

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.

Page 1 of 17

Stacy Quinn, CTC
TOWN CLERK

COVER PAGE

1. NAME OF COMMITTEE			
Maltese for Mayor - 2015			
2. TREASURER NAME			
First Michael	MI	Last DeMalo	Suffix
3. TREASURER ADDRESS			
Street Address 11 Summit Ave	City East Haven	State CT	Zip Code 06512
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/03/2015	5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Salvatore	MI	Last Maltese	Suffix
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input checked="" type="radio"/> Termination	
<input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date 10/29/2015		Ending Date 01/06/2016	
thru			
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
<i>Michael DeMalo</i> TREASURER OR DEPUTY TREASURER (SIGNATURE)		Michael DeMalo PRINT NAME OF SIGNER	1/25/16 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Maltese for Mayor - 2015	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		4806.23
12. Balance on hand at the beginning of Reporting Period	3995.78	
13. Contributions Received from Individuals (Sections A and B)	490	33135
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	0	2700
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	490	35835
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	4485.78	40641.23
19. Expenses Paid by Committee (Section P)	4485.78	40641.23
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	0
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
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) <i>OPTIONAL</i>	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	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	838.70	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Capazzo		Patrick			
Residential Street Address		City		State	Zip Code
60 Cosey Beach Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/31/20115		30	
				20	
Last Name		First		MI	
Savo		Brian			
Residential Street Address		City		State	Zip Code
316 Coe Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/31/2015		50	
				20	
Last Name		First		MI	
Savo		Maria			
Residential Street Address		City		State	Zip Code
316 Coe Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/31/2015		20	
				20	
SUBTOTAL Section B — This Page				60	
TOTAL of additional Section B Pages				430	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)				490	

Section B ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Maltese for Mayor - 2015		Termination Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name Napollitano		First Frank Sr	
Residential Street Address 20 Edgehill Dr		City East Haven	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 40
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/29/2015	
		Aggregate Contributions 80	
Last Name Massaro		First Carol	
Residential Street Address 26 Damen Dr		City East Haven	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 40
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/29/2015	
		Aggregate Contributions 60	
Last Name Vestuti		First Vivian	
Residential Street Address 117 Maple St		City East Haven	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 200
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/2016	
		Aggregate Contributions 650	
SUBTOTAL Section B — This Page			280
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)			

Section B ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name Poulton		First June		MI	
Residential Street Address 32 Cliff St		City East Haven		State CT	Zip Code 06512
Principal Occupation Nurse		Name of Employer Yale			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50	
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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/5/2015	310		
Last Name Furino		First Lisa		MI	
Residential Street Address 107 Leo Rd		City Hamden		State CT	Zip Code 06577
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 40	
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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/02/2015	90		
Last Name Madonna		First Richard		MI	
Residential Street Address 96 Rose St		City East Haven		State CT	Zip Code 06513
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 60	
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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/4/2015	180		
SUBTOTAL Section B — This Page				150	
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)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Maltese for Mayor - 2015						TYPE OF REPORT Termination Filing	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			Date Received			Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
Name of Committee				Name of Treasurer			
Address			Date Received			Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
SUBTOTAL Section C — This Page						0	
TOTAL of additional Section C Pages						0	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)						0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Maltese for Mayor - 2015	TYPE OF REPORT Termination Filing
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D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				

TOTAL SECTION D

0

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E

0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Maltese for Mayor - 2015		TYPE OF REPORT Termination Filing	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)			
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>	Amount	
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>	Amount	
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>	Amount	
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>	Amount	
TOTAL SECTION F			0
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)			
Date of Receipt	Date of Receipt	Date of Receipt	
Amount	Amount	Amount	
TOTAL SECTION G			0
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card </div>	Amount	
Date of Receipt	Method of payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card </div>	Amount	
Date of Receipt	Method of payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card </div>	Amount	
Date of Receipt	Method of payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card </div>	Amount	
TOTAL SECTION H			0
I. Anonymous Contributions			
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	

J. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
TOTAL SECTION J					0

K. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
TOTAL SECTION K					0

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)		
Total Loans Received this Period (Section D)	0	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)	0	

NAME OF COMMITTEE Maltese for Mayor - 2015		TYPE OF REPORT Termination Filing	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser Letter		Description	
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No </div>			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No </div>			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No </div>			
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No </div>			
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? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No </div>			
Fundraising Event # Date of Fundraiser Letter		Description	
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No </div>			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No </div>			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No </div>			
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No </div>			
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? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No </div>			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts 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 Section L1 Pages		0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)		0	

Per Public Act 11-49, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE						TYPE OF REPORT	
Maltese for Mayor - 2015						Termination filing	
L3. Purchases of Advertising in a Program Book or on a Sign (<i>Municipal Candidate and Town Committees ONLY</i>)							
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase		
SUBTOTAL Section L3 (<i>Municipal Candidate and Town Committees ONLY</i>) Total Purchases of Advertising in Program Book — This Page						0	
SUBTOTAL Section L3 (<i>Town Committees ONLY</i>) Total Purchases of Advertising on a Sign — This Page						0	
TOTAL of additional Section L3 Pages						0	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK OR ON A SIGN (Enter total on Line 16c of Summary Page Totals)						0	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE Maltese for Mayor - 2015				TYPE OF REPORT Termination Filing	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #			
		Aggregate Value for this Event			
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #			
		Aggregate Value for this Event			
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #			
		Aggregate Value for this Event			
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #			
		Aggregate Value for this Event			
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
Date Received		Event #			
		Aggregate Value for this Event			
SUBTOTAL Section L4— This Page 0					
TOTAL of additional Section L4 Pages 0					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page Totals) 0					

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE Maltese for Mayor - 2015				TYPE OF REPORT Termination Filing	
M. In-Kind Contributions					
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
SUBTOTAL Section M — This Page 0					
TOTAL of additional Section M Pages 0					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 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	Amount of Deposit
Name of Telephone Company					
Street Address		City	State	Zip Code	
TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals) 0					

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL See Public Act 11-48					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section O — This Page					0
TOTAL of additional Section O Pages					0
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES (Enter total on Line 24 of Summary Page Totals)					0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE Maltese for Mayor - 2015				TYPE OF REPORT Termination Filing	
P. Expenses Paid by Committee					
Name of Payee Beth Purcell			Date of Payment 11/05/2015		Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Street Address 23 Jeffrey Rd		City East Haven		State CT	Zip Code 06513
Purpose of Expenditure (by code) FOOD	Description Meet & Greet 10/30/2015		Event # N/A		Amount 79.98
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee Kelly Center			Date of Payment 11/09/2015		Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Street Address 46 Thompson St		City East Haven		State CT	Zip Code 06513
Purpose of Expenditure (by code) OVHD	Description Headquarters Utility Payment		Event # N/A		Amount 329.08
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee Ronald Vestuti			Date of Payment 11/12/2015		Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Street Address 117 Maple St		City East Haven		State CT	Zip Code 06512
Purpose of Expenditure (by code) FOOD	Description Election Night Party		Event # N/A		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee Robert Culligan			Date of Payment 11/16/2015		Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Street Address 46 Benjiman Rd		City East Haven		State CT	Zip Code 06513
Purpose of Expenditure (by code) MISC	Description Paper Goods Election Night Party		Event # N/A		Amount 11
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page					520.06
TOTAL of additional Section P Pages					3127.02
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					3647.08

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Robert Fox			11/4/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
180 Coe Ave		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	Poll Worker	N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
Andrea Williams			11/4/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
11 Ann St		East Haven		CT	06513
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	Poll Worker	N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
Ralph Mannochi			11/4/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
70 Robert Dr		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	Poll Worker	N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
Sue Deko			11/4/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
131 Salerno Ave		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	Poll Worker	N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				700	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Amy De Maio			11/4/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
11 Summit Ave		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	Poll Worker	N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
Kayle Cubellotti			11/4/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
55 Bishop St		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	Poll Worker	N/A		100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
Roselinda Drago			11/4/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
65 Messina Dr East #838		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	Poll Worker	N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
Kia Perro			11/4/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
105 Henry St		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	Poll Worker	N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				625	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
Capotorto's Apizza Center			11/4/2015	<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address		City		State	Zip Code
688 Foxon Rd		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food for Poll Workers	N/A		138	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment	Method of Payment:	
Capotorto's Apizza Center			11/4/2015	<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address		City		State	Zip Code
688 Foxon Rd		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food for Election Night	N/A		164.85	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment	Method of Payment:	
LaLuna's			11/4/2015	<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address		City		State	Zip Code
168 N Main St		Branford		CT	06405
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food for Meet & Greet	N/A		135	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment	Method of Payment:	
Joan Adamczyk			11/4/2015	<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address		City		State	Zip Code
123 Helstrom Rd		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
MISC	Refreshments & Party Supplies for Election Night	N/A		248.07	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				685.92	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
June Poulton			11/16/2015		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
32 Cliff St		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
PRNT	Printer Ink, Fillings for 7/10, 10/20, 10/28 & Termination	N/A		16.10	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
East Haven Animal Shelter			01/06/2016		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Commerce St		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
MISC	Donation (close out of donated funds)	N/A		300	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
Viet Nam Veterans Chapter 484			01/06/2016		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
576 Thompson Ave		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
MISC	Fireworks Fund (close out of donated funds)	N/A		200	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
East Haven Food Pantry			01/06/2016		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
30 Park Place		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
MISC	Close out of donated funds	N/A		300	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				816.10	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Maltese for Mayor - 2015				Termination Filing	
P. Expenses Paid by Committee					
Name of Payee East Haven Rotary (C/O Carl Ruggiero)			Date of Payment 01/06/2016		Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 12 Oak Hill Dr		City East Haven		State CT	Zip Code 06513
Purpose of Expenditure (by code) MISC	Description Clothe the Childern Fund	Event # N/A		Amount 300	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> 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 P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> 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 P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> 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 P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				300	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					

NAME OF COMMITTEE Maltese for Mayor - 2015		TYPE OF REPORT Termination Filing	
Q. Campaign Expenses Paid by Candidate			
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q — This Page			0
TOTAL of additional Section Q Pages			0
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page Totals)			0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE Maltese for Mayor - 2015				TYPE OF REPORT Termination Filing	
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution First Niagara Bank			Type of Credit Card: <input type="radio"/> Visa <input checked="" type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor Shore Publishing				Date of Transaction 10/29/2015	
Street Address PO Box 1010		City Madison		State CT	Zip Code 06512
Purpose of Expenditure (by code) A-NEWS	Description Campaign Ad	Event # N/A		Amount 838.70	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
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 R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
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 R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
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 R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
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 R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section R — This Page				838.70	
TOTAL of additional Section R Pages					
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE Maltese for Mayor - 2015				TYPE OF REPORT Termination Filing	
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section S-This Page					0
TOTAL of additional Section S Pages					0
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28 of Summary Page Totals)					0
Previously reported Expenses Unpaid and still Outstanding					0
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a of Summary Page Totals)					0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE Maltese for Mayor - 2015				TYPE OF REPORT Termination Filing	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First		MI	Date of Payment
Secondary Payee					Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> 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 T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First		MI	Date of Payment
Secondary Payee					Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> 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 T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First		MI	Date of Payment
Secondary Payee					Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> 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 T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First		MI	Date of Payment
Secondary Payee					Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> 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 T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section T — This Page					0
TOTAL of additional Section T Pages					0
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					0