SEEC FORM 20

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

RECEIVED FOR FILING

town Mierk's Uffice East haven, conn.

Same aprino, corc

TOWN CLERK

COVER PAGE

1. NAME OF COMMITTEE						
Maltese for Mayor - 2015						
2. TREASURER NAME						
First		MI	Last			Suffix
Michael		L	DeMai	.0		
3. TREASURER ADDRESS						
Street Address 11 Summit Ave		Cir	ast Haven		State CT	Zip Code 06512
					VERNING SAN PROPERTY.	
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	A	HT (Complete on	nly if Canataa	te Committee)		6. DISTRICT NUMBER (if applicable)
11/03/2015	Mayor					
7. CANDIDATE NAME (Complete only)	If Candidate or Explorator	ry Committee)				
First		МІ	Last			Suffix
Salvatore		1	Maltes	,e		
8. TYPE OF REPORT (Check One Box)						
O January 10 filing	Iling O7th day preceding primary		O 7tl	h day preceding referendum	O Initial Cont	ntribution or Disbursement
O April 10 filing	O30 days follow	O30 days following primary		days following referendum	O Amendmen	•
O July 10 filing	O7th day preced	O7th day preceding election		eficit	Type of Rep	
October 10 filing	O12th day preced	ding election multtees Only)	© Те	ermination		· · · · · · · · · · · · · · · · · · ·
O Independent Expenditure Primary Belection	O45 days follow not held in Nov	ving election				
9. PERIOD COVERED						
	Beginning Date	te		Ending Date		
	10/29/2015		thru	01/06/2016		
10. CERTIFICATION						
I hereby certify and state, under Disclosure Statement for the pe		ie, accurate ai	and comple	ete.	nis Itemized Ca	impaign Finance
MINNE		MIC	ichael Delv	Aalo Mi		1/25/16
TREASURER OR DEPUTY TREASUR	RER (SIGNATURE)	PRI	UNT NAME	OF SIGNER		DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT	r is punishable by i	FINE NOT TO I	EXCEED \$1,	,000, OR IMPRISONMENT FOR I	VOT MORE THAN	ONE YEAR, OR BOTH.

Page 1 of 17

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	desiral illum mani il molesultus fransulus un militad filmina (illus frantiatus Trindicis valinii (Estiko (Est			
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. 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	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) 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	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	and A				TYPE OF RE	PORT			
Maltese for Mayor - 2015					Termination Filing				
A. Total Contributions from (See instructions for definition of Sma				his Period ONLY TOTAL SECTION A	\$	11/1000 voltomopalti lasticalti			TECOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO
		B. Itemized Co.	ntrib	outions from Indivi	duals				
Last Name			ORTHODOLINA.	irst		-			MI
Capazzo			F	Patrick					
Residential Street Address			City		· · · · · · · · · · · · · · · · · · ·		State	Zip	Code
60 Cosey Beach Ave			East	Haven			CT	06	512
Principal Occupation		· · · · · · · · · · · · · · · · · · ·		Name of Employer					
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					, Amo	ount c	of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which brat of government the contrac	ıch or	branches th: OExecutive	OLegislative	8 Yes	:		
Method of Contribution:				Date Received	Aggregate Contri	butions			
OCash OPersonal Check OCredit/Debit	Card (OPayroll Deduction OMoney	Order	10/31/20115	30	an san san san san san san san san san s			
Last Name			- 1	irst					MI
Savo			L	rian					<u>.l</u>
Residential Street Address			City	Harris			State	1 .	Code
316 Coe Ave			tast .	Haven			CT	100	512 ————
rincipal Occupation				Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 tes contributor or business he/she is used at more than \$5,000?					Amo	unt o	f Contribution
ls this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a surface which brant of government the contract	ch or l	branches	te contractor?	O Yes O No			
Method of Contribution:		_		Date Received	Aggregate Contrib	outions	7		
OCash OPersonal Check OCredit/Debit	Card (Payroll Deduction OMoney	Order	10/31/2015	50				
iconumentalisensistensistensiaanistensiaanisensistensistensistensistensistensistensistensiaalisensistensistens Last Name	e de la company	- м икура-комин _т оры можиттерия ангектору коминасти до порти учество и постоя в порти до постоя в п	Fi		THE PARTY OF THE P	Annual Control of the Party of		-	MI
Savo			IN	1aria					
Residential Street Address			City				State	1 '	Code
316 Coe Ave			East	Haven			СТ	106	512
Principal Occupation				Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to s contributor or business he/she i ued at more than \$5,000?					Amo 20	unt o	f Contribution
	Yes No	Is contributor a principal of a suffyes, indicate which bran of government the contract	ch or l	branches	OLegislative	Yes No			
Method of Contribution: OCash OPersonal Check OCredit/Debit	Card (Payroll Deduction O Money	Order	Date Received 10/31/2015	Aggregate Contrib	utions			
				TOTAL Section B —		60	1	degreen ja nnen	
	und order at the	23.mm12/2010/3412.54101427.24107.2550.077.1111.1111.1111.1111.1111.1111.11		AL of additional Sect	THE ACTUAL TO A STATE OF THE ACTUAL PROPERTY	430	ne duning and a second	trumpurimen	sureminenskumenigeluskistekstäl diterioristational) (
TrAT	AΙΩ	F ALL CONTRIBUTIONS	en e		***************************************	yersokerénsoronapolonés.	eice rs inistrationets	alabella tiones	<u> </u>
191	II V			total on Line 13 of Summa		490			

Section B ADDITIONAL PAGE _ 1 of _ 2

NAME OF COMMITTEE (Provide Complete Name as Reg		TYPE OF REPORT					
Maltese for Mayor - 2015				Termination Filing			
A. Total Contributions from Small ((See instructions for definition of Small Contribu			is Period ONLY OTAL SECTION A	\$			
				Account of the second of the s			
	B. Itemized Conf	tribu	utions from Indivi	duals	81000000000000000000000000000000000000	article description	
Last Name Napolitano	mangana manima na manana manima na manana manana na manana na manana na manana na manana na manana na manana n	Fir Fr	ank Sr		#2************************************	P(// - P// - P/ - P/ - P/ - P/ - P/ - P/	MI
Residential Street Address		ity			- 1	State	Zip Code 06512
20 Edgehill Dr		astr	against the same of the same o	······································		ст	100312
Principal Occupation Retired			Name of Employer				
or dependent child of a lobbyist? O No does co	tribution is in excess of \$400 to contributor or business he/she is 1 at more than \$5,000?					Amo 40	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes No	s contributor a principal of a sta If yes, indicate which branch of government the contract i	h or b	oranches		Yes No		
Method of Contribution:	No. 1 Control of the		Date Received	Aggregate Contribution	ns	1	
OCash OPersonal Check OCredit/Debit Card OF	Payroll Deduction OMoney O	Order	10/29/2015	80			
Last Name Massaro	NOS-ANTENNAS PARA CONTRACTOR DE SERVICIO DE CONTRACTOR DE	Firs	st arol	animantinennin ova menten ja	wite the control of t	to be a second to the second t	MI
	Ici					e	Tai. C. t.
Residential Street Address 26 Damen Dr	Cit	•	laven		- 1	State CT	Zip Code 06512
Principal Occupation			Name of Employer	·, · , · , · , · , · · · · · · · · · ·			
, · · · · · · · · · · · · · · · · · · ·							
or dependent child of a lobbyist? No does co	ribution is in excess of \$400 to outributor or business he/she is at more than \$5,000?					Amoi 40	unt of Coutribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contributor a principal of a sta If yes, indicate which brance of government the contract i	h or b	oranches	e contractor? C Legislative	Yes No		
Method of Contribution:				Aggregate Contribution	,1.S		
OCash OPersonal Check Ocredit/Debit Card OP	'ayroll Deduction	rder	10/29/2015	60	-		and grant gray and a surface a
Last Name Vestuti		Firs	ot Vlan				MI
Residential Street Address	Cit	-				State	Zip Code
117 Maple St	ĮΕ	ast H	laven	"		CT	06512
Principal Occupation Retired			Name of Employer				
or dependent child of a lobbyist? O No does co	ribution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?					Amoi 200	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contributor a principal of a state <i>If yes</i> , indicate which branch of government the contract is	h or b	ranches Executive	OLegislative ©	Yes No		
Method of Contribution:	-			Aggregate Contribution	15		
OCash OPersonal Check OCredit/Debit Card OP	'ayroll Deduction OMoney O	rder	10/30/2016	650			
	SUBTO	TAI	L Section B — This	Page 280			
Experience and Control of the Contro	TOTAL 0	of ad	ditional Section B P	ages		nonseque	
TOTAL OF ALL CO	ONTRIBUTIONS FROM I		VIDUALS (Sections A				

SEEC FORM 20 Revised Junuary 2015 Se	ection	ı B ADDITIONA	L PA	AGE	of			
NAME OF COMMITTEE (Provide Complete	Name as	Registered with Filing Repository)	***************************************		TYPE OF REPORT		· · · · · · · · · · · · · · · · · · ·	
Maltese for Mayor - 2015					Termination Filing			
A. Total Contributions from	. Cma	Il Contuibutora Donoin	od th	is David OM V	guerraminos de la composição de la compo		7/11/12/2010/P	
(See instructions for definition of Si				OTAL SECTION A	\$			
	ypolotoaajotoniaasijaims	AN ENTERTON DE LA CASA CASA CASA CASA CASA CANTON DE LA CANTON DE LA CASA CASA CASA CASA CASA CASA CASA C	en e	mich (Polymin) (Debug (Charles of Anna (Polymin) (Polymi	A QUESTON DESIGNATIVA DESIGNATIVA PROPERTORISMO PROPERTORISMO DE PROPERTOR	STIMILIANIA I SANTAN		
	······································		······································		anna sana sana sana sana sana sana sana		and a second second	additional and established and all the
	i Nieuro annieuro prientino de	B. Itemized Con		utions from Indivi	duals	miliopainuskiliinuskaptys	inderframflebeta	Street, book of the street, and the street, an
Last Name Poulton			Fir	_{st} ine				MI
15-14-15-16-16-16-16-16-16-16-16-16-16-16-16-16-	·					La	Ta: 'z	<u></u>
Residential Street Address 32 Cliff St			City East I	laven		State	Zip C 065	
Principal Occupation	/mzz. (o z		Lasti			<u>L'</u>	1003	
Nurse				Name of Employer Yale				
	76				07		· · · · ·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o doc	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?				, Amo 50	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive OLegislative						
Method of Contribution:				Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Del	oit Card (OPayroll Deduction OMoney	Order	11/5/2015	310			
Last Name			Firs	J.		*******************************	-wizwiswichsishiw	MI
Furino			Lis	sa				
Residential Street Address			City	· · · · · · · · · · · · · · · · · · ·		State	Zip C	ode
107 Leo Rd			Hamo	len		СТ	065	77
Principal Occupation		· · · · · · · · · · · · · · · · · · ·		Name of Employer	······································		L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 tes contributor or business he/sho and at more than \$5,000?				Amo	unt of	Contribution
	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	ranches	C Legislative			
Method of Contribution:				Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Deb	it Card	OPayroll Deduction OMoney	Order	11/02/2015	90	l		
Last Name	and the second second second second		Firs	•				MI
Madonna			Rle	chard				
Residential Street Address		. 1	City		·	State	Zip C	
96 Rose St			East H			СТ	065	13
Principal Occupation				Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 t is contributor or business he/she i ued at more than \$5,000?				, Amor	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a si If yes, indicate which bran of government the contract	ch or b	ranches	e contractor? OYes O Legislative			
Method of Contribution:		1		Date Received	Aggregate Contributions	7		
Cash Personal Check Ocredit/Deb	it Card (Payroll Deduction OMoney	Order	11/4/2015	180			
ekaldisin mengelak di kelebah pengengan belanan melalan melalah kelebah pengelah pencintak mengengan belangan		SURT	OTAI	Section B — This	Page 150		onenomentalis	

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 Filin	
Mattese for Mayor - 2013		0	C	M C.		9
Name of Committee		Contributio	ons from C	Name of Tre	and the second s	
Address			Is this cont fundraising	event listed in	ated with a Yes No Section L1? , list Event #	Amount of Contribution
City	State	Zip Code	Date Rec	elved	Aggregate Contributions	
Name of Committee	amanan maka masa kan na sa kan	annasiyasi <mark>sahasasasayasiyasi saay</mark> nas iyahasa nasas	, and the second secon	Name of Tre	asurer	
Àddress				event listed in	ated with a Yes ONo Section L1? , list Event #	Amount of Contribution
City	State	Zip Code	Date Rec	eived	Aggregate Contributions	
Name of Committee	on the second	anned commonwell in the second	ana ang kanasansansansansansansansansansansansans	Name of Tre	asurer	unquandan quan undipun seran meneran kada un denerbun denerbunde sebelah di 1860 1860 1860 1860 1860 1860 1860
Address	, , , , , , , , , , , , , , , , , , , 	·····	Is this control fundraising	event listed in	ated with a Yes No Section L1? list Event #	Amount of Contribution
City	State	Zip Code	Date Rec	eived	Aggregate Contributions	
Vance of Committee		annandering generate properties and a superior and a superior and a superior as a superior and a superior and a	OLANA PARAMETER SONIA PER ESCATA	Name of Tre	asurer	enanyak antango antang ant
Address			Is this contr fundraising	event listed in	nted with a OYes ONo Section L1? list Event #	Amount of Contribution
City	State	Zip Code	Date Reco	rived	Aggregate Contributions	
C2. Re	eimbursements, Pa	yments, or	Surplus D		ns from other Committ fTreasurer	ees
Address		<u>,</u>			Date Received	Amount of Receipt
City	S	tate Zip C	Code	Paymen	rsement for shared expense t for goods and services Distribution	
Name of Committee		and the second seco		Name o	f Treasurer	
Address					Date Received	Amount of Receipt
City	S	tate Zip C	ode	Paymen	rsement for shared expense t for goods and services Distribution	
			SUBTOTA	AL Section	C — This Page 0	
			construction with the second s	THE REPORT OF THE PARTY OF THE	Section C Pages 0	
	TOTAL OF ALL ((Secti				AND RECEIPTS 0	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Maltese for Mayor - 2015			3. 1 · · · · · · · · · · · · · · · · · ·		of REPORT nation Filing	
	D. Loar	ıs Rece	ived this Period			
Name of Lender	men water and democratical water water and flash constant as a superior additional and a superior and a superio		Source of Loan:	ndidate O Individu	ual 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			State	Zip Code	-
Name of Lender	Polar die vielle verbe der der die verbe der der der der der der der der der de	inour inour additioning	Source of Loan: OBank OCand	didate OIndividu	ual Oother	Date of Receipt
Street Address	City		<u> </u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (If applicable)	, <u>h</u>				.1	Amount Received
Street Address	City			State	Zip Code	
Name of Lender	ateaurimaterrosas non marintenar scapeu nicera apeautamás secur	<u>egarfaceseas egueras as escanas a</u>	Source of Loan: OBank OCand	didate OIndividu	nal Other	Date of Receipt
Street Address	City		<u></u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (If applicable)		III 18 (18 - 18 - 18 (18 (18 (18 (18 (18 (18 (18 (18 (18 	*			Amount Received
Street Address	City			State	Zip Code	
			ТОТ	TAL SECTION	VD 0	
E. Receipts from Entiti	es other than Indiv	iduals (or Other Commi	ittees (Referenc	lum Committees	ONLY)
Name of Entity	CREZ equat (AAS Beauty / AAS	<u> Material</u>	Marie Carles and the same	gather 11 standard	EMPO NUMBERON	New Total Control of the Control of
Street Address	A Control of the Cont			Date Received		Amount Received
City		State	Zip Code	Aggregate Contril	butions	
Name of Entity		enteropolis esperante processos esperante proc	province description of the second descripti	productive and the second seco	Standards and the standard and the standard and standard and standard and standard and standard and standard a	Windowski nasionalis i nasionali nasionali observati suodi anti suodi suodi suodi suodi suodi suodi suodi suodi
Street Address				Date Received		Amount Received
City	**************************************	State	Zip Code	Aggregate Contrib	butions	
Name of Entity	has employed a markele and de marke de market accessor commencement and market access			gologodina en empiliando conducidos en en empilidos enducidos en un enducidos enducidos en un enducidos en un enducidos en entucidos en		hillandessen de sand difficulties en estado de des Alberto de Denes de Persona de Alberto de Alberto de Alberto
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	butions	
	(ACTIVATION OF THE PROPERTY OF		TO	TAL SECTIO	NE 0	

I. MONETARY RECEIPTS (Sections A-K)

	ree				TYPE OF REP	
Maltese for Ma	yor - 2015			a formation and a second a second and a second a second and a second a	Termination	Filing
	F. Amount Transferred	from Affili	iated Bu	siness Treasury (Busi	ness Entity Comm	Section of the sectio
Date of Receipt	Is this transaction associ fundraising event listed		8Yes No	If yes, list Event#		Amount
Date of Receipt	Is this transaction associ fundraising event listed		8Yes No	If yes, list Event #	nde van eeu een van de vale van de van d	Amount
Date of Receipt		Is this transaction associated with a fundmising event listed in Section L1?		If yes, list Event #		Amount
Date of Receipt	Is this transaction associ fundraising event listed		8Yes No	Hyes, list Event #		Amount
		diana di paga	II.	TOTAL	SECTION F	O and the second
G. Amount I	Fransferred from Affilia	ted Labor l	Union o	r Other Organization	Treasury (Or	ganization Committees ONLY)
Date of Receipt	despitations consistent and an arrangement of the constraint of th	Date of Receipt			Date of Receipt	
· · · · · · · · · · · · · · · · · · ·	Amount		۸	mount		Amount
			democracy patrace with the second case.	TOTAL	L SECTION G	
					Reacons grant grant and a second	о <mark>дини в достиновор и при от вергите на предостиненто достиново на предостиново до под достиново до под до под до под достиново до под достиново до под до под достиново до под до под достиново до под достиново до под достиново до под достиново до под д</mark>
MARKATELERS CELEBRAL ZANGER (POSZERZEM POLICE PROCESSER	H. Personal Funds of	the Candid	ate Rec	eived this Period (Ca	ndidate Committe	es ONLY)
Date of Receipt					TOUGHAR THE	"最后就是我们的我们的,我们就是我们还是不是一个人,我们就是这个人的,我们也不是一个人的。"
	Method of payment:					Amount
	Method of payment:	С) Personal	Check Credit/De	bit Card	Amount
Date of Receipt) Personal	Check Credit/De	bit Card	Amount Amount
Date of Receipt	Cash		Personal	umpersituate auch in currence que standeure au enchement la manera marche d'inviedence du	nadiktikrati da tarsulandi XXIIII. arrisi duku dikilisi 2,440 Ankilon 1,50	
Date of Receipt	Cash Method of payment:		entare survive	umpersituus on uli too uu usee eega sitti sikeut saasta kun oo kun oo kun uu oo kun oo kii sii siisida een da	nadiktikrati da tarsulandi XXIIII. arrisi duku dikilisi 2,440 Ankilon 1,50	
	Cash Method of payment: Cash	endergramma (e.e. gimi) endekseks) (edinotzete desimo	entare survive	Check C Credit/De	ebit Card	Amount
	Cash Method of payment: Cash Method of payment:	endergramma (e.e. gimi) endeksek) (elikulturturtusekseksek)	Personal (Check C Credit/De	ebit Card	Amount
Date of Receipt	Cash Method of payment: Cash Method of payment: Cash		Personal (Check Credit/De	ebit Card	Amount Amount
Date of Receipt	Cash Method of payment: Cash Method of payment: Cash Method of payment:		Personal (Check Credit/De Check Credit/De Check Credit/De	ebit Card	Amount Amount

for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

THROUGH COMMUNICATION	The state of the s	TYPE	OF REPOI	₹T	
Maltese for Mayor - 2015	The state of the s	Termi	nation Fi	ling	
	J. Interest from Deposits in Aut	horized Accounts			
Name of Institution	agaalukeydykuu yyky syydy saysyd ar achara ar achara achara achara achara achara achara achara achara achara a	Date R	eceived		Amount
Street Address	City	State	Zip Coo	le	
Name of Institution		Date R	ceived	mantar succession (see	Amount
Street Address	City	State	Zip Cod	e	
		TOTAL SECTI	ON J	lo l	
K. M	iscellaneous Monetary Receipts not	Considered Contrib	itions		
Kane	ti datawa ng pantinukanta pala-kappagi pipahang ng pala ng nasang a ang na ang nasang nasang nasang nasang nasa		ate of Transa	etion	Amount Received
Street Address	City	State	Zip	Code	
Description					_
Name		D	ate of Transa	ction	Amount Received
Street Address	City	State	Zip	Code	
Description				-	
Name		D	nte of Transa	ction	Amount Received
Street Address	City	State	Zip	Code	
Description					
Name	жүн түүн түүн түүн түү түү түү түү түү тү	Di	ito of Transa	ction	Amount Received
Street Address	City	State	Zip (Code	
Description					
		TOTAL SECTION)N K	0	
SUMMAI	RY OF OTHER MONETARY REC	EIPTS (Sections D ti	rough l	()	akankandrahasan dari ya marangasaka su darasan sa su ang da sa
Total Loans Received this Period (Sect	tion D)		iminer engineerine en e	þ	ter este este este este este este este e
Total Receipts from Entities other than	Individuals or Other Committees (Section	E)	+	0	
Total Amount Transferred from Affilia	ited Business Treasury (Section F)	***************************************	+	o	
Total Amount Transferred from Affilia	ated Labor Union or Other Organization Tr	easury (Section G)	+	0	
Total Amount of Personal Funds of the	Candidate Received this Period (Section H	()	+	0	
Total Amount of Interest from Deposit	s in Authorized Accounts (Section J)		+	0	
Total Miscellaneous Monetary Receipt	s not Considered Contributions (Section K)		+	0	
Total of Other Monetary Receip	ts (Add Sections D through K) (Enter to	tal on Line 15 of Summary Pag	e Totals)	0	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Maltese for Mayor - 2015	TYPE OF REPORT Termination Filing						
	ser Event Information						
Fundraising Event # 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 L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) ONo						
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 In-Kind Donations not Conside and complete required information.) ONo	red Contributions					
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 Receipts here.) ONo						
Subpart 2: (Town Committees and Municipal Candidate Committees (Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ONLY) Yes (If yes, go to Section L3 Purchases of Advertising Space or on a Sign and complete required information.) No	e in a Program Book					
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 Receipts here.) O No						
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?	O 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.) ONo						
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)						
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 Receipts here.) ONo \$						
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?	ONLY) O Yes (If yes, go to Section L3 Purchases of Advertising Space or on a Sign and complete required information.) O No	in a Program Book					
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 Receipts here.) \$						
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receip	pts from Sale of Donated Items — This Page						
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases — This Page 0						
	TOTAL of additional Section L1 Pages 0	kayendassassaskassanden med asyenen et deli lilina sense andassassan et deli					
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summary Page Totals)						

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

indiv		48, effective January 1, 20 m a committee tag sale,					d
NAME OF COMMIT	ТЕЕ			T	YPE OF REPORT	T	
Maltese for M				· · · · · · · · · · · · · · · · · · ·	ermination fills		
L3. Pu	rchases of Advertisi	ing in a Program Bool	k or on a Siç	gn (Municipal Cand	idate and Town	ı Committees ON	VLY)
Name of Purchaser		ушения на принципального принценти п	and a first of the second constraints		1.	Purchase Made By:	
						OBusiness Entity	OIndividual
Street Address	A CONTRACTOR OF THE PROPERTY O		City	CORROGOROGO ARCOCO CROZANI. INCATA II. III., a. 1. i.,		Sole Proprietors	hip Zip Code
DHAM TEMANA			Cny			Sinc	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Progr	am Ad Purchase	e Amount of S	ign Purchase
Name of Purchaser					Pi	urchase Made By:	<u>Xandadaan kandaan adaan daan kandaan </u>
					(OBusiness Entity	O Individual
1						Sole Proprietorsh	
Street Address		ŧ	City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Progra	am Ad Purchase	Amount of Si	ign Purchase
					411111111111111111111111111111111111111	***************************************	811 2 41 2
Name of Purchaser	\$1000 market and the second se		destriction of the second seco	Reserved to the second	Pı	urchase Made By:	aventamenomogalninini loberania
					4 "	Business Entity	OIndividual
			1* ; · · · · · · · · · · · · · · · · · · 			Sole Proprietorsh	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	am Ad Purchase	Amount of Sig	gn Purchase
Name of Purchaser			nicht Stein der Gestellen der Gestelle zu der Gestelle gestelle gestelle gestelle gestelle gestelle gestelle g	in the sandandar plantakke propose penemanan penemanan propose propose penemana pene	(наифилите) со пета мета пета се	-	MOREUM TELESCOPONIO DE COMPONIO DE LA COMPONIO DEL COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMP
Name of Purchaser					1.	urchase Made By: DBusiness Entity	OIndividual
				***		Sole Proprietorsh	nip
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases t	for All Events	Amount of Progra	ım Ad Purchase	Amount of Sig	gn Purchase
альенамуненанунин начания постание пистания.		o de discontrata que extreme más por a consecuencia menera en exercica con en enconocimiento en el	antivoniktiminokantik kakeani	i (Million 1995) o kini dan kanimanan manan kinin dan kini kanahalaman sa makayunkan manan	отминамісомінто массинантування	egannannagannnannaganannnannaga	ans-massan-masassannassann
Name of Purchaser					1	rchase Made By:	Oxidation desired
					1 💆	Business Entity Sole Proprietorship	OIndividual
treet Address			City			State State	IP Zip Code
						1	
Date Received	Event#	Aggregate Purchases f	for All Events	Amount of Progra	m Ad Purchase	Amount of Sig	Lzn Purchase
							,
	SUI	BTOTAL Section L3 (Muni Total Purchases		<i>te and Town Commi</i> ; in Program Book —			
	300 (400 (400 (400 (400 (400 (400 (400 (SUB Total Pa	TOTAL Section	on L3 (<i>Town Commit</i> vertising on a Sign –	tees ONLY) 0	The state of the s	MANAGORA CONTRACTOR CO
				of additional Section		THE CONTRACT OF THE CONTRACT O	general de seminant de la companya
	TOTAL OF ALL PUR	CHASES OF ADVERTISI		OGRAM BOOK or C			

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

NAME OF COMMITTE	E				TYPE OF REP	ORT		
Maltese for Mayo	or - 2015			1	ermination	Filing		
	l	4. In-Kind Donati	ons Not Cons	idered Contribu	tions		dannia muunus Ahnassi	
Name of Donor	and any date of the second		**************************************		· · · · · · · · · · · · · · · · · · ·			enemiento (relicione de la compositione de la compositione de la compositione de la compositione de la composi
								••••
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					1		
OBusiness Entity	Description of Bonation					Fair .	Market Va	lue of Donation
OIndividual		1	· · · · · · · · · · · · · · · · · · ·		.41 ***			
OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
eponostas grants at reputat se propaga del menore a menore e format a paramente menor		er og forstalle for the fill of the fill of the fill of the fill of the continue and the fill of the f	n der sein ein der Sein der S	zzenanzenan errantzen arrentzen errantzen errantzen errantzen errantzen errantzen errantzen errantzen errantzen	andanininokininikini etoites			heterritära kendetatken dan distribiska disdrataratur
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair l	Market Va	lue of Donation
OBusiness Entity								
OIndividual	Date Received	Event #		Aggregate Value for	this Event			
OSole Proprietorship								
Name of Donor			<u>основние тикова по простава пред на такова, до</u>			ir makan ayan ad	marana di pipa di	
Street Address			City		· · · · · · · · · · · · · · · · · · ·		State	Zip Code
Donation Given By:	Description of Donation			<u> </u>		Fair I	farket Val	ue of Donation
OBusiness Entity								
Olndividual	Date Received	Event #	· · · · · · · · · · · · · · · · · · ·	Aggregate Value for	this Event	-		
OSole Proprietorship								
Name of Donor	Визгорије и и учени по		nasjelezanizaslero uzovanamani limanlargojel za zribet basa	Senten per en	elannigasingasingasingasingasi			
Street Address	· · · · · · · · · · · · · · · · · · ·		City	· · · · · · · · · · · · · · · · · · ·		<u></u>	State	Zip Code
Donation Given By:	Description of Donation					Fair N	farket Val	ue of Donation
OBusiness Entity								
OIndividual	Date Received	Event#		Aggregate value for the	ils Event	-		
OSole Proprietorship]				İ		
hallendelstein om en iller skalet er samere en state en det en skalet en de en skalet en de en skalet en de en	A CANADA MANAGA MAN	THE RESERVE THE PROPERTY OF TH	SURTOTAL	L Section L4 — This	Рада	400000000000000000000000000000000000000		පත්තමේ රූතුවල් පත්තම් සම්බන්ධ හැකි වේ (පත්තිවේ පත්තිවේ වෙන්
www.taliatannaniatalyananiannyananimianyananimianyan			SUDIO	Doction Li-	Page 0			
W. Carlotte		Section (Control of the Control of t	TOTAL of a	dditional Section L4	Pages ()	(dag dikan programa yang mang peri (manasan ka) ka	inament and execute the design seek consequences	adaga yan kamadaa ka kadaga ya karigasa ay aa ka
	TOTAL OF ALL IN	-KIND DONATIONS	NOT CONSIDI	EREN CONTRIBIT	TONS 6	environmento printingo estado	arany rang nananang profession	
	TO THE OF REE IN			I of Sununary Page				
			e de antigen (de la companie de la compa	ti tita kan san sa mujimin ka kimin ka kina kina kina kina kina kina kina	ani ana ani da ana a			kilophan haliphan dhema mani kilophan kan kan ka

NAME OF COMMITTEE Maltese for Mayor - 2015	NAMES OF THE PROPERTY OF THE P	милимого в волошине таконо подолжения от ответство подолжения от ответство подолжения от ответство подолжения	A THE STATE OF THE	TYPE OF I	REPORT Ion Filing			
		M. In-Kind Cont	tributions					
Nante								
Street Address			City			State	Zip Code	
Type of contributor: Committee OIndividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor o	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					Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	nt listed in Section L1? No If yes, indicate which branch or branches							
Name								
Street Address	· · · · · · · · · · · · · · · · · · ·		City			State	Zip Code	
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		n excess of \$400 to a candid r business he/she is associate in \$5,000?					Market Value s Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes,	utor a principal of a state cor indicate which branch or br ernment the contract is with:	ranches		ŎNo l			
Name						er en	organismus and a second se	
Street Address	······································	C	City	· · · · · · · · · · · · · · · · · · ·	· · . · · · · · · · · · · · · · · · · ·	State	Zip Code	
Type of contributor: Committee Oladividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind (Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		n excess of \$400 to a candid business he/she is associate n \$5,0007					Market Value s Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes,	itor a principal of a state cor indicate which branch or br ernment the contract is with:	anches	_	ОNo			
	**************************************	SUE	STOTAL Section M -	– This Pag	e 0	ennyerszondensentenseszer	one en e	
		тот	AL of additional Sec	ilon M Pag	es O		<u>Secongary-myconomymbranom</u>	
TOTAL OF ALL I	N-KIND CONTE	RIBUTIONS (Enter tota	d on Line 22 of Summar	y Page Totals	, O	adigoratico gregativo anti-	aragentice en successiva de la companya de la comp	
	N. Refund	dable Deposit to Te	lephone Compan	y	Communication of the Communica			
Last Name of Individual		First			MI	Date Deposi	t Made	
Residential Street Address	- m	City		State Zi	p Code		Amount of Deposit	
Name of Telephone Company					emenovers acomes muscahor-mi			
Street Address		City		State Zi	p Code			
	TOTAL S	ECTION N (Enter total	I on Ting 23 of Summer	Page Totals) 0			

III. NONMONETARY RECEIPTS (Sections M-O)

MARIE OF COMMITTEE			TYPE OF REPORT	
Maltese for Mayor - 2015			Termination Filing	
O. Non-Monetary R Legislative Leadership, Legislative C				Act 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	Committees ONLY)	Name of Trease	rer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	-
Description of Donation	THE RESERVE THE PROPERTY OF TH		Purpose of Expenditure (see Instructions,	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treasu	rer	in and a second contraction of the second co
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Purpose of Expenditure (see Instructions) OA OB OC OD OE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommlitees ONLY)	Name of Treasu		e processor de vertica de la companya de la company
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation	······································		Purpose of Expenditure (see instructions) OAOBOCODOE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Co	ommittees ONLY)	Name of Treasur		alla esta erakutaikoa karika eta erakuta e
Street Address			Date Notice Received	Fair Market Value
City	State	Zip Code	Aggregate Donations	
Description of Donation		42	Purpose of Expenditure (see instructions) OA OB OC OD OE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Co	ommittees ONLY)	Name of Treasur		
Street Address	and the second s		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation		<u>, ,, l , , , , , , , , , , , , , , , , </u>	Purpose of Expenditure (see Instructions) OA OB OC OD OE	
	SUB)	FOTAL Sectio	n O — This Page 0	
	TOTAL	of additional	Section O Pages 0	kilipungsi kelangakan delipunian selimbapat kilipulik kelik mendali 1985 dan bermatik di Sebasari Berti Sebasar
TOTAL RECEIPTS O			PENDITURES on our Page Totals)	u periodo com con porte de come de come en com

NAME OF COMMIT	·			TYPE OF REPORT		
Maltese for M		* I I - Comme		Termination Filing		zanowanie wanie walionie wanie w
Name of Payee	r. exp	penses Paid by Comn	nittee	The stant		местания от таки метану по по то
Beth Purcell				11/05/2015	0	of Payment: Check # Debit Card
Street Address		City		<u></u>	State	Zip Code
23 Jeffrey Rd		East Haven			СТ	06513
Purpose of Expenditure (by code)	Description		Event	.t#		Amount
FOOD	Meet & Greet 10/30/2015		N/A	A	79.98	
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Adde			with reimbursement sought		
(i) uppmess,	OCoordinated without reimbursement sought O Ir	ndependent Organization:	OA OB	Oc Ob OE		
Name of Payce				Date of Payment	Method of	f Payment:
Kelly Center				11/09/2015		Check # Debit Card
Street Address		City		<u> </u>	State	Zip Code
46 Thompson	1 St	East Haven			СТ	06513
Purpose of Expenditure (by code)	Description		Event	ı#	-	Amount
(by code) OVHD	Headquarters Utility Payment		N/A		329.08	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Adde	-		vith reimbursement sought	⊣	
(іј аррисавие)	O Coordinated without reimbursement sought O In	ndependent Oorganization:	OA OB (Oc Ob Oe		
Name of Payee				Date of Payment	Method of	
Ronald Vestu	ıti		!	11/12/2015	8	Check # Debit Card
Street Address	-	City			State	Zip Code
117 Maple St		East Haven			СТ	06512
Purpose of Expenditure (by code)	Description		Event #			Amount
FOOD	Election Night Party	· · · · · · · · · · · · · · · · · · ·	N/A		100	
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Adder	•		ith reimbursement sought		
	OCoordinated without reimbursement sought O Inc	dependent Organization:	OA OB (
Name of Payee	and the second s				Method of	Payment:
Robert Culliga	n		J	11/16/2015	18	Check # Debit Card
Street Address		City	<u>,</u>		State	Zip Code
46 Benjiman R	≀d	East Haven		,	СТ	06513
Purpose of Expenditure (by code)	Description		Event #	#		Amount
MISC	Paper Goods Election Night Party		N/A	,	11	
Expenditure # ((f applicable)	Type of Expenditure (if applicable) Itemization in Adder			ith reimbursement sought		
		SUBTOTAL Se	ection P —	This Page 520.06		<u>Angerine and the state of the </u>
		TOTAL of addition	ional Section	n P Pages 3127.02	<u> </u>	ARREST HOME CACADAMENT COMMENT CONTRACTORS
TOTAL OF	ALL EXPENSES PAID BY COMMITTE	EE (Enter total on Line 19 o	of Summary P	Page Totals) 3647.08		700-2019-2-310-310-310-310-310-310-310-310-310-310
			notesiati elikumaan mahamili dannap	The state of the s	naidennessemment en	annochrate sunnestaturen annochrate an

NAME OF COMMIT Maltese for M			TYPE OF F			
Mailes for it		- Dald by Committee		Unrining		
Name of Payee	pariations of the anti-tal attacks to the r. Expenses	s Paid by Committee	Date of Payma	1	Tarabada	of Payment:
Robert Fox			11/4/201		©	Check # Debit Card
Street Address		City			State	Zip Code
180 Coe Ave		East Haven			ст	06512
Purpose of Expenditure	Description	The second secon	Eyent#			Amount
(by code) WAGE	Poll Worker		N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum	-	nated with reimburser	-	1	
(i) ablaicassic)	OCoordinated without reimbursement sought O Independ	dent OOrganization:OA	OB OC OD	O _E		
Name of Payee		SHA multiplication of the second transfer of	Date of Payme	ent		f Payment:
Andrea Willia	ams		11/4/201	5		Check # Debit Card
Street Address	the production of the state of	City			State	Zip Code
11 Ann St		East Haven		!	СТ	06513
Purpose of Expenditure	Description		Event#		 	Amount
(by code) WAGE	Poll Worker	1	N/A	ļ	175	
Expenditure #	Type of Expenditure (If applicable) Itemization in Addendum	P Required	l nated with reimburser	ment sought	1	
(if applicable)	O Coordinated without reimbursement sought O Independ			- 1		
Name of Payee		-	Date of Payme		Method of	
Ralph Manno	ochi		11/4/2015	- 1	0	Check # Debit Card
Street Address		City			State	Zip Code
70 Robert Dr		East Haven			СТ	06512
Purpose of Expenditure (by code)	Description	1	Event#			Amount
WAGE	Poll Worker	!	N/A		175	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I		ated with reimbursen	nent sought		
(у арумском)	OCoordinated without reimbursement sought O Independent	ient Organization:OA (OB OC OD	Oe		
Name of Payce	harpen and an annual and an analysis of		Date of Paymer	nt	Method of	
Sue Deko			11/4/2015		8	Check # Debit Card
Street Address		City			State	Zip Code
131 Salerno Av	ve	East Haven			СТ	06512
Purpose of Expenditure	Description		Event#			Amount
(by code) WAGE	Poll Worker		N/A		175	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P	P Required	ated with reimbursen		**	
(if applicable)	Coordinated without reimbursement sought O Independe	-				
		SUBTOTAL Section	P — This Page	700		punkteriotetenmestesimistasinsimistasinsimistesisis
		TOTAL of additional S	Section P Pages			agyik fiyamin di ya galada dina di da galada ayan dina di filolooniya da di da d
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (En	nter total on I he 19 of Sum	wary Page Totals)			
. В . В . В . В . В . В . В . В . В . В		itti (Viii VII Littie A) vy marien kannen makana marien kannen kanne	Mary 1 age 10 may		ENGINEER WATERS WAS	

NAME OF COMMIT Maltese for M			TYPE OF REPORT Termination Fili			
	pilantus karaka (limin keri 1970) di kalaka (kiri Kirin kirin kirin kirin kirin karaka katala matala kirin kirin kirin karaka matala masa karaka matala kirin kiri	P. Expenses Paid by Commi	ittee			
Name of Payee Amy De Maio	tausmuurmuurin kekilem yksikä Himmokalan Vanaluurmuuruv varmakallaksa vausuuruvaa vaa vaasaa. V		Date of Payment 11/4/2015	©	of Payment: Check # Debit Card	
Street Address		City		State	Zip Code	
11 Summit Av	/e .	East Haven		ст	06512	
Purpose of Expenditure	Description	**************************************	Event #		Amount	
(by code) WAGE	Poll Worker		N/A	175	A Branch gar.	
Expenditure # (if applicable)	Type of Expenditure (If applicable) Itemi OCoordinated without reimburseme	nization in Addendum P Required Oco ment sought O Independent O Organization:	OF OR OR OR OR OR	aght		
Name of Payee Kayle Cubell	llotti	particular description of the selection continues and restriction of an electrical descriptions described and the selection of the selection o	Date of Payment 11/4/2015	⊙	of Payment: Check #	
Street Address		City		State	Zip Code	
55 Bishop St		East Haven		ст	06512	
Purpose of Expenditure (by code)	Description		Event #		Amount	
WAGE	Poll Worker		N/A	100		
Expenditure # (if applicable)	1	Type of Expenditure (if applicable) Itemization in Addendum P Required				
Name of Payce	1		Date of Payment		of Payment: Check #	
Roselinda Dra	ago		11/4/2015	Ö	Debit Card	
Street Address 65 Messina D	or East #838	City East Haven		State	Zip Code 06512	
Purpose of Expenditure	Description		Event #		Amount	
(by code) WAGE	Poll Worker		N/A	175		
Expenditure # (If applicable)	Type of Expenditure (If applicable) Hemia Coordinated without reimbursement	nization in Addendum P Required Coc ent sought O Independent O Organization:	ordinated with reimbursement sou			
Name of Payee Kla Perro		gazarannem ummen destrucción in messo objektivo del politico e destrucción de l'administración con observación per adm	Date of Payment 11/4/2015	Method of	f Payment: Check #	
Street Address		City		State	Zip Code	
105 Henry St		East Haven		СТ	06512	
Purpose of Expenditure (by code) WAGE	Description Poll Worker		Event# N/A	175	Amount	
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement	ization in Addendum P Required Ocoo ent sought O Independent Organization.	ordinated with reimbursement sou	ght		
		SUBTOTAL Sec	ction P — This Page 625	20082004044040408844000440004		
		TOTAL of additio	nal Section P Pages		Laboration of the Control of the Con	
TOTAL OF	ALL EXPENSES PAID BY C	COMMITTEE (Enter total on Line 19 of S	Summary Page Totals)			
Emerging performance this securior and according to the second performance of the second perfo		одинчиство на брого на предоставните на предоставните на предоставните на предоставните на предоставните на пре	при	Emilion (1) transport (1) and (1) for the first of the fi	MOHIEROMONINADO COMPRESA COMPR	

NAME OF COMMIT		TOP ANY ADDRESS OF THE PROPERTY OF THE PROPERT	TITE OF REPORT	 	
Maltese for N			Termination Filing]	
	P. Expenses	Paid by Committee	Mining the second secon		, , , , , , , , , , , , , , , , , , ,
Name of Payee Capotorto's A	Apizza Center		Date of Payment 11/4/2015		Payment: Check # Debit Card
Street Address		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code
688 Foxon Rd		East Haven		ст	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 Coordinated without reimbursement sought O Independ	• -	ated with reimbursement sough	t	
Name of Payee			Date of Payment	Method of	Payment:
	Apizza Center		11/4/2015	0	Check # Debit Card
Street Address		City		State	Zip Code
688 Foxon Ro	t d	East Haven		СТ	06512
Purpose of Expenditure	Description		Event #		Amount
(by code) FOOD	Food for Election Night		N/A	1	Amount
Expenditure #	Type of Expenditure (if applicable) ItemIzation In Addendum I		ated with reimbursement sough	164.85	
(if applicable)	Coordinated without reimbursement sought Olndepende		•		
Name of Payee			Date of Payment	Method of I	-
LaLuna's		·	11/4/2015	Ör	Check # Debit Card
Street Address		City		State	Zip Code
168 N Main S	t .	Branford		СТ	06405
Purpose of Expenditure	Description		Event#	-	Amount
(by code) FOOD	Food for Meet & Greet		N/A	135	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum F	Required O Coordina	ited with reimbursement sought		
(if applicable)	OCoordinated without reimbursement sought O Independe	-	-		
Name of Payee			Date of Payment	Method of F	Payment: Check #
Joan Adamczy	k		11/4/2015		Debit Card
Street Address		City	I	State	Zip Code
123 Helistrom	Rd	East Haven		СТ	06512
Purpose of Expenditure	Description	тТ	Event #	-	Amount
(by code) MISC	Refreshments & Party Supplies for Election Nig	ıht I	N/A	248.07	Alliquat
Expenditure # (if applicable)	Type of Expenditure (If applicable) Itemization in Addendum P Coordinated without reimbursement sought O Independent	. ~	ted with reimbursement sought B OC OD OE		
		SUBTOTAL Section	P — This Page 685.92		
		TOTAL of additional Se	ection P Pages	ph/massessessessessessessessessessessessesse	gas de se de la companya de la comp
TOTAL OF A	ALL EXPENSES PAID BY COMMITTEE (En	ter total on Line 19 of Summ	nary Page Totals)	laka da Sakara manada da ayin da ada	ethirealinegalment fortheam list treasming around the discovering and the state of
		денетом ройнике от при дописания при	NO CONTRACTOR OF THE PROPERTY		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
					+

P. Expenses Paid by Committee Summer of Payee June Poulton Street Address State Amount 1/16/2015 Street Address State Amount 1/16/2015 State Amount 1/16/2016 St	NAME OF COMMIT				TYPE OF REPORT Termination Filing		
Date of Paywest Date of Pa		and the same of th	es Paid by Comp	nittee			
June Poulton Succe Address 32 Cliff S1 Description PRINT Printer Ink, Filings for 7/10, 10/20, 10/28 & Termination Proposed Expenditure Proposed Playeouthure (fragilizable) Heritartion in Addrendum P Required Occordinated without reimbursement sought Occordinated with ut reimbursement sought Occordinated with reimburs	Name of Payee	DECEMBER OF THE PROPERTY OF TH	*		Date of Payment		*
Street Address City East Haven CT 06512	June Poultor	1			11/16/2015		
Purpose of Expenditure (by cools) PRNT	Street Address		City		<u></u>	<u> </u>	
Printer Ink, Filings for 7/10, 10/20, 10/28 & Termination N/A 16.10	32 Cliff St		East Haven			СТ	06512
PRINT Printer Ink, Fillings for 77/10, 10/20, 10/28 & Termination N/A		Description		Event	i#		Amount
Type of Expenditure City Coordinated without reimbursement sought City Coordinated with reimbursement sought City Coordinated without reimbursement sought City Coordinated with r	PRNT	Printer Ink, Filings for 7/10, 10/20, 10/28 & T	ermination	N/A	•	16.10	
Name of Payee Street Address City State Zip Code		Type of Expenditure (If applicable) Itemization in Addendur	n P Required 🔘 🤇	Coordinated w	ith reimbursement sought	1	
East Haven Animal Shelter City	; (i) аррисавів)	OCoordinated without reimbursement sought O Indepe	ndent Organization:	OA OB	Oc Op Oe		
East Haven Animal Shelter Street Address Commerce St Commerce St East Haven Commerce St Com	Name of Payee		<u>pisteessa jateen ja kanaman kanamata ka ka kanamata ka kanamata ka /u>		Date of Payment		
Commerce St Purpose of Expenditure (by code) MISC Donation (close out of donated funds) Type of Expenditure (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought Oli/Ob/2016 Begenditure if (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought Oli/Ob/2016 Biste Tipe Check if Oli/Ob/2016 CT O6512 Purpose of Expenditure (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought Oli/Ob/2016 Begenditure if (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought Oli/Ob/2016 Stocet Address 30 Date of Payment Oli/Ob/2016 CT O6512 Amount 1006/2016 Page of Expenditure (if applicable) Hemization in Addendum P Required Ocoardinated with relimbursement sought Oli/Ob/2016 Stocet Address 30 Date of Payment Oli/Ob/2016 Description Coordinated without relimbursement sought Oliferpendent Organization A B C D D C D C D D C D D C D D D D D D D	East Haven A	nimal Shelter			01/06/2016		
Purpose of Expenditure (by code) MISC Expenditure if (frapplicable) Donation (close out of donated funds) N/A Type of Expenditure if (frapplicable) Fireworks Fund (close out of donated funds) Name of Payee Expenditure if (frapplicable) Donation (close out of donated funds) N/A State Zip Code CT O6512 Purpose of Expenditure if (frapplicable) Purpose of Expenditure inhursement sought Occordinated without reimbursement sought Occordinated without reimbursement sought On/O6/2016 Date of Payment O1/O6/2016 State Zip Code CT O6512 Purpose of Expenditure if (frapplicable) Occordinated without reimbursement sought Onlock if Occordinated without reimbursement sought Occordinated with reimbursement sought Onlock if Occordinated without reimbursement sought Occordi	Street Address		City			State	Zip Code
Date of Payment Description Description Description Description Description Date of Payment Description Description Date of Payment Description De	Commerce St		East Haven			CT	06512
Begenditure		Description		Event	#	1	Amount
Type of Expenditure # (frughticable) Type of Expenditure (frughticable) Tudependent Organization Organi	(by code) MISC	Donation (close out of donated funds)		N/A		300	
Name of Payce Viet Nam Veterans Chapter 484 O1/06/2016 OCT O6512	Expenditure #	Type of Expenditure (if applicable) Itemization in Addendur	n P Required ()	L Coordinated w	ith reimbursement sought		
Name of Payee Viet Nam Veterans Chapter 484		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			=		
Viet Nam Veterans Chapter 484 O1/06/2016 Scheck # One of Card	Name of Payee		_			Method of	Pavment;
State Zip Code S76 Thompson Ave East Haven State Zip Code	·	erans Chapter 484				O (Check #
Purpose of Expenditure (by code) MISC Expenditure (by code) Fireworks Fund (close out of donated funds) Fireworks Fund (close out of donated funds) N/A	neet Address		City		<u></u>	ļ <u>~</u>	
Expenditure # (fapplicable) Type of Expenditure (fapplicable) Itemization in Addendum P Required Coordinated with reimbursement sought Organization A B C D DE	576 Thompso	on Ave	East Haven			СТ	06512
Stependiture # (f/applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Organization. A B C D E		Description		Event	#		Amount
Expenditure # (l/applicable) Type of Expenditure (l/applicable)	MISC	Fireworks Fund (close out of donated funds)	<i>)</i>	N/A		200	
Occordinated without reimbursement sought Independent Organization OA OB OC OD OE		Type of Expenditure (if applicable) Itemization in Addendum	n P Required O	Coordinated w	ith reimbursement sought	_	
East Haven Food Pantry Street Address 30 Park Place Purpose of Expenditure (by code) MISC Expenditure # (ff applicable) Type of Expenditure (if applicable) Tembrated in Addendum P Required Organization Org	(у аррисате)	○ Coordinated without reimbursement sought ○ Indeper	ndent Organization:	OA OB	Oc Op Oe		
Street Address 30 Park Place Purpose of Expenditure (by code) MISC Type of Expenditure (if applicable) Itemization in Addendum P Required Ocoordinated with reimbursement sought (if applicable) Ocordinated without reimbursement sought Organization OA OB OC OD OE SUBTOTAL Section P — This Page 816.10	Name of Payee		and the state of t		Date of Payment		
Street Address 30 Park Place Purpose of Expenditure (by code) MiSC Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required	East Haven Fo	ood Pantry			01/06/2016		
Purpose of Expenditure (by code) MISC Close out of donated funds Type of Expenditure # (If applicable) Coordinated without reimbursement sought (If opplicable) SUBTOTAL Section P — This Page TOTAL of additional Section P Pages			City				
(by code) MISC Close out of donated funds N/A Expenditure # (If applicable) Type of Expenditure (If applicable) Itemization in Addendum P Required Occordinated with reimbursement sought Organization OA OB OC OD OE SUBTOTAL Section P — This Page 816.10 TOTAL of additional Section P Pages	30 Park Place		East Haven			СТ	06512
MISC Close out of donated funds N/A Expenditure # (If applicable) Type of Expenditure (If applicable) Itemization in Addendum P Required Coordinated with reintbursement sought Coordinated without reintbursement sought Independent Organization OA OB OC OD SUBTOTAL Section P — This Page 816.10 TOTAL of additional Section P Pages		Description		Event	#		Amount
Expenditure # (If applicable) Type of Expenditure (If applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Organization OA OB OC OD DE SUBTOTAL Section P — This Page 816.10 TOTAL of additional Section P Pages	(by code) MISC	Close out of donated funds		N/A		300	
Coordinated without reimbursement sought Ondependent Organization OA OB OC OD OE SUBTOTAL Section P — This Page 816.10 TOTAL of additional Section P Pages		Type of Expenditure (If applicable) Itemization in Addendum	P Required OC	oordinated wi	ith reimbursement sought	1	
TOTAL of additional Section P Pages	(іў аррысаеле)	Ocoordinated without reimbursement sought O Indepen	ndent OOrganization.	OA OB (OC OD OE		
			SUBTOTAL S	Section P —	This Page 816.10	**************************************	THE COLUMN TO THE THE PARTY OF
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)			TOTAL of addit	ional Sectio	n P Pages	gerninaerrummakkeiden agden	ganteleiste Millianna (ilius er 1942 anns 1932 an Santal
	TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (Beter total on Ting 19.	of Chengary I	Page Totals)	**************************************	and the second s
	Viaco	ADE EAR PROPOSITATIVE ACCUMENT A EM (1	Miller William On Line 17 o	// Dummury L	age Iviiii)	dektoolekkeloitakeleessa ja	

NAME OF COMMIT			TITEOTRESORT	
Maltese for N	Mayor - 2015	мет. — п. т.	Termination Filin	g
		P. Expenses Paid by Comm	mittee	
Name of Payee	Section of the sectio	The second secon	Date of Payment	Method of Payment:
East Haven R	Rotary (C/O Carl Rugglero)		01/06/2016	Check #
Street Address		City		State Zip Code
12 Oak Hill Dr	<u></u>	East Haven		CT 06513
Purpose of Expenditure	Description		Event #	Amount
(by code) MISC	Clothe the Childern Fund		N/A	300
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemizat Coordinated without reimbursement	ation in Addendum P Required O	Coordinated with reimbursement soug	ht
	Occordance impactament	souldin O morbonion O ordenizarion		
Name of Payee			Date of Payment	Method of Payment: Otheck # Debit Card
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount .
Expenditure #	Type of Expenditure (if applicable) Itemizat	tion in Addendum P Required	Coordinated with reimbursement sough	1.4
(if applicable)	•	sought OIndependent OOrganization:		**
Name of Payee			Date of Payment	Method of Payment:
i				Check #
Street Address		City	<u></u>	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Antount
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemizat		Coordinated with reimbursement sough	at
(у оррогия,	OCoordinated without reimbursement s	sought O Independent O Organization:	Ov OB OC OD OE	
Name of Payee	beign between the state of the	CONTROL CONTRO	Date of Payment	Method of Payment: Check # Debit Card
Street Address		City	I	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) ItemIzati Coordinated without reimbursement so	tion in Addendum P Required OC sought O Independent O Organization.	Coordinated with reimbursement sough	4
		SUBTOTAL S	Section P — This Page 300	
		TOTAL of addit	tional Section P Pages	<u>negistamano amin'musuuman kaniqui mangan jenena quanajendoji nidasan musu</u>
TOTAL OF	ALL EXPENSES PAID BY CO	MMITTEE (Enter total on Line 19 :	of Summary Page Totals)	
	All the second s	тем то в не в в в 1 тем в под то в на в досто не в досто не досто не досто не в досто не в досто не в досто не В под то в не в под то в н		, Anna Richard B. Chillian Anna Berlin (St. Chillian Consolin Cons

NAME OF COMMIT	TEE			TYPE OF REPORT			
Maltese for M	ayor - 2015			Termination Filing			
	Q. Campaign Ex	penses Paid by Cand	lidate				
Name of Payee (Name of	Vendor who candidate paid directly)			Date of Payment		bursement claimed?	
		- -				Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	I possibility	<u> </u>	Event#			1	
(by code)	Description		Even #			Amount	
Nama of Poyes (Name of)	Vendor who candidate paid directly)	ระโดกที่เริ่นในเครื่อเปิดเพลาะเพิ่มในบนูลตอบให้เหลาดามหลงดอบเลาะเลย เครียกเหลาดนพระ	and and the state of the state	Date of Payment	7		
Transc or i ayee (transc oy i	ernar nao canamate paid un ecay)			Date of Fayment	O	bursement claimed? Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event #			Amount	
Name of Payee (Name of	 Vendor who candidate paid directly)			Date of Payment	i Is reimi	oursement claimed?	
	,				0	_	
Street Address		City	l.		State	Zip Code	
Purpose of Expenditure (by code)	Description	Event#				Amount	
Name of Payce (Name of V	l 'endor who candidate paid directly)	and an analysis and an artifactor of factors of factors of the factors and the second of the factors of the fac		Date of Payment	Is reimb	oursement claimed?	
) •					0	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #	· · · · · · · · · · · · · · · · · · ·		Aniount	
(by code)							
Name of Payee (Name of V	l 'endor who candidate paid directly')	dies van de jeuns de de seu na anne seu au seus cant de seus seus seus de seus euros seus na seus de la marte La companya de la co	L I	Date of Payment	Is reimb	ursement claimed?	
					0	Yes No	
Street Address		City	J		State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)	Description		STELL II			Amount	
Name of Payee (Name of V	endor who candidate paid directly)	and the second	E	Date of Payment	Is reimb	ursement claimed?	
					0	res O No	
Street Address		City	<u></u>	V '.' 	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		,	Amount	
		SUBTOTAL Section	Q—1	his Page 0			
		TOTAL of additional S	Section	Q Pages 0			
TOTAL OF	ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Sum	ımary Pa	age Totals) 0			

NAME OF COMMI				TYPE OF REPORT		
Maltese for	Mayor - 2015			Termination Filing	J	
		R. Expenses Incu	rred on Committee	Credit Card		
Name of Issuing In	stitution		Type of Credit Card:			
First Niagara	Bank		O Visa O Master (Card ODiscover OAmeri	can Expres	s Other:
Name of Vendor	жүйтүүдү бийгийдүү дагындар гента ойол нод айога оюн ба агынка бийгиндүү ка агыгча ошынун атагына айоган айога Э	ennessen an anna an ann agus an ann agus agus ann an an Annaice an Annaice an Annaice an Annaice an Annaice an Annaice ann ann ann ann ann an Annaice an An	терирен и потору на текновија и потору	CANIII (NACA) (2 Antisis etti mingi kulkasuun naminni karkasuun kun maana namasista namuun maanausuun.	Date of	Fransaction
Shore Publis	hing				10/29	9/2015
Street Address	,		City		State	Zip Code
PO Box 1010)		Madison		СТ	06512
Purpose of Expenditure (by code)	1 .			Event #		Amount
A-NEWS	Campaign Ad			N/A	838.	70
Expenditure # (if applicable)	Type of Expenditure (if applicable			nated with reimbursement sough		,,
	O Coordinated without reimb	oursement sought 🔘 Independ	dent Organization. OA	OB OC OD OE		
Name of Vendor	Medican and the second		and an extension of the property and the state of the sta	никования при	Date of T	ransaction
				,		
Street Address			City		State	Zip Code
					ļ	
Purpose of Expenditure (by code)	Description			Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable		= '	nated with reimbursement sough	1	
	OCoordinated without reimb	ursement sought O Independ	lent Organization: OA	OB OC OD OE		
Name of Vendor		ad American American and American Ameri		eren 1100 oseran ja kuusus kuusus kuusus kun kenna mikus kuus min manapi yydystään yydystä kirjat kirjat kirja T	Date of T	ransaction
:						
Street Address			City			Zip Code
Purpose of Expenditure	Description			Event#		Amount
(by code)						
Expenditure #	Type of Expenditure (if applicable,) Itemization in Addendum I	R Required () Coordin	I ated with reimbursement sough	il .	
(if applicable)	O Coordinated without reimbe	ursement sought OIndepend	ent OOrganization: OA	OB OC OD OE		
Name of Vendor			Suite in Military and the second and		Date of Tr	ansaction
Street Address			City		State	Zip Code
						1
Purpose of Expenditure	Description			Event#	 	Amount
by code)						Amount
Expenditure #	Type of Expenditure (If applicable)	Itemization in Addendum I	Required O Coordin	ated with reimbursement sought	1	
îf applicable)	OCoordinated without reimbu			-	ŀ	
					20	
			SUBTOTAL Section	R—This Page 838.70		
			TOTAL of additional S	Section R Pages		
	TOTAL OF ALL EY	PENSES INCURRED	ON COMMITTEE C	PREDIT CAPI	125	
	TOTAL OF ALL EA		Enter total on Line 27 of Sui			
Europa eranium anisanum erangen erange						

NAME OF COMMI Maltese for	ITBE Mayor - 2015		TYPE OF REP Termination		
	S. Expenses In	curred by Committee but Not	Paid During this Perio	od	
Name of Creditor				Date Inc	uned
Street Address	**************************************	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		mount Incurred Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (If applicable) Items Coordinated without reimburseme	ization in Addendum S Required Oceanization	Coordinated with reimbursemen	- 1	
Name of Creditor	and a million as a stranger of constitution of the depth options of the same plant as a million and a stranger		till till til til til til til til til ti	Date Inc	urred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		mount Incurred Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemi Coordinated without reimburseme	zation in Addendum S Required OC nt sought O Independent O Organization:	Coordinated with reimbursement	٠ ١	
Name of Creditor			i Contra da Universida Nacional Mantana de distribuita de la contra de la contra de la contra de la contra de l	Date Incu	ırred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (If applicable) Itemla Coordinated without reimbursement	zation in Addendum S Required OC	Oordinated with reimbursement	- 1	
Name of Creditor				Date Incu	ned
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		nount Incurred
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement	ration in Addendum S Required Octoor to sought O Independent O Organization	OA OB OC OD OE	-	
		SUBTOTAL	Section S-This Page 0		
		TOTAL of addit	ional Section S Pages 0		
TOTAL OF A	LL EXPENSES INCURRED BY	COMMITTEE DURING THIS PERI (Enter total on Line 28	OD BUT NOT PAID of Summary Page Totals)		
	Pre	eviously reported Expenses Unpaid at	nd still Outstanding 0		
	TOTAL OF ALL EX	PENSES INCURRED BY COMMIT (Enter total on Line 28a	TEE BUT NOT PAID of Summary Page Totals)		

Maltese for M					TYPE OF REPORT ermination Filing		en det kan sek kelang sek di Salaman kelang sek sek di Salaman kelandi di Afrika di Perse Perse bersah Salaman
	T. Itemiz	zation of Reimbursement	s to Committee W	orkers a	nd Consultants		
Last Name of Worker/Co	onsultant	First	mili mengkah dimentangka sajad menjagah herendahnya kendarian mengan megandusan saja	MI	Date of Payment	Metho	od of Payment: Check # Debit Card
Secondary Payee							
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)		oplicable) Itemization in Addendum tt reimbursement sought () Indepen	Idum T Required Coordinated with reimbursement sought ependent Organization: A B C D DE				
Last Name of Worker/Co	ensultant	First	menhadi kelapida kenada saku da saku d	MI	Date of Payment		d of Payment: OCheck # Debit Card
Secondary Payee							
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event#	 		Amount
Expenditure # (if applicable)	1	oplicable) Itemization in Addendum t reimbursement sought O Independ	-		reimbursement sought		
Last Name of Worker/Co	ensultant	First		MI	Date of Payment	- (d of Payment: OCheck #_ Debit Card
Secondary Payee				·			*************************************
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event#			Amount
Expenditure # (fapplicable)	i	plicable) Itemization in Addendum t reimbursement sought O Independ	_		eimbursement sought		
		and the second s		<u> ang ang ang ang ang ang ang ang ang ang</u>		A company of the company of the control of the cont	en e
	annen kakannan penekakan kenabakan berakan kanakan kenabakan kenabakan kenabakan kenabakan kenabakan kenabakan			ukklada ka senkana ka Peranda ka masa ka			
			SUBTOTAL Sec	tion T — T	his Page 0		
			TOTAL of additio	nal Section	T Pages 0	s (Albertain de Visitian de	
TOTAL OF	ALL REIMBURS	EMENT TO COMMITTEE	E WORKERS AND	CONSUL	TANTS 0		