SEEC FORM 20

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

RECEIVED FOR FILING
OCT 13 2015
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.
Stacey Quirino, CCTC
TOWN CLERK
Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE

Maltese for Mayor - 2015

2. TREASURER NAME

First	MI	Last	Suffix
Michael		DeMaio	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
11Summit Ave	East Haven	CT	06512

4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER
(mm/dd/yyyy) 11/03/2015	Mayor	*(if applicable)*

7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First	MI	Last	Suffix
Salvatore	A	Maltese	

8. TYPE OF REPORT *(Check One Box)*

- ○ January 10 filing
- ○ April 10 filing
- ○ July 10 filing
- ◉ October 10 filing
- ○ Independent Expenditure ☐ Primary ☐ Election
- ○ 7th day preceding primary
- ○ 30 days following primary
- ○ 7th day preceding election
- ○ 12th day preceding election *(State Central Committees Only)*
- ○ 45 days following election not held in November
- ○ 7th day preceding referendum
- ○ 45 days following referendum
- ○ Deficit
- ○ Termination
- ○ Initial Contribution or Disbursement *(PACs ONLY)*
- ○ Amendment to Type of Report: _____

9. PERIOD COVERED

Beginning Date		Ending Date
July 1, 2015	thru	September 30, 2015

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.

TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
		10/09/2015

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	October 10, 2015 Filing	
	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		4,806.23
12. Balance on hand at the beginning of Reporting Period	7,267.88	
13. Contributions Received from Individuals (Sections A and B)	19,885	27,820
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. *Per Public Act 11-48, effective January 1, 2012 Section L2. removed*		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) ***Municipal and Town Committees ONLY***	2,400	2,400
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	22,285	30,220
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	30,318.43	35,026.23
19. Expenses Paid by Committee (Section P)	19,830.80	24,538.60
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	10,487.63	10,487.63
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)	7,090.82	7,856.37
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	October 10, 2015 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
Adamczyk	Joan	

Residential Street Address	City	State	Zip Code
123 Hellstrom Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Data Processing	Service National Corp.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 130

Is this contribution associated with a fundraising event listed in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/15/2015	150

Last Name	First	MI
Albano	Paul Jr.	

Residential Street Address	City	State	Zip Code
16 Burgess St	East Haven	CT	06512

Principal Occupation	Name of Employer
Technician	NAVTEC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with a fundraising event listed in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/14/2015	120

Last Name	First	MI
Anastasio	Fred	

Residential Street Address	City	State	Zip Code
249 Dodge Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with a fundraising event listed in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

SUBTOTAL Section B — This Page	330
TOTAL of additional Section B Pages	19,205
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13 of Summary Page Totals)*	19,535

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 1 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Anastasio | **First:** Louis Jr. | **MI:**
Residential Street Address: 108 Prospect Pl Ext | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 200
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | **Aggregate Contributions:** 200

Last Name: Annatone | **First:** Robert | **MI:**
Residential Street Address: 28 View St | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/18/2015 | **Aggregate Contributions:** 120

Last Name: Arpino | **First:** Vincent | **MI:**
Residential Street Address: 33 Hartman Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Mason | **Name of Employer:** U.P.G.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 300
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | **Aggregate Contributions:** 320

SUBTOTAL Section B — This Page	600
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 2 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Astorino | First: Robert | MI:
Residential Street Address: 55 Coe Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Sales | Name of Employer: Davidson Co.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/06/2015 | Aggregate Contributions: 120

Last Name: Brangi | First: Nicholas | MI:
Residential Street Address: 128 Maple St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: N/A | Name of Employer: Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/17/2015 | Aggregate Contributions: 120

Last Name: Berlepsch | First: Rusty | MI:
Residential Street Address: 330 Short Beach Rd H-6 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 3 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Calandro | First: Anthony | MI: P
Residential Street Address: 90 Mill St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 100

Last Name: Caprio | First: John | MI:
Residential Street Address: 107 Dodge Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/18/2015 | Aggregate Contributions: 120

Last Name: Carlo | First: Robert | MI: A
Residential Street Address: 7 Cambridge Court | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Controller | Name of Employer: N.E. Consulting Grp
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/19/2015 | Aggregate Contributions: 150

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 4 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Casagrande	Albert	J

Residential Street Address	City	State	Zip Code
25 Pardee Pl Ext	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/05/2015	200

Last Name	First	MI
Chandler	Frances	

Residential Street Address	City	State	Zip Code
29 Kristen Ct	East Haven	CT	06513

Principal Occupation	Name of Employer
Controller	Branford Hills Health care

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/17/2015	120

Last Name	First	MI
Chandler	John	

Residential Street Address	City	State	Zip Code
29 Kristen Ct	East Haven	CT	06513

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/17/2015	120

SUBTOTAL Section B — This Page	400
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 5 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Chandler	Thomas	

Residential Street Address	City	State	Zip Code
19 Gurney St	East Haven	CT	06512

Principal Occupation	Name of Employer
Maintenance	All American Waste

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 08/18/2015 | Aggregate Contributions 120

Last Name	First	MI
Chase	Edward	

Residential Street Address	City	State	Zip Code
5 Pondview Terrace	East Haven	CT	06512

Principal Occupation	Name of Employer
Sales	Discount Liquor

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 08/20/2015 | Aggregate Contributions 100

Last Name	First	MI
Clark	Clare	M

Residential Street Address	City	State	Zip Code
2211 Ashland Village	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 07/23/2015 | Aggregate Contributions 50

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 6 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Cifarelli | **First:** Denise | **MI:**
Residential Street Address: 123 Hellstrum Rd | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Coordinator | **Name of Employer:** Premier Education

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/16/2015 | **Aggregate Contributions:** 120

Last Name: Clark | **First:** Nicole | **MI:**
Residential Street Address: 130 South Shore Dr | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Real Estate | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | **Aggregate Contributions:** 120

Last Name: Coe | **First:** Stewart | **MI:**
Residential Street Address: 1270 N High St #217 | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 07/23/2015 | **Aggregate Contributions:** 120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 8 7 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Coppola	William	S

Residential Street Address	City	State	Zip Code
66 Hotchkiss Rd Ext	East Haven	CT	06512

Principal Occupation	Name of Employer
Maintenance	New Haven Terminal

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	140

Last Name	First	MI
Cowles	Robert	B

Residential Street Address	City	State	Zip Code
32 Morris St	West Haven	CT	06516

Principal Occupation	Name of Employer
Electronic sales	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/03/2015	220

Last Name	First	MI
Criscuolo	Daniel	S

Residential Street Address	City	State	Zip Code
100 Short Beach Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/11/2015	120

SUBTOTAL Section B — This Page	400
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 8 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Culligan	Elsie	

Residential Street Address	City	State	Zip Code
48 Benjamin Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Teller	First Niagara Bank

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	220

Last Name	First	MI
DeFelice	Margo	

Residential Street Address	City	State	Zip Code
7 Taylor Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	100

Last Name	First	MI
DeMaio	Michael	

Residential Street Address	City	State	Zip Code
11 Summit Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
V.P.	First Niagara Bank

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Amount of Contribution 300

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08202015C	400

SUBTOTAL Section B — This Page	600
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 9 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: DiMaggio | **First:** Anne | **MI:** E
Residential Street Address: 130 Salerno Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/08/2015 | **Aggregate Contributions:** 120

Last Name: DiMaggio | **First:** James | **MI:** J
Residential Street Address: 130 Salerno Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/08/2015 | **Aggregate Contributions:** 120

Last Name: DeMatteo | **First:** Rosemarie | **MI:**
Residential Street Address: 504 Woodward Ave | **City:** New Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Secretary | **Name of Employer:** Digestive Disease Assoc.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | **Aggregate Contributions:** 100

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 10 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
DeRenzo	Patricia	E

Residential Street Address	City	State	Zip Code
3 Francis St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/12/2015	120

Last Name	First	MI
DeRenzo	Paul	R

Residential Street Address	City	State	Zip Code
3 Francis St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/12/2015	120

Last Name	First	MI
Dwyer	Edwin	J

Residential Street Address	City	State	Zip Code
101 Hillside Ave	Shelton	CT	06484

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/17/2015	140

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 18 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Ferraiolo | First: Ronald | MI:
Residential Street Address: 143 Mansfield Grove Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Sales | Name of Employer: Big "Y"
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 120

Last Name: Fowler | First: Kevin | MI: F
Residential Street Address: 2 Dale Place | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: Mechanic | Name of Employer: Viglione's
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/02/2015 | Aggregate Contributions: 120

Last Name: Fowler | First: Theresa | MI: A
Residential Street Address: 2 Dale Place | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: Optical Assist. | Name of Employer: Envision
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/02/2015 | Aggregate Contributions: 120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 12 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Fox	Robert Jr	J

Residential Street Address	City	State	Zip Code
180 Coe Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/05/2015	100

Last Name	First	MI
Franco	Ben	

Residential Street Address	City	State	Zip Code
7 Oak Hill Dr	East Haven	CT	06513

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	200

Last Name	First	MI
Furino	Amy	

Residential Street Address	City	State	Zip Code
42 Summit Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
House Wife	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 13 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Furino	Anthony	J

Residential Street Address	City	State	Zip Code
59 Sanford St	East Haven	CT	06512

Principal Occupation	Name of Employer
Sales	Star Dist.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Amount of Contribution 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	220

Last Name	First	MI
Furino	Mario	

Residential Street Address	City	State	Zip Code
42 Summit Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Controller	Peterbuilt

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

Last Name	First	MI
Giaquinto	Ben	

Residential Street Address	City	State	Zip Code
64 Bradley Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
N/A	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 082022015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	140

SUBTOTAL Section B — This Page	400
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 14 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Giaquinto | First: Gary | MI: R
Residential Street Address: 108 Grannis Rd | City: Orange | State: CT | Zip Code: 06477
Principal Occupation: Sales | Name of Employer: Orange Fence Co
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/12/2015 | Aggregate Contributions: 150

Last Name: Gerne | First: Nuzio | MI:
Residential Street Address: 93 Florence Rd | City: Branford | State: CT | Zip Code: 06405
Principal Occupation: Trk Driver | Name of Employer: Estes
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/17/2015 | Aggregate Contributions: 120

Last Name: Hemstock | First: Louis | MI: V
Residential Street Address: 1270 N High St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 07/27/2015 | Aggregate Contributions: 120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 15 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Hennessy | First: Lucia | MI: A
Residential Street Address: 54 Ridgewood Court | City: Shelton | State: CT | Zip Code: 06484
Principal Occupation: Manager | Name of Employer: Trumbull Liq. Center
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/22015 | Aggregate Contributions: 120

Last Name: Hughes | First: Tricia | MI: L
Residential Street Address: 66 Hotchkiss Rd Ext | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Medical Clerk | Name of Employer: Staywell Pedi
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 100

Last Name: Imperato | First: Vicki | MI: R
Residential Street Address: 445 Foxon Rd | City: No Branford | State: CT | Zip Code: 06471
Principal Occupation: Builder | Name of Employer: Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 180

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 16 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Kanak | **First:** John | **MI:** B
Residential Street Address: 115 - D Hemingway Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 200
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 07/24/2015 | **Aggregate Contributions:** 220

Last Name: Karbowski | **First:** Paul | **MI:** R
Residential Street Address: 171 Angela Dr | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: N/A | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | **Aggregate Contributions:** 200

Last Name: Leone | **First:** Denise | **MI:** A
Residential Street Address: 27 Alpine Dr | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/14/2015 | **Aggregate Contributions:** 100

SUBTOTAL Section B — This Page	400
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 17 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Ludwig	Joanne	

Residential Street Address	City	State	Zip Code
22 Leigh Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
none	none

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/14/2015	150

Last Name	First	MI
Lynch	Maria	

Residential Street Address	City	State	Zip Code
133 Bennett Rd	East Haven	CT	06513

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/19/2015	120

Last Name	First	MI
Madonna	AnnMarie	

Residential Street Address	City	State	Zip Code
96 Rose St	East Haven	CT	06513

Principal Occupation	Name of Employer
none	none

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 18 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Madonna | **First:** Richard | **MI:** A
Residential Street Address: 96 Rose St | **City:** East Haven | **State:** CT | **Zip Code:** 06513
Principal Occupation: Retired | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | **Aggregate Contributions:** 120

Last Name: MacDonald | **First:** Douglas | **MI:**
Residential Street Address: 111 Cosey Beach Ave #7 | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | **Aggregate Contributions:** 140

Last Name: Maltese | **First:** Joan | **MI:** S
Residential Street Address: 11 Holland Rd | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Sales | **Name of Employer:** Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/11/2015 | **Aggregate Contributions:** 140

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 19 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Mannochi | First: ralph | MI: F
Residential Street Address: 70 Robert Dr | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/13/2015 | Aggregate Contributions: 120

Last Name: Marchitto | First: Patric | MI: N
Residential Street Address: 111 Cosey Beach Ave #5 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 100

Last Name: McCann | First: Daniel | MI: J
Residential Street Address: 137 Mansfield Grove Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Manager | Name of Employer: Master Comm.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/14/2015 | Aggregate Contributions: 100

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 20 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
McGuire	Margaret	F

Residential Street Address	City	State	Zip Code
60 Coleman St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 0820215C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
07/26/2015	150

Last Name	First	MI
Melillo	Joan	

Residential Street Address	City	State	Zip Code
65 Messina Dr #A414	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/14/2015	50

Last Name	First	MI
Mingione	George	

Residential Street Address	City	State	Zip Code
21 Rolling Hills Dr	No Branford	CT	06471

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/11/2015	100

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 21 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Morrissey | First: Vincent | MI: P
Residential Street Address: 4 Martin Lane | City: West Haven | State: CT | Zip Code: 06516
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/14/2015 | Aggregate Contributions: 50

Last Name: Ortiz | First: Rebekah | MI: F
Residential Street Address: 1945 RT-80 | City: Guilford | State: CT | Zip Code: 06437
Principal Occupation: Nurse | Name of Employer: Yale
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 150
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 250

Last Name: Pacelli | First: Arcangelo | MI: L
Residential Street Address: 419 Mansfield Grove Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Management | Name of Employer: Petra Const. Co.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/15/2015 | Aggregate Contributions: 100

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 22 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Palm	Sharron	A

Residential Street Address	City	State	Zip Code
9 Birch Lane #L	East Haven	CT	06513

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

Last Name	First	MI
Pesapane	Robert	

Residential Street Address	City	State	Zip Code
445 Foxon Rd	No Branford	CT	06471

Principal Occupation	Name of Employer
Builder	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	180

Last Name	First	MI
Plano	Vincent	

Residential Street Address	City	State	Zip Code
64 Wheaton Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/14/2015	120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 23 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Piccirillo	Joseph	

Residential Street Address	City	State	Zip Code
32 Edgehill Dr	East Haven	CT	06513

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/18/2015	120

Last Name	First	MI
Porter	Carter	

Residential Street Address	City	State	Zip Code
93 Austin Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Environmental	Cisco LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	200

Last Name	First	MI
Poulton	June	

Residential Street Address	City	State	Zip Code
32 Cliff St	East Haven	CT	06512

Principal Occupation	Name of Employer
Nurse	Yale

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

SUBTOTAL Section B — This Page	400
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 24 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Poulton	Richard	

Residential Street Address	City	State	Zip Code
32 Cliff St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/12/2015	120

Last Name	First	MI
Prete	Dominic	C

Residential Street Address	City	State	Zip Code
8 Lincoln St	No Haven	CT	06473

Principal Occupation	Name of Employer
Security	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/19/2015	300

Last Name	First	MI
Purcell	Beth	A

Residential Street Address	City	State	Zip Code
23 Jeffrey Rd	East Haven	CT	06513

Principal Occupation	Name of Employer
Finance Manager	Yale Univ

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 25 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Redente	Robert Sr	W

Residential Street Address	City	State	Zip Code
95 Wheaton Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/18/2015	120

Last Name	First	MI
Richardson	William	F

Residential Street Address	City	State	Zip Code
136 Bennett Rd	East Haven	CT	06513

Principal Occupation	Name of Employer
Manager	Torotel

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	140

Last Name	First	MI
Ruggiero	Carl	

Residential Street Address	City	State	Zip Code
12 Oak Hill Dr	East Haven	CT	06513

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/19/2015	170

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 26 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Ruggiero	Judy	

Residential Street Address	City	State	Zip Code
12 Oak Hill Dr	East Haven	CT	06513

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/18/2015	70

Last Name	First	MI
Russo	Deanna	M

Residential Street Address	City	State	Zip Code
205 Kimberly Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
CPA	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/01/2015	200

Last Name	First	MI
Salvatore	Patricia	A

Residential Street Address	City	State	Zip Code
854 W Main St	West Haven	CT	06516

Principal Occupation	Name of Employer
Patient Care	Utopia Home Care

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 27 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Santacroce | First: Donald | MI:
Residential Street Address: 28 Whalers Point | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 200
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 200

Last Name: Scalia | First: Ronald | MI: M
Residential Street Address: 162 Charter Oak Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/13/2015 | Aggregate Contributions: 120

Last Name: Schumitz | First: Robert | MI:
Residential Street Address: 173 Borrmann Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Supervisor | Name of Employer: Deep River Plastics
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 08202015C
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/20/2015 | Aggregate Contributions: 120

SUBTOTAL Section B — This Page	400
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 28 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Spaduzzi | **First:** Vincent | **MI:** J
Residential Street Address: 113 Gerrish Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Maintenance | **Name of Employer:** GNHWPCA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/19/2015 | **Aggregate Contributions:** 120

Last Name: Squeglia | **First:** Vincent | **MI:**
Residential Street Address: 2 Harwich St | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/18/215 | **Aggregate Contributions:** 100

Last Name: Tonelli | **First:** Maria | **MI:**
Residential Street Address: 14 Colonial Hights Rd | **City:** No Haven | **State:** CT | **Zip Code:** 06473
Principal Occupation: Library Manager | **Name of Employer:** NH Free Public Library

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 08/19/2015 | **Aggregate Contributions:** 100

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 29 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Torree	Doris	J

Residential Street Address	City	State	Zip Code
56 Victor St	East Haven	CT	06512

Principal Occupation	Name of Employer
Sales	Old Navy

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/20/2015	120

Last Name	First	MI
Trentine	Frank	

Residential Street Address	City	State	Zip Code
531 Clintonville Rd	No Haven	CT	06473

Principal Occupation	Name of Employer
Sales	Beacon Insur.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
07/24/2015	120

Last Name	First	MI
Triumfo	Margaret	J

Residential Street Address	City	State	Zip Code
383 Mansfield Grove Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/04/2015	120

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 30 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Vestuti	Ronald	J

Residential Street Address	City	State	Zip Code
117 Maple St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 150

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/03/2015	150

Last Name	First	MI
Vestuti	Vivian	A

Residential Street Address	City	State	Zip Code
117 Maple St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 150

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/03/2015	250

Last Name	First	MI
Volman	Carole	E

Residential Street Address	City	State	Zip Code
5 Mansfield Grove Rd 5-252	East Haven	CT	06512

Principal Occupation	Name of Employer
n/a	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/05/2015	150

SUBTOTAL Section B — This Page	400
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 31 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Volman	Stephen	

Residential Street Address	City	State	Zip Code
5 Mansfield Grove Rd 5-252	East Haven	CT	06512

Principal Occupation	Name of Employer
Title Searcher	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/05/2015	150

Last Name	First	MI
Walters	Charles	F

Residential Street Address	City	State	Zip Code
142 Bradford Ave #3	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 0802015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/07/2015	50

Last Name	First	MI
Anania	Richard	

Residential Street Address	City	State	Zip Code
50 David Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 08202015C

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
08/14/2015	200

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 32 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Ginnetti	Ida	S

Residential Street Address	City	State	Zip Code
12 Whalers Point	East Haven	CT	06512

Principal Occupation	Name of Employer
N/A	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/07/2015	50

Last Name	First	MI
Ginnetti	Joseph	A

Residential Street Address	City	State	Zip Code
12 Whalers Point	East Haven	CT	06512

Principal Occupation	Name of Employer
N/A	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/07/2015	50

Last Name	First	MI
Sagnella	Joan	

Residential Street Address	City	State	Zip Code
666 N High St	East Haven	CT	06512

Principal Occupation	Name of Employer
Banker	First Niagara

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/08/2015	120

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 33 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
BeLand	Robert	L

Residential Street Address	City	State	Zip Code
76 Hubbard Rd	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 10

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/06/2015	10

Last Name	First	MI
Mingione	George	

Residential Street Address	City	State	Zip Code
21 Rolling Hills Dr	No Branford	CT	06471

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/11/2015	150

Last Name	First	MI
Anastasio	Louis Jr.	

Residential Street Address	City	State	Zip Code
108 Prospect Place Ext	East Haven	CT	06512

Principal Occupation	Name of Employer
n/a	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/09/2015	250

SUBTOTAL Section B — This Page	110
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 34 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Bertsos	Harry	

Residential Street Address	City	State	Zip Code
15 Indian Neck Ave	Branford	CT	06405

Principal Occupation	Name of Employer
Restaurant Owner	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/14/2015	200

Last Name	First	MI
Anastasio	Cathlene	

Residential Street Address	City	State	Zip Code
108 Prospect Place Ext	East Haven	CT	06512

Principal Occupation	Name of Employer
N/A	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/09/2015	50

Last Name	First	MI
Bellizzi	Judith	A

Residential Street Address	City	State	Zip Code
24 Foxbridge Village Rd	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/10/2015	100

SUBTOTAL Section B — This Page	350
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 35 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Bonito	Catherine	A

Residential Street Address	City	State	Zip Code
60 Clifford Terrace	New Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/10/2015	50

Last Name	First	MI
Bonito	Joseph	L

Residential Street Address	City	State	Zip Code
60 Clifford Terrace	New Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/10/2015	50

Last Name	First	MI
Coe	Stewart	M

Residential Street Address	City	State	Zip Code
1270 N High St #217	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/09/2015	170

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 36 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filng

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
Maltese	Joan	

Residential Street Address	City	State	Zip Code
33 Holland Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Sales	South Shore Laundry

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/14/2015	240

Last Name	First	MI
Brangi	Nicholas	

Residential Street Address	City	State	Zip Code
128 Maple St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/14/2015	220

Last Name	First	MI
Ludwig	Joanne	

Residential Street Address	City	State	Zip Code
22 Leigh Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/11/2015	200

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 37 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Ludwig | First: Stephen | MI:
Residential Street Address: 22 Leigh Dr | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Service Tech | Name of Employer: Heidelberg USA
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/11/2015 | Aggregate Contributions: 100

Last Name: Fowler | First: Therese | MI:
Residential Street Address: 2 Dale Place | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: Lab Assist | Name of Employer: Envision
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/12/2015 | Aggregate Contributions: 170

Last Name: Fowler | First: Kevin | MI:
Residential Street Address: 2 Dale Place | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: Mechanic | Name of Employer: Viglione Sheet Metal
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/12/2015 | Aggregate Contributions: 170

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 38 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 015 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: Anastasio | First: Fred | MI:
Residential Street Address: 249 Dodge Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/15/2015 | Aggregate Contributions: 170

Last Name: DiMaggio | First: Anne | MI:
Residential Street Address: 130 Salerno Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/12/2015 | Aggregate Contributions: 170

Last Name: DiMaggio | First: James | MI:
Residential Street Address: 130 Salerno Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/12/2015 | Aggregate Contributions: 170

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 39 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
O'Brian	Sean	

Residential Street Address	City	State	Zip Code
51 Van Horn Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Maint.	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/16/2015	220

Last Name	First	MI
Fennell	Kevin	

Residential Street Address	City	State	Zip Code
39 South St	East Haven	CT	06512

rincipal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/15/2015	150

Last Name	First	MI
DeNigris	Marc	

Residential Street Address	City	State	Zip Code
153 Saltenstall Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Eye Doctor	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/12/2015	220

SUBTOTAL Section B — This Page	500
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 40 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Vestuti	Ronald	

Residential Street Address	City	State	Zip Code
117 Maple St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 200

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/19/2015	350

Last Name	First	MI
DeRenzo	Patricia	

Residential Street Address	City	State	Zip Code
3 Francis St	New Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09192015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/18/2015	170

Last Name	First	MI
DeRenzo	Paul	

Residential Street Address	City	State	Zip Code
3 Francis St	New Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/18/2015	70

SUBTOTAL Section B — This Page	300
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 41 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Richard | MI:
Residential Street Address: 32 Cliff St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/17/2015 | Aggregate Contributions: 170

Last Name: Kanak | First: John | MI:
Residential Street Address: 115 - D Hemingway Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/14/2015 | Aggregate Contributions: 320

Last Name: Giaquinto | First: Ben Sr | MI:
Residential Street Address: 64 Bradley Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Sales | Name of Employer: Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/18/2015 | Aggregate Contributions: 240

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 42 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Hemstock | First: Louis | MI:
Residential Street Address: 1270 N High St #411 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/15/2015 | Aggregate Contributions: 170

Last Name: Adamczyk | First: Joan | MI:
Residential Street Address: 123 Hellstrom Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Accounts Processor | Name of Employer: Service National Corp
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/16/2015 | Aggregate Contributions: 250

Last Name: McGuire | First: Margaret | MI:
Residential Street Address: 60 Coleman St #16 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/15/2015 | Aggregate Contributions: 200

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 43 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Scala	Ronald	

Residential Street Address	City	State	Zip Code
162 Charter Oak Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/22/2015	170

Last Name	First	MI
Volman	Carole	

Residential Street Address	City	State	Zip Code
5 Mansfield Grove Rd #252	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/21/2015	200

Last Name	First	MI
Volman	Stephen	

Residential Street Address	City	State	Zip Code
5 Mansfield Grove Rd #252	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/21/2015	200

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 44 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Redente	Anthony	

Residential Street Address	City	State	Zip Code
9 Gerrish Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/21/2015	120

Last Name	First	MI
Deko	Robert	

Residential Street Address	City	State	Zip Code
127 Salerno Ave	East Haven	CT	06512

rincipal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 75

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/19/2015	75

Last Name	First	MI
Deko	Susan	

Residential Street Address	City	State	Zip Code
127 Salerno Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 75

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/19/2015	75

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 45 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Cifarelli	Noah	

Residential Street Address	City	State	Zip Code
60 Mill St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 09/23/2015

Aggregate Contributions 50

Last Name	First	MI
Ruggiero	Joseph	

Residential Street Address	City	State	Zip Code
170 Charter Oak Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 09/23/2015

Aggregate Contributions 100

Last Name	First	MI
Redente	Robert	

Residential Street Address	City	State	Zip Code
95 Wheaton Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 09/18/2015

Aggregate Contributions 170

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 46 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Piccerillo | First: Louis | MI:
Residential Street Address: 162 Coe Ave #B2 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/19/2015 | Aggregate Contributions: 70

Last Name: Ruggiero | First: Carl Sr | MI:
Residential Street Address: 12 Oak Hill Dr | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/21/2015 | Aggregate Contributions: 220

Last Name: Ruggiero | First: Judy | MI:
Residential Street Address: 12 Oak Hill Dr | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/21/2015 | Aggregate Contributions: 120

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 47 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Dwyer | **First:** Ed | **MI:**
Residential Street Address: 101 Hillside Ave | **City:** Shelton | **State:** CT | **Zip Code:** 06484
Principal Occupation: Brick layer | **Name of Employer:** Union hall

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ○ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/25/2015 | Aggregate Contributions: 190

Last Name: Lyon | **First:** Edmond | **MI:**
Residential Street Address: 5 Nursery lane | **City:** Madison | **State:** CT | **Zip Code:** 06443
incipal Occupation: Retired | **Name of Employer:**

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ○ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/22/2015 | Aggregate Contributions: 190

Last Name: Plano | **First:** Vincent | **MI:**
Residential Street Address: 64 Wheaton Rd | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:**

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/24/2015 | Aggregate Contributions: 170

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 48 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Anania	Richard	

Residential Street Address	City	State	Zip Code
50 David Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Maint.	Mary Wade Home

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292915D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/22/2015	250

Last Name	First	MI
Russo	Dianna	

Residential Street Address	City	State	Zip Code
205 Kimberly Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
CPA	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/23/2015	250

Last Name	First	MI
Olson	Christina	

Residential Street Address	City	State	Zip Code
113A Riverview Ave	Branford	CT	06405

Principal Occupation	Name of Employer
Bank Teller	First Niagara Bank

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/25/2015	50

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 49 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Mannochi | First: Dale | MI:
Residential Street Address: 70 Robert Dr | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Nurse | Name of Employer: Long Wharf Pedi
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ○ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/26/2015 | Aggregate Contributions: 120

Last Name: Scalesse | First: Charles | MI:
Residential Street Address: 560 Silver Sands Rd #704 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Real Estate | Name of Employer: Berkshire Hathaway
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/24/2015 | Aggregate Contributions: 100

Last Name: Chandler | First: Thomas | MI:
Residential Street Address: 19 Gurney St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Trk Driver/ Maint | Name of Employer: Waste Management
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/25/2015 | Aggregate Contributions: 170

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 50 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Cusack | First: John | MI:
Residential Street Address: 330 Burr St | City: New Haven | State: CT | Zip Code: 06512
Principal Occupation: N/A | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ○ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/25/2015 | Aggregate Contributions: 70

Last Name: Cusack | First: Patricia | MI:
Residential Street Address: 330 Burr St | City: New Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/25/2015 | Aggregate Contributions: 70

Last Name: Squeglia | First: Vincent | MI:
Residential Street Address: 2 Harwich Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/28/2015 | Aggregate Contributions: 150

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 51 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Esposito	Andrew	

Residential Street Address	City	State	Zip Code
8 Ann St	East Haven	CT	06513

Principal Occupation	Name of Employer
N/A	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/28/2015	50

Last Name	First	MI
Esposito	Patricia	

Residential Street Address	City	State	Zip Code
8 Ann St	East Haven	CT	06513

Principal Occupation	Name of Employer
N/A	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/28/2015	50

Last Name	First	MI
Germe	Nuzio	

Residential Street Address	City	State	Zip Code
93 Florence Rd	Branford	CT	06405

Principal Occupation	Name of Employer
Trk Driver	Estes Trucking

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/28/2015	170

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 52 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Criscuolo | First: Daniel | MI:
Residential Street Address: 100 Short Beach Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

Last Name: Gianniotis | First: Konstantinos | MI:
Residential Street Address: 61 Wood Chase lane | City: No Branford | State: CT | Zip Code: 06471
Principal Occupation: Restaurant Owner | Name of Employer: Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 250
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ◉ Money Order
Date Received: 09/26/2015 | Aggregate Contributions: 250

Last Name: Miller | First: Michael | MI:
Residential Street Address: 15 Branhaven Dr | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Fuel Oil | Name of Employer: Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 200
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 200

SUBTOTAL Section B — This Page	500
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 53 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Carbone | First: Francine | MI:
Residential Street Address: 39 Union Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Un-employed | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 150

Last Name: Caprio | First: John | MI:
Residential Street Address: 107 Dodge Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

Last Name: Franco | First: Ben | MI:
Residential Street Address: 7 Oak Hill Dr | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 300

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 54 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Carbone	John	

Residential Street Address	City	State	Zip Code
39 Union Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
N/A	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 09/29/2015

Aggregate Contributions 150

Last Name	First	MI
DeNigris	Helen	

Residential Street Address	City	State	Zip Code
135 Saltenstall Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Manager	Colony Visions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 09/29/2015

Aggregate Contributions 120

Last Name	First	MI
Berlepsch	Rusty	

Residential Street Address	City	State	Zip Code
330 Short Beach Rd # H-6	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 09/29/2015

Aggregate Contributions 170

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 55 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Williams	Maria	

Residential Street Address	City	State	Zip Code
45 Jefferson Rd #5-14	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	140

Last Name	First	MI
Richardson	William	

Residential Street Address	City	State	Zip Code
136 Bennett Rd	East Haven	CT	06513

Principal Occupation	Name of Employer
Manager	Torotel

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	190

Last Name	First	MI
VanDeusen	Philip	

Residential Street Address	City	State	Zip Code
50 Mansfield Grove Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
N/A	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	100

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 56 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Schumitz | First: Robert | MI:
Residential Street Address: 173 Borrmann Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Supervisor | Name of Employer: Deep River Plastics
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 220

Last Name: Madonna | First: Ann Marie | MI:
Residential Street Address: 94 Rose St | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: House Wife | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 220

Last Name: Furino | First: Maria | MI:
Residential Street Address: 59 Sanford St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: N/A | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 70

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 57 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: DeMaio | First: Michael | MI:
Residential Street Address: 11 Summit Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: V.P. | Name of Employer: First Niagara Bank
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 450

Last Name: Ferraiolo | First: Ronald | MI:
Residential Street Address: 143 Mansfield Grove Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Sales | Name of Employer: Big "Y"
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

Last Name: Ruotolo | First: Pasquale | MI:
Residential Street Address: 20 Boxford St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 70

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 58 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Capozzo	Pat	

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? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 10

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	10

Last Name	First	MI
Libretti	Nick	

Residential Street Address	City	State	Zip Code
586 Thompson Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Self	Owner - Libretti Fuel

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	100

Last Name	First	MI
Piccirillo	Joseph	

Residential Street Address	City	State	Zip Code
32 Edgehill Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 75

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	195

SUBTOTAL Section B — This Page	185
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 59 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Torre | First: Doris | MI:
Residential Street Address: 56 Victor St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Sales+ | Name of Employer: Old Navy
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

Last Name: Fox | First: Robert | MI:
Residential Street Address: 180 Coe Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Sales | Name of Employer: FG Express
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 150

Last Name: Culligan | First: Elsie | MI:
Residential Street Address: 46 Benjamin Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Bank Teller | Name of Employer: First Niagara Bank
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 320

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 60 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Chandler | First: Fran | MI:
Residential Street Address: 29 Kristen Court | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: Controller | Name of Employer: Branford Hills Health Care
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 220

Last Name: Purcell | First: Beth | MI:
Residential Street Address: 23 Jeffery Rd | City: East Haven | State: CT | Zip Code: 06513
Principal Occupation: Finance Manager | Name of Employer: Yale Univ.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

Last Name: Salvatore | First: Patricia | MI:
Residential Street Address: 854 W Main St | City: West Haven | State: CT | Zip Code: 06516
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 61 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Palm | First: Sharon | MI:
Residential Street Address: 9 Birch lane | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

Last Name: Spaduzzi | First: Vincent | MI:
Residential Street Address: 113 Gerrish Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Maint. | Name of Employer: NHWPCA
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 220

Last Name: Menzo | First: Judith | MI:
Residential Street Address: 1187 Campbell Ave #703 | City: West Haven | State: CT | Zip Code: 06516
Principal Occupation: N/A | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 70

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 62 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Santacroce	Donald	

Residential Street Address	City	State	Zip Code
28 Whalers Point	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	300

Last Name	First	MI
Porter	Carter	

Residential Street Address	City	State	Zip Code
93 Austin Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Contractor	CISCO

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	300

Last Name	First	MI
McDonald	Douglas	

Residential Street Address	City	State	Zip Code
111 Cosey Beach Ave #7	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	190

SUBTOTAL Section B — This Page	250
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 63 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Criscuolo | First: RoseMarie | MI:
Residential Street Address: 13 Holland Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Office maager | Name of Employer: Perrelli Fuel
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 70

Last Name: Pycela | First: Richard | MI:
Residential Street Address: 99 Salerno Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Director | Name of Employer: K of C
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 120

Last Name: Triumfo | First: Margaret | MI:
Residential Street Address: 383 Mansfield Grove Rd | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 64 of

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Pesapane | First: Robert | MI:
Residential Street Address: 445 Foxon Rd | City: East Haven | State: CT | Zip Code: 06471
Principal Occupation: Builder | Name of Employer: Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 230

Last Name: Imperato | First: Vicki | MI:
Residential Street Address: 445 Foxon Rd | City: East Haven | State: CT | Zip Code: 06471
Principal Occupation: Builder | Name of Employer: Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 230

Last Name: Chase | First: Edward | MI:
Residential Street Address: 5 pondview Terr | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Manager | Name of Employer: Discount Liq.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/27/2015 | Aggregate Contributions: 150

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 65 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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
Giaquinto	Gary	

Residential Street Address	City	State	Zip Code
108 Grannis Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Sales	Orange Fence

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Amount of Contribution 100

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	250

Last Name	First	MI
DeFelice	Margo	

Residential Street Address	City	State	Zip Code
7 Taylor Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/29/2015	150

Last Name	First	MI
Lynch	Maria	

Residential Street Address	City	State	Zip Code
133 Bennett Rd	East Haven	CT	06513

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
09/27/2015	170

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 66 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Hinckley | First: Cynthia | MI:
Residential Street Address: 264 Chidsey Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Office Manager | Name of Employer: Tricom Systems

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 50

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 50

Last Name: Parker | First: William | MI:
Residential Street Address: 264 Chidsey Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: President | Name of Employer: Tricom System

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 50

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 50

Last Name: Cubellotti | First: Robert | MI:
Residential Street Address: 55 Bishop St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: President | Name of Employer: Ralco

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution: 50

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # 09292015D

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 50

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 67 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Hennessy | First: Lucia | MI:
Residential Street Address: 54 Ridgewood Cir | City: Shelton | State: CT | Zip Code: 06484
Principal Occupation: anager | Name of Employer: Trumbull Liquor Center
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 170

Last Name: Furino | First: Anthony | MI:
Residential Street Address: 59 Danford St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Sales | Name of Employer: Star Dist.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 270

Last Name: Midolo | First: James | MI:
Residential Street Address: 271 Tyler St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Manager | Name of Employer: HBL America Inc
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ○ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 50

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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 68 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Redente | **First:** Joseph | **MI:**
Residential Street Address: 90 Hotchkiss Rd Ext | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Electrician | **Name of Employer:** Fortin Elect.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | **Aggregate Contributions:** 100

Last Name: Furino | **First:** Mario | **MI:**
Residential Street Address: 42 Summit Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Controller | **Name of Employer:** Peterbuilt of CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | **Aggregate Contributions:** 170

Last Name: Furino | **First:** Amy | **MI:**
Residential Street Address: 42Summit Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: N/A | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No — *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | **Aggregate Contributions:** 200

SUBTOTAL Section B — This Page	200
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 69 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Romei | **First:** Michael | **MI:**
Residential Street Address: 106 Morgan Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Restaurant Owner | **Name of Employer:** Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 500
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | **Aggregate Contributions:** 540

Last Name: Cannata | **First:** Mary | **MI:**
Residential Street Address: 75 Frank St | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Eligibility Specialist | **Name of Employer:** State of CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/28/2015 | **Aggregate Contributions:** 70

Last Name: Pycela | **First:** Peter | **MI:**
Residential Street Address: 3 Holland RD | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: N/A | **Name of Employer:**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | **Aggregate Contributions:** 120

SUBTOTAL Section B — This Page	650
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 70 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Maltese | First: Melissa | MI:
Residential Street Address: 55 Messina Dr B-203 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Waitress | Name of Employer: Twin Pines Rest.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 60
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 80

Last Name: Arpino | First: Vincent | MI:
Residential Street Address: 33 Hartman Ave | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Mason | Name of Employer: UPG

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 420

Last Name: Coughlin | First: Lance | MI:
Residential Street Address: PO Box 120326 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Attorney | Name of Employer: Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No — *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/20115 | Aggregate Contributions: 50

SUBTOTAL Section B — This Page	210
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)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 71 of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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: Scarpellino | First: LuAnn | MI:
Residential Street Address: 2 Mansfield Grove Rd #176 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Restaurant Owner | Name of Employer: Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 140

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 Univ.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 100
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 220

Last Name: Lamothe | First: Larry | MI:
Residential Street Address: 55 Cliff St | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Carpenter/Builder | Name of Employer: Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No
Amount of Contribution: 50
Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No *If yes*, list Event # 09292015D
Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative
Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order
Date Received: 09/29/2015 | Aggregate Contributions: 70

SUBTOTAL Section B — This Page	250
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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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? ◯ Yes ◯ No *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? ◯ Yes ◯ No *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? ◯ Yes ◯ No *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? ◯ Yes ◯ No *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 | ◯ Reimbursement for shared expense ◯ Payment for goods and services ◯ Surplus Distribution

Name of Committee | Name of Treasurer

Address | Date Received | **Amount of Receipt**

City | State | Zip Code | ◯ Reimbursement for shared expense ◯ Payment for goods and services ◯ 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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

D. Loans Received this Period

Name of Lender		Source of Loan: ○Bank ○Candidate ○Individual ○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		Source of Loan: ○Bank ○Candidate ○Individual ○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		Source of Loan: ○Bank ○Candidate ○Individual ○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	

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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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?	Amount
	○ Yes ○ No *If yes*, list Event #	
	○ Yes ○ No *If yes*, list Event #	
	○ Yes ○ No *If yes*, list Event #	
	○ Yes ○ No *If yes*, list Event #	
	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:	Amount
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	TOTAL SECTION H	0

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

L1. Fundraiser Event Information

Fundraising Event # / Date of Fundraiser	Letter	Description
08202015	C	Country House

Location: Street Address	City	State	Zip Code
990 Foxon Rd	East Haven	CT	06512

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence?
- ○ 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.)
- ◉ No

Did this fundraiser include items donated by a business entity of up to $100 or items donated by an individual of up to $100?
- ○ Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)
- ◉ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?
- ○ Yes (*If yes*, enter **Total Receipts** here.) → $
- ◉ No

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?
- ○ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)
- ◉ No

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?
- ○ Yes (*If yes*, enter **Total Receipts** here.) → $
- ◉ No

Fundraising Event # / Date of Fundraiser	Letter	Description
09292015	D	Beach Head Restaurant

Location: Street Address	City	State	Zip Code
3 Cosey Beach Ave	East Haven	CT	06512

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence?
- ○ 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.)
- ◉ No

Did this fundraiser include items donated by a business entity of up to $100 or items donated by an individual of up to $100?
- ○ Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)
- ◉ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?
- ○ Yes (*If yes*, enter **Total Receipts** here.) → $
- ◉ No

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?
- ○ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)
- ◉ No

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?
- ○ Yes (*If yes*, enter **Total Receipts** here.) → $
- ◉ No

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

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, 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	October 10, 2015 Filing

L3. Purchases of Advertising in a Program Book or on a Sign (*Municipal Candidate and Town Committees ONLY*)

Name of Purchaser	Purchase Made By:	Street Address	City	State	Zip Code	Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Consiglio Fence & Const Co.	◯ Business Entity ◯ Individual ◉ Sole Proprietorship	24 Thomas Court	East Haven	CT	06513	09/01/2015	09292015D	250	250	
South Shore Property Management	◯ Business Entity ◯ Individual ◉ Sole Proprietorship	28 Hemingway Ave (Rear)	East Haven	CT	06512	09/10/2015	09292015D	175	175	
Peterbuilt Truck Center	◯ Business Entity ◯ Individual ◯ Sole Proprietorship	120 Universal Dr	No Haven	CT	06473	09/18/2015	09292015D	250	250	
	◯ Business Entity ◯ Individual ◯ Sole Proprietorship									
	◯ Business Entity ◯ Individual ◯ Sole Proprietorship									

SUBTOTAL Section L3 (*Municipal Candidate and Town Committees ONLY*) Total Purchases of Advertising in Program Book — This Page	425
SUBTOTAL Section L3 (*Town Committees ONLY*) Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	1,975
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN *(Enter total on Line 16c of Summary Page Totals)*	2,400

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, 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	October 10, 2015 Filing

L3. Purchases of Advertising in a Program Book or on a Sign (*Municipal Candidate and Town Committees ONLY*)

Name of Purchaser	Purchase Made By:	Street Address	City	State	Zip Code	Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Rose Farm Landscaping	○ Business Entity ○ Individual ◉ Sole Proprietorship	96 Rose Farm Rd	East Haven	CT	06512	07/23/2015	09292015D	175	175	
Classic Motor Car Services Inc	○ Business Entity ○ Individual ◉ Sole Proprietorship	550 E Main St	Branford	CT	06405	07/23/2015	09292015D	175	175	
Beach Head Restaurant	○ Business Entity ○ Individual ◉ Sole Proprietorship	3 Cosey Beach Ave	East Haven	CT	06512	07/24/2015	09292015D	250	250	
Scarpellino's Restaurant	○ Business Entity ○ Individual ◉ Sole Proprietorship	257 Forbes Ave	New Haven	CT	06512	08/04/2015	09292015D	175	175	
Lenny's Indian Head restaurant	○ Business Entity ○ Individual ◉ Sole Proprietorship	205 S Montowese St	Branford	CT	06405	08/10/2015	09292015D	175	175	

SUBTOTAL Section L3 (*Municipal Candidate and Town Committees ONLY*) Total Purchases of Advertising in Program Book — This Page	950
SUBTOTAL Section L3 (*Town Committees ONLY*) Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN *(Enter total on Line 16c of Summary Page Totals)*	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, 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	October 10, 2015 Filing

L3. Purchases of Advertising in a Program Book or on a Sign (*Municipal Candidate and Town Committees ONLY*)

Name of Purchaser	Purchase Made By:	Street Address	City	State	Zip Code	Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
A Best Buy Fuel	○ Business Entity ○ Individual ◉ Sole Proprietorship	PO Box 12076	East Haven	CT	06512	08/10/2015	09292015D	250	250	
Country House	○ Business Entity ○ Individual ◉ Sole Proprietorship	990 Foxon Rd	East Haven	CT	06512	08/05/2015	09292015D	175	175	
Statewide Construction	○ Business Entity ○ Individual ◉ Sole Proprietorship	445 Foxon Rd	No Branford	CT	06471	08/14/2015	09292015D	175	175	
Innovative Engineering Services	○ Business Entity ○ Individual ◉ Sole Proprietorship	64 Thompson St	East Haven	CT	06512	08/15/2015	09292015D	250	250	
CJP Associates LLC	○ Business Entity ○ Individual ◉ Sole Proprietorship	10 Mill St	East Haven	CT	06512	08/28/2015	09292015D	175	175	

SUBTOTAL Section L3 (*Municipal Candidate and Town Committees ONLY*) Total Purchases of Advertising in Program Book — This Page	1,025
SUBTOTAL Section L3 (*Town Committees ONLY*) Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (*Enter total on Line 16c of Summary Page Totals*)	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

L4. In-Kind Donations Not Considered Contributions

Name of Donor				
Street Address	City		State	Zip Code
Donation Given By: ○ Business Entity ○ Individual ○ 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: ○ Business Entity ○ Individual ○ 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: ○ Business Entity ○ Individual ○ 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: ○ Business Entity ○ Individual ○ 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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

M. In-Kind Contributions

Name

Street Address | City | State | Zip Code

Type of contributor: ○ Committee ○ Individual / Sole Proprietorship ○ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Fair Market Value of this Contribution

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ No *If yes*, list Event # ______

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Name

Street Address | City | State | Zip Code

Type of contributor: ○ Committee ○ Individual / Sole Proprietorship ○ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Fair Market Value of this Contribution

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ No *If yes*, list Event # ______

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Name

Street Address | City | State | Zip Code

Type of contributor: ○ Committee ○ Individual / Sole Proprietorship ○ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Fair Market Value of this Contribution

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ No *If yes*, list Event # ______

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ 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	October 10, 2015 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)* ○A ○B ○C ○D ○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)* ○A ○B ○C ○D ○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)* ○A ○B ○C ○D ○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)* ○A ○B ○C ○D ○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)* ○A ○B ○C ○D ○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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filig

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment
Minuteman Press	9/28/2015	(•) Check # ( ) Debit Card

Street Address	City	State	Zip Code
330 Main Street	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	Walking Cards	N/A	400.63

Expenditure # (if applicable)

Type of Expenditure (if applicable) **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (•) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
Petonito's Pastry Shop	09/30/2015	( ) Check # ( ) Debit Card

Street Address	City	State	Zip Code
190 Main St	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	Cookie Tray for Meet and Greet	N/A	50

Expenditure # (if applicable)

Type of Expenditure (if applicable) **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (•) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
Petonito's Pastry Shop	09/30/2015	(•) Check # ( ) Debit Card

Street Address	City	State	Zip Code
190 Main St	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	Cookie Tray for Meet and Greet	N/A	50

Expenditure # (if applicable)

Type of Expenditure (if applicable) **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: (•) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
		( ) Check # ( ) Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # (if applicable)

Type of Expenditure (if applicable) **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

SUBTOTAL Section P — This Page	500.63
TOTAL of additional Section P Pages	12,653.33
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19 of Summary Page Totals)*	13,153.96

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

P. Expenses Paid by Committee

Name of Payee: Forsa Team Sports
Date of Payment: 08/26/2015
Method of Payment: (●) Check # ( ) Debit Card
Street Address: 920 Foxon Rd
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-OTH
Description: Campaign Tee Shirts
Event #: N/A
Amount: 200
Expenditure # (if applicable):
Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (●) Organization: A ( ) B ( ) C ( ) D ( ) E

Name of Payee: Big Prints
Date of Payment: 09/15/2015
Method of Payment: (●) Check # ( ) Debit Card
Street Address: 15 Baer Cir. B-2
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-SIGN
Description: 300 Lawn Signs w/ Step Stakes
Event #: N/
Amount: 3,327
Expenditure # (if applicable):
Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (●) Organization: A ( ) B ( ) C ( ) D ( ) E

Name of Payee: Big Prints
Date of Payment: 09/18/2015
Method of Payment: (●) Check # ( ) Debit Card
Street Address: 15 Baer Cir B-2
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-SIGN
Description: 6 Large lawn Signs
Event #: N/A
Amount: 750
Expenditure # (if applicable):
Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (●) Organization: A ( ) B ( ) C ( ) D ( ) E

Name of Payee: Big Prints
Date of Payment: 09/24/2015
Method of Payment: (●) Check # ( ) Debit Card
Street Address: 15 Baer Cir. B-2
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-SIGN
Description: 12 Large/ 200 Small Signs w/ stakes
Event #: N/A
Amount: 3,400
Expenditure # (if applicable):
Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (●) Organization: A ( ) B ( ) C ( ) D ( ) E

SUBTOTAL Section P — This Page	7,677
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	October 10, 2015 Filing

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment
Richard Anania	09/04/2015	(●) Check # ( ) Debit Card

Street Address	City	State	Zip Code
50 David Dr	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
EFV	Phone purchase for Headquarters	N/A	47.76

Expenditure # (if applicable):

Type of Expenditure (if applicable) **Itemization in Addendum P Required** (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
Ronald Vestuti	09/04/2015	(●) Check # ( ) Debit Card

Street Address	City	State	Zip Code
117 Maple St	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE	Office paper supplies for Headquarters	N/A	13.83

Expenditure # (if applicable):

Type of Expenditure (if applicable) **Itemization in Addendum P Required** (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
Ronald Vestuti	09/04/2015	(●) Check # ( ) Debit Card

treet Address	City	State	Zip Code
117 Maple St	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Kitchen & Toilet supplies for Headquarters	N/A	74.26

Expenditure # (if applicable):

Type of Expenditure (if applicable) **Itemization in Addendum P Required** (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
Joan Adamczyk	09/04/2015	(●) Check # ( ) Debit Card

Street Address	City	State	Zip Code
123 Hellstrom Rd	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
EFV	Printer purchase for headquarters	N/A	106.33

Expenditure # (if applicable):

Type of Expenditure (if applicable) **Itemization in Addendum P Required** (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

SUBTOTAL Section P — This Page	242.18
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	October 10, 2015 Filing

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment
Joan Adamczyk	09/04/2015	(●) Check # _____ ( ) Debit Card

Street Address	City	State	Zip Code
123 Hellstrom Rd	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
EFV	Headquarters Answering Machine	N/A	15.92

Expenditure # (if applicable):

Type of Expenditure (if applicable) **Itemization in Addendum P Required** (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
Joan Adamczyk	09/04/2015	(●) Check # _____ ( ) Debit Card

Street Address	City	State	Zip Code
123 Hellstrom Rd	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	Ticket Blanks	09292015D	38.28

Expenditure # (if applicable):

Type of Expenditure (if applicable) **Itemization in Addendum P Required** (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
Robert Schumitz	09/08/2015	(●) Check # _____ ( ) Debit Card

Street Address	City	State	Zip Code
173 Borrmann rd	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
A-WEB	Web Page set-up	N/A	149.95

Expenditure # (if applicable):

Type of Expenditure (if applicable) **Itemization in Addendum P Required** (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee	Date of Payment	Method of Payment
E.H. Merit Awards Committee	09/02/2015	(●) Check # _____ ( ) Debit Card

Street Address	City	State	Zip Code
250 Main St	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	Ad book Purchase / Merit Awards	N/A	100

Expenditure # (if applicable):

Type of Expenditure (if applicable) **Itemization in Addendum P Required** ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (●) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

SUBTOTAL Section P — This Page	304.15
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	October 10, 2015 Filing

P. Expenses Paid by Committee

Name of Payee: Country House
Date of Payment: 08/21/2015
Method of Payment: (●) Check # _____ ( ) Debit Card
Street Address: 990 Foxon Rd
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): FNDR
Description: Fund Raiser
Event #: 08202015C
Amount: 3,280
Expenditure # (if applicable):
Type of Expenditure (if applicable) Itemization in Addendum P Required (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (●) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee: Ben Franco
Date of Payment: 08/24/2015
Method of Payment: ( ) Check # _____ ( ) Debit Card
Street Address: 7 Oak Hill Dr
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): MISC
Description: Senior Day Pizza Trk
Event #: N/A
Amount: 500
Expenditure # (if applicable):
Type of Expenditure (if applicable) Itemization in Addendum P Required (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee: Joan Adamczyk
Date of Payment: 08/24/2015
Method of Payment: ( ) Check # _____ ( ) Debit Card
Street Address: 123 Hellstrum Rd
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): PRNT
Description: Tickets
Event #: 08202015C
Amount: 50
Expenditure # (if applicable):
Type of Expenditure (if applicable) Itemization in Addendum P Required (●) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent ( ) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

Name of Payee: Kelly Professional Center
Date of Payment: 08/25/2015
Method of Payment: ( ) Check # _____ ( ) Debit Card
Street Address: 64 Thompson Ave
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): OVHD
Description: Headquarters Rental
Event #: N/a
Amount: 600
Expenditure # (if applicable):
Type of Expenditure (if applicable) Itemization in Addendum P Required ( ) Coordinated with reimbursement sought ( ) Coordinated without reimbursement sought ( ) Independent (●) Organization: ( ) A ( ) B ( ) C ( ) D ( ) E

SUBTOTAL Section P — This Page	4,430
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	October 10, 2015 Filing

Q. Campaign Expenses Paid by Candidate

Name of Payee (*Name of Vendor who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara Bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor	Street Address	City	State	Zip Code	Date of Transaction	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required
USPS	5 Court St	Branford	CT	06405	09/28/2015	POST	Stamps		14.70		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Big Prints	15 Baer Cir B-2	East Haven	CT	06512	09/29/2015	A-SIGN	Lawn Signs		750		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○A ○B ○C ○D ○E
Staples	85 N Main St	East Haven	CT	06405	09/29/2015	OFFICE	Printer Ink		10.55		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Shore Publishing	PO Box 1010	Madison	CT	06443	09/15/2015	A-NEWS	Campaign Ad	09292015D	541.38		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○A ○B ○C ○D ○E

SUBTOTAL Section R — This Page	1,316.63
TOTAL of additional Section R Pages	5,774.19
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD *(Enter total on Line 27 of Summary Page Totals)*	7,090.82

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara Bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor	Street Address	City	State	Zip Code	Date of Transaction	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required
USPS	5 Court St	Branford	CT	06405	08/10/2015	POST	Stamps		245		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
USPS	5 Court St	Branford	CT	06405	08/11/2015	POST	Stamps		245		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Staples	85 N Main St	Branford	CT	06405	08/17/2015	OFFICE	Envelopes & Copy Paper		55.72		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Shore Publishing	PO Box 1010	Madison	CT	06443	08/10/2015	A-NEWS	Ad	08202015C	142		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E

SUBTOTAL Section R — This Page	687.72
TOTAL of additional Section R Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD *(Enter total on Line 27 of Summary Page Totals)*	

NAME OF COMMITTEE	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara Bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Transaction 1

Name of Vendor	Date of Transaction
USPS	07/13/2015

Street Address	City	State	Zip Code
5 Court St	Branford	CT	06405

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	Stamps	08202015C	245

Expenditure # (if applicable)

Type of Expenditure (if applicable) **Itemization in Addendum R Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E

Transaction 2

Name of Vendor	Date of Transaction
Twin Pines	07/14/2015

Street Address	City	State	Zip Code
34 Main St	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	Food Service Committee Meeting		51.10

Expenditure # (if applicable)

Type of Expenditure (if applicable) **Itemization in Addendum R Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E

Transaction 3

Name of Vendor	Date of Transaction
Big Prints	07/15/2015

Street Address	City	State	Zip Code
15 Baer Cir B-2	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN	Lawn Signs		114.86

Expenditure # (if applicable)

Type of Expenditure (if applicable) **Itemization in Addendum R Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E

Transaction 4

Name of Vendor	Date of Transaction
USPS	07/17/2015

Street Address	City	State	Zip Code
5 Court St	Branford	CT	06405

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	Stamps	08202015C	49

Expenditure # (if applicable)

Type of Expenditure (if applicable) **Itemization in Addendum R Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E

SUBTOTAL Section R — This Page	459.96
TOTAL of additional Section R Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD *(Enter total on Line 27 of Summary Page Totals)*	

NAME OF COMMITTEE	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara Bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor	Street Address	City	State	Zip Code	Date of Transaction	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required
Staples	85 N Main St	Branford	CT	06405	07/04/2015	Miscl	Label Blanks & Envelopes	08202015C	43.05		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Staples	85 N Main St	Branford	CT	06405	07/07/2015	Miscl	Label Blanks	08202015C	12.75		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Staples	85 N Main St	Branford	CT	06405	07/09/2015	Miscl	Envelopes	08202015C	29.77		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Staples	85 N Main St	Branford	CT	06405	07/11/2015	Miscl	Copy Paper	08202015C	22.98		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E

SUBTOTAL Section R — This Page	108.55
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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara Bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor	Street Address	City	State	Zip Code	Date of Transaction	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required
U.S.P.S.	5 Court St	Branford	CT	06405	07/31/2015	POST	Mailings	n/a	6.74		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ◉ Organization: ○ A ○ B ○ C ○ D ○ E
Shore Publishing	PO Box 1010	Madison	CT	06443	08/04/2015	A-NEWS	Ad	08202015C	142		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E
Staples	85 N Main St	Branford	CT	06405	08/08/2015	MISC	Labels	n/a	25.50		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E
WalMart	120 Commerce Prky	Branford	CT	06405	08/09/2015	MISC	Copy paper	n/a	7.91		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E

SUBTOTAL Section R — This Page	182.15
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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara Bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor	Street Address	City	State	Zip Code	Date of Transaction	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required
Home Depot	75 Frontage Rd	East Haven	CT	06512	09/12/2015	MISC	Large Sign Posts	N/A	75.04		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Hone Depot	75 Frontage Rd	East Haven	CT	06512	09/16/2015	MISC	Large Sign Posts	N/A	68.79		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Home Depot	75 Frontage Rd	East Haven	CT	06512	09/18/2015	MISC	Large Sign Posts	N/A	126.35		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Home Depot	75 Frontage Rd	East Haven	CT	06512	09/23/2015	MISC	Large Sign Posts	N/A	81.29		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E

SUBTOTAL Section R — This Page	351.47
TOTAL of additional Section R Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD *(Enter total on Line 27 of Summary Page Totals)*	

NAME OF COMMITTEE	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara Bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor	Street Address	City	State	Zip Code	Date of Transaction	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required
Big Prints	15 Baer Cir. B -2	East Haven	CT	06512	09/02/2015	A-OTH	Hand Outs / Walking cards		375		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Big Prints	15 Baer Cir. B-2	East Haven	CT	06512	09/04/2015	A-SIGN	Large Lawn Signs		1,570		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Home Depot	75 Frontage Rd	East Haven	CT	06512	09/05/2015	MISC	Metal Posts for lawn Signs		156.33		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Big Prints	15 Baer Cir. B-2	East Haven	CT	06512	09/11/2015	A-SIGN	Large Lawn Signs		750		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E

SUBTOTAL Section R — This Page	2,851.33
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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor	Street Address	City	State	Zip Code	Date of Transaction	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required
Staples	85 N Main St	Branford	CT	06405	08/31/2015	Office	Envelopes	09292015D	35.08		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
U.S.P.S.	5 Court St	Branford	CT	06405	09/01/2015	POST	Stamps	09292015D	147		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
Ocean State Job Lot	713 Foxon Rd	East Haven	CT	06513	09/01/2015	OFFICE	Kitchen supplies	n/a	19.11		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E
U.S.P.S.	5 Court St	Branford	CT	06405	09/02/2015	POST	Stamps	09292015D	127.40		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉A ○B ○C ○D ○E

SUBTOTAL Section R — This Page	328.59
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: October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara Bank

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor	Street Address	City	State	Zip Code	Date of Transaction	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required
Big Prints	15 Baer Cir. B-2	East Haven	CT	06512	08/20/2015	A-OTH	Stickers	N/A	50		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E
Staples	85 N Main St	Branford	CT	06405	08/25/2015	OFFICE	Printer Ink & Copy paper	09292015D	53.72		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E
USPS	5 Court St	Branford	CT	06405	08/26/2015	POST	Stamps	09292015D	24.50		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E
Staples	85 N Main St	Branford	CT	06405	08/28/2015	OFFICE	Ink Stamp	N/A	20.20		○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E

SUBTOTAL Section R — This Page	248.42
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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: First Niagara

Type of Credit Card: ○ Visa ◉ Master Card ○ Discover ○ American Express ○ Other:

Transaction 1

Name of Vendor: Shore Publishing
Date of Transaction: 09/21/2015
Street Address: PO Box 1010
City: Madison
State: CT
Zip Code: 06443
Purpose of Expenditure (by code): A-NEWS
Description: Campaign Ad
Event #: 09292015D
Amount: 142
Expenditure # (if applicable):
Type of Expenditure (if applicable) **Itemization in Addendum R Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E

Transaction 2

Name of Vendor: Big Prints
Date of Transaction: 09/22/2015
Street Address: 15 Baer Cir B-2
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-SIGN
Description: Lawn Signs
Event #:
Amount: 414
Expenditure # (if applicable):
Type of Expenditure (if applicable) **Itemization in Addendum R Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ◉ A ○ B ○ C ○ D ○ E

Transaction 3

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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D ○ E

Transaction 4

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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D ○ E

SUBTOTAL Section R — This Page	556
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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D ○ 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	TYPE OF REPORT
Maltese for Mayor - 2015	October 10, 2015 Filing

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ◯ Check # ____ ◯ Debit Card
Secondary Payee				
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** ◯ Coordinated with reimbursement sought ◯ Coordinated without reimbursement sought ◯ Independent ◯ Organization: ◯ A ◯ B ◯ C ◯ D ◯ E			
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ◯ Check # ____ ◯ Debit Card
Secondary Payee				
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** ◯ Coordinated with reimbursement sought ◯ Coordinated without reimbursement sought ◯ Independent ◯ Organization: ◯ A ◯ B ◯ C ◯ D ◯ E			
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ◯ Check # ____ ◯ Debit Card
Secondary Payee				
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** ◯ Coordinated with reimbursement sought ◯ Coordinated without reimbursement sought ◯ Independent ◯ Organization: ◯ A ◯ B ◯ C ◯ D ◯ E			

SUBTOTAL Section T — This Page	0
TOTAL of additional Section T Pages	0
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	0