N			1				<u> </u>		MI
70 Robert Dr  East Haven  CT  06512  Principal Occupation  Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No				ph					
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Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Ves does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No No Ves No No 20				**************************************			<u> </u>		1012
or dependent child of a lobbyist? One does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				Tunio ot Employer					
	or dependent child of a lobbyist? ( ) No   does contributor or busine	ess he/she is a	a candi associa	ted with have a contract	officer with sai	of a municipality d municipality	i		f Contribution
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TOTAL of additional Section B Pages	7	TOTAL of	f add	itional Section B Pa	ages				<del></del> -
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		<del></del>
Maltese for Mayor 2019	Termination				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	navnanara an espectamon	
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Principal Occupation		Name of Employer		l,	L
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maltese for Mayor 2019				Termination			
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Simoncelli		M	1atthew		-	<del></del>	
Residential Street Address		City			State	1 -	Code
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Maltese for Mayor 2019	Maltese for Mayor 2019			Termination			
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7 Cambridge Court	East	Haven		CT	065		
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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-Receiv (See instructions for definition of Small Contributor)	ved this Perio SUBTOTAL SE	d ONLY CTION A	\$	nanon sana personal de la	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Maltese for Mayor 2019			Termination	mination				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
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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-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$		date		
B. Itemized Co	ntrit	outions from Indivi	duals				
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Principal Occupation	I	Name of Employer					
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# Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	PE OF REPORT				
Maltese for Mayor 2019			Termination				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$				
B. Itemized Co	ntribu	tions from Indivi	duals				
Last Name	Firs				MI		
Menzo Residential Street Address	Ju	di		Tai	A		
1187 Campbell Ave #703	City West I	Haven		State	Zip Code 06516		
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Anto	ount of Contribution		
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# Section B ADDITIONAL PAGE 19 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor 2019			Termination	, <u>, , , , , , , , , , , , , , , , , , </u>		0,000,000	
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## Section B ADDITIONAL PAGE 20 of \_\_\_\_

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Walters	City	TRAFFCS			State	Zip Code		
Residential Street Address 129 Cosey Beach Ave #6		Haven			CT	06512		
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## Section B ADDITIONAL PAGE 22 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No					ount o	unt of Contribution			
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## Section B ADDITIONAL PAGE 23 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maltese for Mayor 2019	Termination						
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50 David Dr  Principal Occupation  Secontributor a lobbyist, spouse, or dependent child of a lobbyist?  No N			R	ichard				
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SUBTOTAL Section B — This Page |

**TOTAL** of additional Section B Pages

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) SF4 ( | F4) (CM 20) Revised Jacquery 2019

## Section B ADDITIONAL PAGE 25 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE O	FREPORT			<u>,                                      </u>	
Maltese for Mayor 2019					ation			na makantoka kita kita kita kata kata kata kata ka	
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	B. Itemized Cor	itribu Fis	tions from Individ	luais		**************************************		MI	
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Principal Occupation			Name of Employer						
Retired									
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Last Name		Fi	121			Karasanjunanan	-contra-	MI	
Salvatore		F	Patricia						
Residential Street Address	Address City St					State	1 -	Code	
854 W Main St		West Haven C				СТ	06	516	
Principal Occupation Name of Employer									
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No						20		of Contribution	
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### Section B ADDITIONAL PAGE 26 of \_\_\_\_

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TY	PE OF REPOR	T					
Maltese for Mayor 2019					Termination					
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### Section B ADDITIONAL PAGE 27

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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-Receiv (See instructions for definition of Small Contributor)	\$					
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B. Itemized Co	***************************************	utions from Indivi	duals			<u> </u>
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Last Name	1	irst				MI
Dwyer	<u> </u>	dwin				J
Residential Street Address	City	11		Stat	1	Zip Code
130 Coe Ave #79	Last	Haven	<u></u>	СТ		06512
Principal Occupation Name of Employer						
Mason Armani Restoration						
or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N					at of Contribution	
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### Section B ADDITIONAL PAGE 28 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT							
Maltese for Mayor 2019	Termination						
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Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  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 Contribution 50							
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which by of government the contributor a principal of If yes, indicate which by of government the contributor approach to the section of the se	ranch or l	branches	te contractor? Yes O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	06/05/2019	70				
Last Name	Fir	TS\$	Aurentina de la companya de la comp	<u> </u>	MI		
Ruggiero	c	Carl					
Residential Street Address	City			State	Zip Code		
32 Edhe Hill Rd	East	Haven		СТ	06512		
Principal Occupation		Name of Employer		·			
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes of S400 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 Contribution 20							
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative							
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	06/07/2019	20		the state of the s		
SUB	тота	L Section B — This	Page 170				
TOTA	L of ac	dditional Section B I	Pages		722212 10 10 70 77		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		IVIDUALS (Sections A					
	-,						

# Section B ADDITIONAL PAGE 29 of 29

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)	\$					
B. Itemized Co	ntribu	utions from Individ	duals			
Last Name	Fin	st	<u>,</u>			MI
Trotta	C	atherine		<del></del>		<u> </u>
Residential Street Address	City			State CT	Zip (	Code 473
126 Elm St	No. H		· · · · · · · · · · · · · · · · · · ·			**************************************
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 does contributor or business he/she yalued at more than \$5,000?	) to a can e is assoc	ididate for a chief executive clated with have a contract OYes ONo	e officer of a municipality with said municipality	/, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a No If yes, indicate which bra	inch or t	oranches	e contractor? Yes OLegislative			
If yes, list Event # or government the contra  Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	06/12/2019	100			
Last Name	Fir	rst		and the second	enemperatus.	MI
Poulton	R	lchard				T
Residential Street Address	City			State	1	Code
32 Cliff St	East	Haven		СТ	06	512 ————
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/sho valued at more than \$5,000?	) to a car e is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, <b>Amo</b>		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which be of government the contributor a principal of the p	anch or	branches	te contractor? Yes	<b>,</b>		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	06/18/2019	120			
Last Name	Fi	L2.4	The commence of the state of the commence of t		•	MI
Residential Street Address	City			State	Zip	Code
Principal Occupation	.l	Name of Employer		J	l	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a ca ne is asso	ndidate for a chief executive iciated with have a contract O Yes O No	ve officer of a municipalit t with said municipality	y, Ame	ount (	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  If yes, indicate which by of government the contribution of government the contribution is section.	anch or	branches th: O Executive	O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order				-	
SUB	STOTA	AL Section B — This	Page 200		in éconos	-code-withing to sell the control of the code of the c
TOTA	Lofa	dditional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) Totals)			

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	erie de doglede e		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u>Haranga</u>	y deute-1745 et 1771 e	TYPE OF REPORT	
Maltese for Mayor 2019						Termination	
	C1. (	Contributio	ons froi		er Commi		
Name of Committee					vidus of Treasul	ava	
Áddress			T. AL.	cort-1	ion presciete t	I with a O V O'	Amount of Contribution
			fundra	ising eve	ent listed in Sec		
City	State	Zip Code	   Dat	te Received	<i>If yes</i> , list	Aggregate Contributions	0
~,		Lip Cour				<u> </u>	
				1.	Name of Treasu	l rer	
Name of Committee				[,	v va 1103SU		
A.5.3			<del>- 1</del>				Amount of Contains
Address			Is this fundra	contribut	nt listed in Se	d with a Yes ONo ection L1?	Amount of Contribution
	F: -:	1			If yes, lis	st Event #	0
City	State	Zip Code	Dat	te Received	u	Aggregate Contributions	
					TO A SECULIAR SECULIA		
Name of Committee					Name of Treasu	nrer	
Address			Is this	contribu	tion associated	d with a Yes ONo	Amount of Contribution
			Tundra	aising eve	ent listed in Se If yes, lis	st Event #	0
City	State	Zip Code	Dat	ite Receive	d	Aggregate Contributions	
Name of Committee				1	Name of Treasu	rer	
				1			
Address					tion associated		Amount of Contribution
					ent listed in Se		0
City	State	Zip Code	Dat	ite Receive		Aggregate Contributions	
O Dainhuich	nenfe Da	vmente e	r Surni	ns Die	tributions	  s from other Commit	tees
Name of Committee	ments, Ly	-y materites, Ol	- Sarbi	AF15	Name of T		
Address				• • • • • • • • • • • • • • • • • • • •	L	Date Received	Amount of Receipt
							-
City	S	State Zip	Code	- 1		ement for shared expense	0
					Surplus Di	or goods and services istribution	
Name of Committee			***	<del></del>	Name of T	Freasurer	
Address						Date Received	Amount of Receipt
	· · · · · · · · · · · · · · · · · · ·				~		0
City		State Zip	o Code		🔿 Payment f	ement for shared expense for goods and services	
					Surplus D	ristribution	
			SUBT	ΓΟΤΑL	Section C	. — This Page 0	
	A			.,,		ND DECEMBES	THE RESIDENCE OF THE PROPERTY
TOTAL						ND RECEIPTS 0	

### I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	REPORT	T				
Maltese for Mayor 2019	Termina	tion				
	D. Loans I	Receiv	ed this Period			
Name of Lender			Source of Loan: OBank Cand	idate 🔿 Individua	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (If applicable)						Amount Received
Street Address	City	<del>,,,,</del>		State	Zip Code	0
Name of Lender			Source of Loan: OBank OCand	lidate OIndividus	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 Cosiguer/Guarantor (If applicable)						Amount Received
Street Address	City			State	Zip Code	0
Name of Lender			Source of Loan: OBank OCand	lidate OIndividus	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)			, , , , , , , , , , , , , , , , , , , ,	<u> </u>	<u>-L</u>	Amount Received
Street Address	City			State	Zip Code	0
			OT	'AL SECTION	0	
E. Receipts from Entities other	n than Individ	naje v	r Other Comm	ttoog Pafarana	lum Committae	ONI VI
Name of Entity	a than individ	uuis o	Office Committee	account (account	Will Committee	
Street Address				Date Received		Amount Received
City		State	State Zip Code Aggregate Contr		butions	0
Name of Entity	<u> </u>					
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	butions	
Name of Entity		<del></del>		,		
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	butions	0
			rc	TAL SECTIO	NE 0	American Control of the Control of t

#### I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTE	GE				TYPE OF REPO	ORT	
Maltese for l	Mayor 2019				Termination		
F	. Amount Transferred	from Affiliated Bu	isiness Tr	easury (Busine	ss Entity Comm	ittees ONLY	
Date of Receipt	Is this transaction association fundraising event listed in		<i>lf yes</i> , list E	vent#		0	Amount
Date of Receipt	Is this transaction association fundraising event listed i	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<i>If yes</i> , list E	vent#		0	Amount
Date of Receipt	Is this transaction association fundraising event listed in		<i>If yes</i> , list E	vent#	1400,000,000	0	Amount
Date of Receipt	Is this transaction association fundraising event listed in	O	<i>If yes</i> , list E	vent#		0	Amount
	Andrew An			TOTAL SI	ECTION F	0	
G. Amount T	ransferred from Affilia	ted Labor Union o	or Other (	organization '	Freasury <i>(Ort</i>	zanization (	Committees ONLY)
Date of Receipt		Date of Receipt			Date of Receipt		
	Amount	4	Amount	-	0	Amou	nt
				TOTAL SI	ECTION G	lo	
	H. Personal Funds of	the Candidate Re	ceived thi	s Period (Can	didate Committe	es ONLY)	
Date of Receipt	Method of payment:  Cash	O Persona	ıl Check	O Credit/Del	oit Card	0	Amount
Date of Receipt	Method of payment:	O Persona	al Check	Credit/Det	oit Card	0	Amount
Date of Receipt	Method of payment:	O Persona	al Check	O Credit/Del	oit Card	0	Amount
Date of Receipt	Method of payment:	O Persona	il Check	Credit/Det	oit Card	0	Amount
				TOTAL S	ECTION H	0	
		I. Anonymo	us Contril	outions			
an	Per Public Act 11-48, mount. If a committee immediately remit the	receives an anon	ymous co the State I	ntribution, th Elections Enf	e campaign	treasurer	shall

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		ТҮРЕС	F REPORT	
Maltese for Mayor 2019		Termir	nation	
in the second	. Interest from Deposits in Au	thorized Accounts		
Name of Institution		Date Ro	ceived	Amount
Street Address	City	State	Zip Code	0
Name of Institution		Date Re-	ceived	Amount
Street Address	City	State	Zip Code	0
		TOTAL SECTION	ON J 0	
K. Miscell	aneous Monetary Receipts no	ot Considered Contribu	itions	
Name			ate of Transaction	Amount Received
Street Address	City	State	Zip Code	0
Description				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	0
Description				<del></del>
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	0
Description				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	0
Description				
		TOTAL SECTION	ONK 0	enpensearenseeminenseenseenseenseenseenseenseenseenseen
SUMMARY C	OF OTHER MONETARY RE	ECEIPTS (Sections D t	hrough K)	
Total Loans Received this Period (Section I	<b>)</b>	· · · · · · · · · · · · · · · · · · ·	0	
Total Receipts from Entities other than Indi	viduals or Other Committees (Section	on E)	+ 0	
Total Amount Transferred from Affiliated I			+ 0	
Total Amount Transferred from Affiliated I			+ 0	
Total Amount of Personal Funds of the Can		n H)	+ 0	
Total Amount of Interest from Deposits in A		T/)	+ 0	
Total Miscellaneous Monetary Receipts not			+ 0	
Total of Other Monetary Receipts (	Add Sections D through K) (Ente	er total on Line 15 of Summary Pa	ge Totals) 0	

# II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

NAME OF COMMITTEE		TYPE OF REPORT					
Maltese for Mayor 2019		Termination					
L1. Fundraise	r Event Information			pala singalah tabula			
Fundraising Event # Description Date of Fundraiser Letter							
05/22/2019 A Senior Center							
Location: Street Address	City		State	Zip Code			
91 Taylor Ave	East Haven		СТ	06512			
Subpart 1: (All Committees)							
Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section Land complete required beverage and invitation ONo	information for purchases n					
Tital: 6. 1. i. d. 1.		I. Vind Danations and C	Canaldanad	Contributions			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)						
-	<b>⊙</b> No						
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Reco	elpts here.)	Λ				
with purchases from all individual of up to \$100?	$\mathbf{O}_{\mathrm{No}}$	<b>&gt;</b>					
Subpart 2: (Town Committees and Municipal Candidate Committees O			_				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section L	3 Purchases of Advertisin plete required information.)		a Program Book			
sign associated with this fundament.	O No	over required intermination,					
Subpart 3: (Town Committees ONLY)							
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	O Yes (If yes, enter Total Re-	ceipts here.)	0				
gathering held within the state with this fundialisti:	O No	<b>L</b>	,				
	<u> </u>						
Fundraising Event # Description Date of Fundraiser Letter							
Location: Street Address	City		State	Zip Code			
			-				
Subpart 1: (All Committees)							
Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section LA						
	and complete required beverage and invitation	information for purchases n is.)	nade by hos	t(s) for faod,			
	ONo						
Did this fundraiser include items donated by a business entity of up to	OYes (If yes, go to Section La		onsidered (	Contributions			
\$100 or items donated by an individual of up to \$100?	ONo and complete required	information.)					
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Rece	ipts here.)					
with purchases from an individual of up to \$1007	_	\$					
S. J. 12 C. C. Julius Committees	O <sub>No</sub>						
Subpart 2: (Town Committees and Municipal Candidate Committees Of Were there purchases of advertising space in a program book or on a	Yes (If yes, go to Section L	3 Purchases of Advertising	g Space in a	Program Book			
sign associated with this fundraiser?		olete required information.)		•			
O. I. (2) (The Charles of the Charles	O No		<del> </del>				
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass	O Yes (If yes, enter Total Rec	ceipts here.)					
gathering held within the state with this fundraiser?		· · · · · · · · · · · · · · · · · · ·					
	O No						
SUBTOTAL Section Li—Subpart 1 (All Committees) Total Recei	pts from Sale of Donated Items	This Page 0					
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases	—This Page 0					
	TOTAL of additional Sec	tion L1 Pages 0	-				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summa	ry Page Totals)					

### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Pe individual	r Public Act 11-48, effectiv I purchases from a comm	e January 1, 201 aittee tag sale, a	2 committees are action, or a sal	e no longer re le of donated	equired to item I items. <i>Secti</i>	ize sm	nall ?. removed	:
NAME OF COMMITTEE					TYPE OF REPOR	RT	n A. Unanas	Alexida e na hilipi
Maltese for M					Termination			
	ses of Advertising in a I	Program Book	or on a Sign (	Municipal Car	ndidate and Ton	n Con	mittees ONL	. <b>Y</b> )
Name of Purchaser		<b>a</b> ,		•	<del></del> 1		e Made By:	
						OBu	siness Entity	OIndividual
						OSol	le Proprietorshi	р
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se 0	Amount of Sig	n Purchase
Name of Purchaser						Purchas	e Made By:	<del></del>
						OBu	siness Entity	O Individual
						Osol	le Proprietorshi	р
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for Ali Events	Amount of Pro	gram Ad Purcha	o o	Amount of Sig	n Purchase
Name of Purchaser	A STATE OF THE STA					OBu	se Made By: siness Entity le Proprietorshi	OIndividual
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	o	Amount of Sig	gn Purchase
Name of Purchaser		1				Purchas	se Made By:	<del> </del>
THIND OF THE GROWN							siness Entity le Proprietorsh	OIndividual ip
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise 0	Amount of Sig	gn Purchase
							***************************************	
Name of Purchaser						OBu	se Made By: siness Entity	OIndividual
Church Adder-			City			USO	le Proprietorshi State	zip Code
Street Address			City				State	zip code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purch	921	Amount of Sig	gn Purchase
				Andrew Landson		0		
	SUBTOTAL	Total Purchases	nicipal Candidate of Advertising in	Program Bo	ok — This Page	U		· · · · · · · · · · · · · · · · · · ·
			STOTAL Section urchases of Adve					
					ection L3 Pages			
TO	TAL OF ALL PURCHASES	S OF ADVERTIS (E	ING IN A PROG Inter total on Line	RAM BOOK 16c of Summe	or ON A SIGN ury Page Totals)	0		

### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTE	B was a state of the state of t			TYPE	OF REPORT	r - Cara		
Maltese for M		,			nation			
	L	4. In-Kind Donati	ons Not Cor	sidered Contributions				
Name of Donor			· · .					
Street Address			City				State	Zip Code
	I Description of Description			. <del></del>		r	<u> </u>	
Donation Given By:  OBusiness Entity	Description of Donation					Fair	Market Val	ue of Donation
OIndividual	Date Received	Event #		Aggregate Value for this Eve	ant	0		
OSole Proprietorship	Dale received	Livent #		Aggregate Value to this by	LIK			
Name of Donor	<u></u>	MANAGEMENT OF THE PARTY OF THE		<u> </u>		<del></del>		
Street Address			City				State	Zip Code
·								
Donation Given By:	Description of Donation					Fair	Market Val	ue of Donation
Business Entity						0		
OIndividual	Date Received	Event #	Event # Aggregate Value for this Event					
OSole Proprietorship								7-7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Name of Donor				,				
Street Address			City				State	Zip Code
Donation Given By:  OBusiness Entity	Description of Donation				· · · · · · · · · · · · · · · · · · ·	Fair	Market Val	ue of Donation
Olndividual	Date Received	Event #	<del></del>	Aggregate Value for this Eve	ent	0		
OSole Proprietorship	Suc Roserva				•••			
Name of Donor					·····	<u> </u>	SPORTER STATE OF THE SPORT OF T	***
Street Address			City				State	Zip Code
Donation Given By:  OBusiness Entity	Description of Donation		L			Fair I	l Market Val	ue of Donation
OIndividual	Date Received	Event #		Aggregate value for this Eve	nt	0		
OSole Proprietorship								
			SUBTOT	AL Section L4 — This Page	0	<del></del>		Marian da
			TOTAL of	f additional Section L4 Pages	0	igan a Marada and and a de la co		
	TOTAL OF ALL IN			DERED CONTRIBUTIONS 2 21 of Summary Page Totals		WWW.		
News and an article of the second section of the sec					****		· · · · · · · · · · · · · · · · · · ·	

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

NAME OF COMMITTEE				deskaren s	%.		TYPE C		RT		
Maltese for Mayor 2019		1, 14 a 1, 15 a 1, 15	3 F T Y	•	4 4	• 1 • 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	Termir	lation			
Name	N (1.1.1		M. In-K	ına Con	tri	butions		Television (See			
Name											
Street Address			,		Cit	y	<del></del>		<del></del>	State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Con	tributions	L	Description of In-Kind	Contributio	n			<u> </u>
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does co		business he/sl		ated	e for a chief executive with have a contract w					Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	O Yes O No	If yes,	itor a principal indicate which ernment the co	n branch or	bran	actor or prospective statches  C Executive	_		OYes ONo	0	
Name									<del></del>		
Street Address					City	у		<del></del>	<del></del>	State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ved	Aggregate Con	tributions	<b></b>	Description of In-Kind	Contributio	n		<b>!</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No								Market Value Contribution			
Is this contribution associated with a fundraising event listed in Section L1?  Yes Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Yes Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Yes Is contributor a principal of a state contractor or prospective state contractor?  No If yes, indicate which branch or branches of government the contract is with:  O Executive O Legislative						8Yes No	0				
Name									· · · · ·		
Street Address				<del>.,</del>	City	y	······································		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Con	tributions	L	Description of In-Kind	Contributio	В			
Oindividual / Sole Proprietorship Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/sl			e for a chief executive with have a contract w Yes O No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	8 Yes No	If yes,	itor a principal indicate which rnment the co	branch or	bran	ractor or prospective sta aches Executive			8Yes No	0	
				st	вт	OTAL Section M -	— This l	Page	0	****	
				то	TA	L of additional Sec	tion M l	Pages	0		
TOTAL OF ALL I	N-KIND	CONTR	RIBUTION	S (Enter to	tal :	on Line 22 of Summar	y Page T	otals)	0		****
	N.	Refun	dable Dep	osit to T	ele	phone Compan	y				
Last Name of Individual				First					MI	Date Depos	t Made
Residential Street Address			City	<u> </u>			State	Zip Co	đe		Amount of Deposit
Name of Telephone Company								<u> </u>		0	
Street Address			City	,			State	Zip Co	de		
				70000 FE FRE		enste e transce e una discussión		1			
	1	OTAL S	ECTION I	N (Enter to	tal e	on Line 23 of Summar	y Page T	otals)	0		

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

NAME OF COMMITTEE	er er er er er e. e. e.	ja suuri taraata ta	TYPE OF RI	PORT	
Maltese for Mayor 2019			Terminatio	on	
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an					111-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	ī		
Street Address			Date Notice Reco	cived	Fair Market Value of Donation
City	State	Zip Code	Aggregate Dona	ions	0
Description of Donation	· <b></b>		Purpose of Expenditure OA OB OC		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON.	LY)	Name of Treasure	<u> </u>		
Street Address		_I	Date Notice Rec	cived	Fair Market Value of Donation
City	State	Zip Code	Aggregate Dona	tions	0
Description of Donation			Purpose of Expenditure OA OB OC		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON.	LY)	Name of Treasure	r.	· · · · · · · · · · · · · · · · · · ·	
Street Address			Date Notice Rec	eived	Fair Market Value of Donation
City	State	Zip Code	Aggregate Dona	tions	0
Description of Donation			Purpose of Expenditure OA OB OC		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er		
Street Address	<del> *****</del> *	<u> </u>	Date Notice Rec	cived	Fair Market Value of Donation
City	State	Zip Code	Aggregate Dona	tions	0
Description of Donation	<u> </u>		Purpose of Expenditure OA OB OC		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	a.		
Street Address			Date Notice Rec	eived	Fair Market Value of Donation
City	State	Zip Code	Aggregate Dona	ions	0
Description of Donation	-1		Purpose of Expenditure  OA OB OC		
	SUB	TOTAL Sectio	n O — This Page	0	
	TOTA	L of additional	Section O Pages	0	
TOTAL RECEIPTS OF ALL (			PENDITURES nmary Page Totals)	0	

NAME OF COMMIT	TYPE OF RE	TYPE OF REPORT					
	or Mayor 2019		Terminatio	n	- Service Constitution		
		Paid by Committee				C. C	
Name of Payee Richard Po	oulton	googlege (egeneral parameter parameter parameter parameter parameter parameter parameter parameter parameter p	Date of Payment 05/24/201	9	Method of P OD D	ayment: heck # bank ebit Card	
Street Address		City			State	Zip Code	
32 Cliff St		East Haven		,	CT	06512	
Purpose of Expenditure (by code)	Description Envelopes / Stamps / Printer Paper		Event# 05222019A		182.09	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independ		DB OC OD (				
Name of Payee  June Poulte	on	nder der der der der der der der der der	Date of Paymen 05/24/201		Method of Payment: Ocheck # Darik Debit Card		
Street Address 32 Cliff St		City East Haven			State CT	Zip Code 06512	
Purpose of Expenditure (by code) FOOD	050000				67.17	Amount	
Expenditure # (if opplicable)	ent sought E						
Name of Payee Date of Payment O5/24/209					Method of Payment: bank Check # Debit Card		
Street Address 662 Coe A	Ave	City East Haven			State CT	Zip Code 06512	
Purpose of Expenditure (by code) MISC	Description ICE		Event# 05222019A		17	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought  Independent		OB OC OD (				
Name of Payee  Capotorto	's Apizza Center		Date of Paymer 05/25/201		Method of I	Payment: Check #_ Debit Cord	
Street Address 688 Foxon	Rd	City East Haven			State	Zip Code 06512	
Purpose of Expenditure (by code)	Description Catering Service		Event# 05222019A		471.60	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought O Indepen		OB OC OD				
		SUBTOTAL Section	n P — This Page	737.86			
		TOTAL of additional	Section P Pages	9.72			
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (	Enter total on Line 19 of Sun	nmary Page Totals)	747.58			
Bacanas verdem angles (Parini) status and are assumbly as was a by a map tale.	оружных почення в в принцент на при						

NAME OF COMMIT	TEE		TYPE OF RE	PORT				
	or Mayor 2019		Terminatio	n				
		Paid by Committee	edal karin ipanda ipanga panga pangang dan baharan da baharan da baharan da baharan da baharan da baharan pend	1000 0710 20				
Name of Payce  Joan Malte	se		Date of Paymen 05/24/201	9	Method of P	ayment: heck #_bank ebit Card		
Street Address		City			State	Zip Code		
11 Holland	Rd	East Haven			СТ	06512		
Purpose of Expenditure	Description		Event#			Amount		
(by code) FOOD	Milks		05222019A		9.72			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independ	• –	ted with reimbursem					
Name of Payee			Date of Paymen		Method of Payment: OCheck #			
		1 Cir.			State	ebit Card Zip Code		
Street Address		City			State	Esp code		
Purpose of Expenditure (by code)	Description		Event#		Amount			
		P. Danwinsk Coordina	ated with reimbursem	anl cought	0			
Expenditute # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independ	-						
Name of Payee Date of Payment						Method of Payment: Check # Debit Card		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount			
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought   Independ		OB OC OD (	=				
Name of Payee	See and contains and a finite grant continuous and contains the contract of th	a description propriet programment for the desirable description description (description programme) and description of the des	Date of Paymer	it		Payment: Theck # Tebit Card		
Street Address		City		·-···	State	Zip Code		
			77					
Purpose of Expenditure (by code)	Description		Event #		1	Amount		
					0			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independ	. •	B OC OD (					
		SUBTOTAL Section	P — This Page	9.72				
		TOTAL of additional S	Section P Pages					
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (E	inter total on Line 19 of Sum	mary Page Totals)			Segregaphysische Meilingschaft der Strott (1994) und der Strott (1		
		<del>yang periodo da Periodo periodo periodo periodo periodo periodo de la p</del>		<u>.                                    </u>				
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NAME OF COMMIT				TYPE OF REPORT				
Maltese fo	r Mayor 2019		Terminatio					
	Q. Campaign I	Expenses Paid by Can	didate					
Name of Payee (Name of	Vendor who candidate paid directly)		Date of Payment		Is reimbi	ursement claimed?		
U.S. Post (	Office		5/1/2019		O Yes O 1			
Street Address		City	L	<u>s</u>	tate	Zip Code		
5 Court St		Branford		la	T	06405		
	In the		Event#			Amount		
Purpose of Expenditure (by code)	Description		ľ		60.50			
POST	Stamps		05222019A					
Name of Payee (Name of	Vendor who candidate paid directly)		Date of Paymen	Ĭ	Is reimbursement claimed?			
BJ's			5/17/2019	9	<b>©</b> 7	Yes O No		
Street Address		City		s	tate	Zip Code		
555 Unive	rsal Dr	North Haven			CT			
	Description		Event#			<u> </u> Amount		
Purpose of Expenditure (by code)	Paper plates, knapkins, cups, plastic forks	& snoons table covers	05222019A		137.1			
MISC		m shooms' table covers						
Name of Payee (Name of	Vendor who candidate paid directly)		Date of Paymen	t		ursement claimed?		
					Ο.	Yes O No		
Street Address		City		s	State	Zip Code		
Purpose of Expenditure	Description		Event#			<u>i</u> Amount		
(by code)	Description		1					
			Date of Paymen		***************************************	11 10		
Name of Payee (Name of	Name of Payee (Name of Vendor who candidate paid directly)  Date of Pa					oursement claimed?		
			0	Yes O No				
Street Address		City		\$	State	Zip Code		
				ŀ				
Purpose of Expenditure	Description		Event #			Amount		
(by code)	-							
	The second secon		Date of Paymen	ıt.	Je raint	oursement claimed?		
Name of Payee (Name of	Vendor who candidate paid directly)		Date of Laymen	-	455	_		
						Yes O No		
Street Address		City		5	State	Zip Code		
Purpose of Expenditure	Description		Event#			Amount		
(by code)				ŀ				
Name of Paris	Vendor who candidate pold directly)		Date of Paymen	it	Is reim	oursement claimed?		
Name of Payee (Name of	т спиот кто сапишине рош инеспу)			l	O.			
Street Address		City		5	State	Zip Code		
Purpose of Expenditure	Description		Event #			Amount		
(by code)								
		nos en mandrativa el estre del estratura del com monero en montra en mandrativa del del estratura del estratur			animent <mark>ysminonius</mark> kasym			
·		SUBTOTAL Secti	on Q — This Page	197.68		and the particular section of the se		
	0							
TOTAL	OF ALL EXPENSES PAID BY CANDIDAT	TE (Enter total on Line 26 of S	Summary Page Totals)	197.68	97.68			
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NAME OF COMMIT	TEE		TYPE OF R	EPORT	i de la Maria		
Maltese for	Mayor 2019 ,		Terminati				
	R. Expenses Incu	rred on Committee	Credit Card				
Name of Issuing Inst	iltution	Type of Credit Card:				######################################	
Webster B	ank	O Visa O Master C	Card ODiscover	OAmerica	ın Express	Other:	
Name of Vendor			W.III-		Date of T	ransaction	
Dollar Ger	neral				5/22/		
Street Address		City			State	Zip Code	
Coe Ave		East Haven			CT	06512	
Purpose of Expenditure (by code)	Description		Event #			Amount	
MISC	Large table covers / Coffee Cups		05222019A		50.7	1	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independent		nated with reimburser		at .		
Name of Vendor					Date of Transaction		
Big "Y"						/2019	
Street Address		City	<u>·</u>		State	Zip Code	
1060 W M	ain St	Branford			СТ	06405	
Purpose of Expenditure (by code)	Description		Event #			Amount	
FOOD	Sheet Cakes		05222019A		76.98		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum	R Required O Coordin	nated with reimburser	nent sought	4		
(д арржите)	OCoordinated without reimbursement sought O Independ	dent Organization:OA	OB OC OD	<b>O</b> E			
Name of Vendor	3			****	Date of To	ransaction	
Staples					05/	24/2019	
Street Address		City			State	Zip Code	
85 N main	St ·	Branford			СТ	06405	
Purpose of Expenditure	Description		Event #			Amount	
(by code) OFFICE	Printer Ink / Printer Paper		n/a				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	R Required O Coordin	l nated with reimburser	nent sought	42	•	
(if applicable)	O Coordinated without reimbursement sought O Independ	dent Organization:OA	OBOC OD	O <sub>E</sub>			
Name of Vendor					Date of Tr	ansaction	
U.S. Post (	Office				06/04	4/2019	
Street Address		City			State	Zip Code	
5 Court St		Branford			СТ	06405	
Purpose of Expenditure (by code)	Description		Event #			Amount	
POST	Postage for Form 20 mailing		n/a		2.25		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independ		BOCOD	-	2.25		
		SUBTOTAL Section	n R — This Page	171.94			
		TOTAL of additional	Section R Pages			*	
	TOTAL OF ALL EXPENSES INCURRED	ON COMMITTEE ( Enter total on Line 27 of Su	CREDIT CARD ummary Page Totals)	171.94		:	
		<del> </del>					

NAME OF COMMITT	EE		TYPE OF REP				
Maltese for			Termination				
	S. Expenses Incurred	l by Committee but Not	<b>Paid During this Peri</b>	od			
Name of Creditor					Incura	ed	
						la o	
Street Address		City		State	;	Zip Code	
Purpose of Expenditure	Description		Event #			ount Incurred mate or Actual)	
by code)						,	
Expenditure #	Type of Expenditure (if applicable) Itemization i		Coordinated with reimburseme	- 1	)		
(if applicable)	O Coordinated without reimbursement sough	ht OIndependent OOrganizatio	UCA OB OCOBO	E			
Name of Creditor				Date	e Incurr	ed	
Street Address		City		Stat	e	Zip Code	
Purpose of Expenditure	Description		Event #			ount Incurred	
(by code)					(ESI	imate or Actuaij	
Expenditure #	Type of Expenditure (if applicable) Itemization	in Addendum S Required	Coordinated with reimburseme	ent sought (	)		
(if applicable)	O Coordinated without reimbursement soug	ht O Independent OOrganizatio	OF OB OC OD C	)E			
Name of Creditor				Dat	e Incur	red	
Street Address		City		Sta	te	Zip Code	
AND A WARRANTE							
Purpose of Expenditure	Description		Event#			ount Incurred	
(by code)					(Es	timate or Actual)	
Expenditure #	Type of Expenditure (if applicable) Itemization	in Addendum S Required (	Coordinated with reimbursem	ent sought (	0		
(if applicable)	Occordinated without reimbursement sought O Independent O Organization O A O B O C O D O E						
N					te Incu	red	
Name of Creditor							
Co A JJ		City		Sta	ite	Zip Code	
Street Address							
0.5	Paradition		Event#		An	tount Incurred	
Purpose of Expenditure (by code)	Description					stimate or Actual)	
	And the second s	in Addandum & Danuirad	Coordinated with reimbursem	ent sought	0		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization  Coordinated without reimbursement sou	•	<del></del>	i			
	O Contamated without telinoursement son	Por A remark annual Ann			4		
		SUBTO	FAL Section S-This Page	0			
					<u> </u>		
		TOTAL of a	dditional Section S Pages	0			
TOTAL OF A	ALL EXPENSES INCURRED BY COM	MMITTEE DURING THIS P	ERIOD BUT NOT PAID e 28 of Summary Page Totals)	0	dead from the feet to recogni		
1	70	Enter total on Lin		0	***************************************		
	TOTAL OF ALL EXPEN	SES INCURRED BY COM! (Enter total on Line	MITTEE BUT NOT PAID  28a of Summary Page Totals)	0			

VAME OF COMMIT	TEE	<del>ana di ana di dinangan di pagampa mijada da ji</del> da da di di di di di di di mengapi pepaggan da di		TY	PE OF REPORT			
	Mayor 2019			Tei	rmination			
THE RESERVE OF THE PROPERTY OF	T. Itemizatio	n of Reimbursements	s to Committee Wo	rkers and	d Consultants			
Last Name of Worker/Co		First		МІ	Date of Payment		of Payment: Check # Debit Card	
Secondary Payee								
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#		Amount		
Expenditure # (if applicable)	l .	ble) Itemization in Addendum nbursement sought () Indepen			eimbursement sought	0		
Last Name of Worker/Co	nsultant	First		MI	Date of Payment	(	l of Payment: OCheck # Debit Card	
Secondary Payee								
Street Address			City	······································		State	Zip Code	
Purpose of Expenditure (by code)	Description Event #						Amount	
Expenditure # (If applicable)		ble) Itemization in Addendum nbursement sought O Indepen			eimbursement sought	0		
Last Name of Worker/Co	onsullant	First	kuraininka kili dalahasatilah di Kitoperinte (pramasyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	MI	Date of Payment		of Payment: Otheck # Debit Card	
Secondary Payee		<u> </u>						
Street Address	<u></u>		City			State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			Amount	
Expenditure # (If applicable)	,	ble) Itemization in Addendum nbursement sought () Indepen	. •		eimbursement sought	0		
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			SUBTOTAL Sec	tion T — TI	his Page 0	and dipological distribution de distribution de la constantina della constantina del	and case commonication consequently are also relative to the consequence of the	
			TOTAL of additio	nal Section	T Pages 0			
TOTAL OF	ALL REIMBURSEM	ENT TO COMMITTE	E WORKERS AND	CONSUL	TANTS 0	олический аправления уче	restriction con contract record visit of the second contract of the	