SEEC FORM 5

EXPLORATORY COMMITTEE NOTICE OF INTENT TO DISSOLVE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 3/07



Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

✓ FINAL DISSOLUTION

1, ELECTION DATE 2, CANDIDATE NAME	
(mm/dd/yyyy) Prefix First	MI Last Suffix
11-03-2015 SALVATOLE	R MALTESE
3. CANDIDATE RESIDENCE ADDRESS	4. CANDIDATE MAILING ADDRESS (if different)
Street Address NONLAND ROAD	Address
City State Zip Code	City State Zip Code
	ATE E-MAIL ADDRESS
**	IALTESE CONCAST. VET
7, PARTY AFFILIATION	
Republican Democratic	□ Other
8. NAME OF COMMITTEE	
MARTER FOR MAJOL 2015	
9. COMMITTEE ADDRESS	T T T T T T T T T T T T T T T T T T T
Address HE SUMMIT ALENUE	City State Zip Code 27 06512
10, COMMITTEE E-MAIL ADDRESS	11. COMMITTEE WEB SITE ADDRESS
MIKE SEMAID CENTE. COM	
12. CANDIDATE'S DECLARATION (check one)	
12a. I declare that I will seek the nomination or election to the	office of: RECEIVED FOR FILING
	TOWN CLERK'S OFFICE
MRIOL	EAST HAVEN, CONN.
OFFICE SOUGHT	DISTRICT NO (19 applicable Davis) CCT
Malmore	
MALTERE KOM MAJOR	
NAME OF CANDIDA	TE COMMITTEE
☐ 12b. I declare that I will not seek the nomination or election to committee was formed.	any public office during the election cycle for which my exploratory
	1 1 Am p had
	Aborber 1/2012 0331-2015
	CANDIDATE (SIGNATURE) Date
13. CERTIFIC	CATION
committee, for the reasons stated, is true, accurate and complete to t	s statement of intent to dissolve the indicated candidate's exploratory he best of my knowledge and belief and that this notice of intent to sipts and Expenditures identifying all of this exploratory committee's
	m Mun 3/31/15
	TREASURER (SIGNATURE) Date

SEEC FORM 20

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

RECEIVED FOR FILING APR 0 1 2015 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

gravieno, CCTC

TOWN CLERK

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COVER PAGE

1. NAME OF COMMITTEE				refreshere kapangan karan da merupakan palaka ili merangan pendan kabaja at kenjakan pendan mel			and the state of t	gani (krzeńskiej zaliku) zazadkiej kiej poleniej priesiej za
Maltese for Mayor - 2015								
2. TREASURER NAME								
First		MI	Last			,		Suffix
Michael			DeMa	lo]
3. TREASURER ADDRESS								
Street Address 11 Summit Ave		1	City East Have	2		State CT	Zip C 065	
						<u> </u>		seus varia de marafrica e diferible caus
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Candida	ite Committee)			6. DIST	RICT NUMBER
(mn/dd/yyyy) 11/03/2015							() opposition	,
7. CANDIDATE NAME (Complete only if	L Candidate or Explorator	y Committee)						
First		MI	Last					Suffix
Salvatore		R	Maltes	e				Ì
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	O7th day preced	ling primary	O 70	h day preceding referendum	OI	nitial Cont	ribution o	r Disbursement
			_	-	- 0	PACS ONLY)		
April 10 filing	O30 days follow	ing primary		days following referendum	O.A	Amendmen	it to	
O July 10 filing	O7th day preced	ling election	Ob	eficit	T	ype of Rep	ort:	
October 10 filing	O12th day prece (State Central Con		⊙ Termination		_			
O Independent Expenditure Primary Election	O45 days follow not held in No	ring election vember						
9. PERIOD COVERED								
	Beginning Dat	e		Ending Date				
	01/06/2015	TOTAL MARKET AND A STATE OF THE	thru	03/31/2015				
10, CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per					this Iter	nized Ca	mpaign l	Finance
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PI	N V	6. Dellen	anno ann ann ann ann ann ann ann ann ann		3/2 DATE (1	31/15 mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT I	S PUNISHABLE BY I	FINE NOT TO	EXCEED \$1,	000, OR IMPRISONMENT FOR	R NOT MO	RE THAN O	ONE YEAR,	OR BOTH.

Page 1 of 17

SEEC FORM 20

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

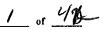
SUMMARY PAGE TOTALS

NAME OF COMMITTEE Maltese for Mayor - 2015	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
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		
12. Balance on hand at the beginning of Reporting Period	þ	
13. Contributions Received from Individuals (Sections A and B)	9,730	9,730
14. Receipts from Other Committees (Sections C1 and C2)	o	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	o
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	9,730	9,730
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	9,730	9,730
19. Expenses Paid by Committee (Section P)	9,730	9,730
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	o	0
21. In-Kind Donations not Considered Contributions Received (Section 1.4)	o	o
22. In-Kind Contributions Received (Section M)	o	o
23. Refundable Deposit to Telephone Company (Section N)	o	o
24. Receipts of Organization Expenditures (Section O) OPTIONAL	Ó	o
25. Beginning Loan Balance	o	
25a. + Loans Received (Section D)	o	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	o	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)	o	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	o	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A-K)

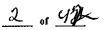
NAME OF COMMITTEE			TYPE OF REPORT	Basas	- (china) a	
Maltese for Mayor - 2015			April 10, 2015			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$					
B. Itemized Co	ntri	butions from Indivi	duals			
Last Name	T	First			and the second	MI
Adamczyk	1	Joan				Α
Residential Street Address	City	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 		State	Zip	Codo
123 Hellstrom Rd	Ea	ist Haven		CT	06	512
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?				y, An		of Contribution
Is this contribution associated with a fundraising event listed in Section L1? When the fundraising event listed in Section L1?	anch o		te contractor? Syc	s	,	
Method of Contribution:	U1 13 W		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orđe	er 03/02/2015				
Last Name	saconarios de pos	rinta de la composição de First		#8#\$##innerities	ggannomana.	MI
Albana		Paul				Α
Residential Street Address	City			State	Zip	Code
16 Burgess St	1 -	st Haven		СТ	061	12
Principal Occupation		Name of Employer		<u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O No does contributor or business he/she valued at more than \$5,000?				y, Am 100		of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 03192015A OYES Is contributor a principal of a lifyes, indicate which bra of government the contraction.	ınch oı		e contractor? Yes	s		
Method of Contribution:			Aggregate Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	er 03/13/2015				
Last Name		First		William School of the		MI
Anania		Richard				
Residential Street Address	City			State	Zip	Code
50 David Dr	Eas	st Haven		СТ	065	512
Principal Occupation		Name of Employer	THE RESERVE THE PARTY OF THE PA	<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Am 50	ount o	f Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of a If yes, indicate which bra of government the contract	ınch oı		OLegislative			
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	}	Aggregate Contributions			:
	SU	BTOTAL Section B —	- This Page 250		25000 - 204°C	
,	гот	'AL of additional Secti	on B Pages 9,480	DAYABORA METERORIA	egulussia (mit	ppelakumuskalderuskistud til Samuslah Sassasan 1193 geografi
TOTAL OF ALL CONTRIBUTIONS		OM INDIVIDUALS (Sec r total on Line 13 of Summar			and the second	

Section B. ADDITIONAL PAGE / of 4/18



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			April 10, 2015			
	B. Itemized Cor	ntributions from Indivi	duals			
Last Name Anastasio	<u> </u>	First Barbara	- Carlos Carlos (1954) & Carlos (1954) Carlos (1954)		MI T	
Residential Street Address		City			Zip Code	
249 Dodge Ave		East Haven		CT	06512	
Principal Occupation Dell Worker		Name of Employer				
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 does contributor or business he/she	to a candidate for a chief executiv is associated with have a contract	with said municipality	Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	Yes Is contributor a principal of a s If yes, indicate which brar of government the contrac	state contractor or prospective state or branches at is with: OExecutive	e contractor? Yes OLegislative	50		
Method of Contribution: OCash O Personal Check OCredit/Debit	Card OPayroll Deduction OMoney	Order Date Received 03/07/2015	Aggregate Contributions			
Last Name Anastasio	The state of the s	First Fred			MI	
Residential Street Address		City		State	Zip Code	
249 Dodge Ave	*	East Haven			06512	
Principal Occupation Retired		Name of Employer			100 100 100 100 100 100 100 100 100 100	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes O No	e officer of a municipality, with said municipality	Amoui 50	nt of Contribution	
Is this contribution associated with an event reported in Section L1? 03192015A	Yes Is contributor a principal of a significant which brain of government the contract		te contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order 03/07/2015				
Last Name		First Marty			MI	
Asprelli		<u>, ,, </u>		State	Zip Code	
Residential Street Address 77 Morgan Ave	1	^{City} East Haven		- (06512	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contrac		e contractor? OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit (Card OPayroll Deduction OMoney	Order 03/19/2015				
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Section B. ADDITIONAL PAGE 2 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Maltese for Mayor - 2015				April 10, 2015					
B. Itemized Contributions from Individuals									
Last Name Astorino	ленный денен в совети и неводу от в учение учение учение учение учение в совети и неводу от в совети и неводу Статем в совети и неводу от в совети и неводу о	Fir Ro	obert, Jr.				MI		
Residential Street Address 55 COE AVE		City East H	Haven		State CT	Zip (
Principal Occupation		***************************************	Name of Employer						
Is contributor a lobbyist, spouse, Yes does contributor a lobbyist, spouse,	tribution is in excess of \$400 to contributor or business he/she i	o a can	ididate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	Amo	unt of	*Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	s contributor a principal of a st If yes, indicate which bran of government the contract	ch or l	branches	OLegislative Syes	50				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney	Order	Date Received 03/16/2015	Aggregate Contributions					
Last Name Belard		Pir Ro	st obert				L L		
Residential Street Address 76 Hubbard Rd		City West	Haven		State CT	Zip C 065			
Principal Occupation			Name of Employer				,		
or dependent child of a lobbyist? • No does co	tribution is in excess of \$400 to ontributor or business he/she i I at more than \$5,000?				Anio	unt of	Contribution		
s this contribution associated with an event reported in Section L1? 03192015A	s contributor a principal of a s If yes, indicate which bran of government the contrac	ch or	branches	e contractor? Yes O Legislative					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OF	Payroll Deduction OMoney	Order	Date Received 03/09/2015	Aggregate Contributions					
Last Name Bellizzi		Fir Ju	st Idith				мі * А		
Residential Street Address 24 Foxbridge Village Rd		City Branf	ord		State CT	Zip C 064			
Principal Occupation			Name of Employer						
or dependent child of a lobbyist? • No does co	tribution is in excess of \$400 to ontributor or business he/she i l at more than \$5,000?				, Amo	unt of	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	s contributor a principal of a st If yes, indicate which bran of government the contract	ch or t	oranches	e contractor? Yes No Legislative					
Method of Contribution:			Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card Ol	Payroll Deduction OMoney	Order	03/08/2015			New York	······································		
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Section B. ADDITIONAL PAGE 3 of 42

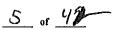
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT										
Maltese for Mayor - 2015			April 10, 2015	yr, an o o o o o o o o o o o o o o o o o o						
B. Itemized Contributions from Individuals										
Last Name	Fir	-,		777	~//	Mi				
Bianco	G	erald								
Residential Street Address	City			State	Zip 0					
2 Livingston Dr	No H			СТ	1064	7/3				
Principal Occupation Self		Name of Employer								
Is contributor a lobbyist, spouse, S W If contribution is in excess of \$400 does contributor or business he/she	to a can is assoc	didate for a chief executive chief with have a contract	e officer of a municipality with said municipality	Am	Amount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Section L1? If yes, indicate which bra of government the contraction of government the contraction.	nch or t	oranches	OLegislative Syes	100	U					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	Date Received 03/17/2015	Aggregate Contributions							
Last Name	Fir					MI				
Bonito		atherine		I a.	16.	_ ^				
Residential Street Address	City	Haven		State	2ip C					
60 Clifford Terr	ivew	Name of Employer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	1005	14				
Principal Occupation Retired		Name of Employer								
	to 0 000	didata for a chief evecutive	officer of a municipality	Ans	ount of	Contribution				
or dependent child of a lobbyist? O No does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract O Yes O No	with said municipality	50	ount 01	Continuiton				
Is this contribution associated with an event reported in Section L1? O3192015A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No Legislative							
Method of Contribution:		Date Received	Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/04/2015								
Last Name	Fir					MI				
Bonito	Jo	seph				<u> </u>				
Residential Street Address	City				State Zip Code					
60 Clifford Terr	Idem	Haven		<u> </u>	1003	114				
Principal Occupation Mechanic		Name of Employer								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ididate for a chief executive clated with have a contract O Yes No	e officer of a municipality with said municipality	y, Am 50	Amount of Contribution 50					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	oranches	e contractor? SYes O Legislative							
Method of Contribution:		Date Received	Aggregate Contributions							
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Section B. ADDITIONAL PAGE 4 of 4

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NAME OF COMMITTEE (Provide Complete Nan	me as Registered with Filing Repository)		TYPE OF REPORT						
Maltese for Mayor - 2015			April 10, 2015						
B. Itemized Contributions from Individuals									
Last Name Brangi		First Robert		H					
Residential Street Address		City		State Zip Code					
161 Cosey Beach Rd #12	and the second s	East Haven		CT 06512					
Principal Occupation Retired		Name of Employer							
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 does contributor or business he/she	to a candidate for a chief executiv is associated with have a contract	with said municipality	Amount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	No If yes, indicate which bran of government the contract	state contractor or prospective state on branches to is with:	e contractor? Yes OLegislative	50					
Method of Contribution: OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order Date Received 003/10/2015	Aggregate Contributions						
Last Name		First		MI					
Buonome		Barbara		State Zip Code					
Residential Street Address 27 Osmond St		City East Haven		CT 06512					
Principal Occupation		Name of Employer							
RETILED	If contribution is in excess of \$400	to a condidate for a chief executiv	a officer of a municipality	Amount of Contribution					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes No	with said municipality	50					
Is this contribution associated with an event reported in Section L1? 03192015A	Yes Is contributor a principal of a No If yes, indicate which brai of government the contract		te contractor? PYes O Legislative						
Method of Contribution:		Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney								
Last Name Buonome-Panzo		First Cheryl		М					
Residential Street Address		City		State Zip Code					
27 Osmond St		East Haven		CT 06512					
Principal Occupation	**************************************	Name of Employer	dt D. Paul	<u></u>					
Is contributor a lobbyist, spouse, OYes	If contribution is in excess of \$400								
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associated with have a contract O Yes O No	with said municipality	50					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	Yes No Is contributor a principal of a s If yes, indicate which brai of government the contrac		e contractor? OYes No Legislative						
Method of Contribution:		Date Received	Aggregate Contributions						
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Section B. ADDITIONAL PAGE 5 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,	TYPE OF REPORT								
Maltese for Mayor - 2015	April 10, 2015	7							
B. Itemized Contributions from Individuals									
Last Name Caprio	First John					MI			
Residential Street Address	City			State	Zip Co				
107 Dodge Ave	East Haven			СТ	0651	2			
Principal Occupation RETWED	. Name of En	nployer							
Is contributor a lobbyist, spouse, Symples of \$40 does contributor or business he/s				Amo	Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of No If yes, indicate which be of government the cont	ranch or branches	rospective state	_ ① No	100)				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order Date Receive 03/08/20		Aggregate Contributions						
Last Name Carbo	First Paul					ra L			
Residential Street Address 10 Nicholas Dr	City East Haven	, , , , , , , , , , , , , , , , , , , ,		State CT	Zip Co. 0651				
Principal Occupation Consultant	Name of Em	ployer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?		ave a contract v		Amo 50	unt of C	Contribution			
Is this contribution associated with an event reported in Section L17 03192015A Yes No Is contributor a principal of If yes, indicate which b of government the contributor of government the contributor as principal of the section	ranch or branches	rospective state	⊙ No						
Method of Contribution:	Date Receive		Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon)15							
Last Name Carlo	First Robert					A			
Residential Street Address 7 Cambridhe Court	City East Haven			State CT	Zip Co. 0651				
Principal Occupation COLTROLLER	Name of Em	φloyer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?		ave a contract v		Amo 50	unt of C	Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of If yes, indicate which by of government the contributor.	anch or branches	_	contractor? Yes No Legislative						
Method of Contribution:	Date Receive	j	Aggregate Contributions						
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Section B. ADDITIONAL PAGE 6 of 42



NAME OF COMMITTEE (Provide Complete No	me as R	egistered with Filing Repository)			TYPE OF REPORT		
Maltese for Mayor - 2015					April 10, 2015	and a state of the last	
		B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name	PART PART OF	Access to the second	Fi				MI
Casagrande				lbert		T :	J. J
Residential Street Address 25 Pardee Place Ext			City East I	laven		State	Zip Code 06512
Principal Occupation				Name of Employer		J	
RETILED							
Is contributor a lobbyist, spouse, Yes		ontribution is in excess of \$400 s contributor or business he/she			with said municipality	Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches	e contractor? Yes OLegislative	50	
Method of Contribution: OCash Personal Check OCredit/Debit	Card C	Payroll Deduction OMoney	/ Order	Date Received 03/12/2015	Aggregate Contributions	<u> </u>	
Last Name		A second	Fi				MI
Casagrande				nn		I s	M M
Residential Street Address 25 Pardee Place Ext			City East I	łaven		State CT	Zip Code 06512
Principal Occupation Retired	<u> </u>			Name of Employer		A	<u></u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a can	didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of Contribution
(s this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes		
Method of Contribution:				Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	resentative restaurant for				
Last Name Cestaro			Fi	st Ille			MI L
Residential Street Address		MORE PROCESSOR AND	City			State	Zip Code
280 Short Beach Rd			East I	laven		СТ	06512
Principal Occupation Auto Sales				Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a can is assoc	didate for a chief executive intention of the contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of Contribution
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Method of Contribution:		_		Date Received	Aggregate Contributions		
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	amino-male (est	प्रपृत्रक्रम्म प्रकृतिकृतिहरू विभागित स्थाप्त के विकास स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन प्रमृत्ये क्षेत्रकृतिहरू विभागित स्थापन	A)RIA (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	TRA CALL DESCRIPTION OF THE PROPERTY OF THE PR	20131114000-6-1-Cristilian de la companya del companya del companya de la company		XIII
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Section B. ADDITIONAL PAGE 7 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	dad saamiighoogramio		TYPE OF REPORT		21102011 1 0201111	
Maltese for Mayor - 2015		***************************************	April 10, 2015			
B. Itemized Con	ıtrib	utions from Indivi	duals		(III	
Last Name Chandler	Fir Fr	ances	A TANAN CAAN IN MICHIGANI III III II MACA TA COOCIII DAA JAWA CATABAH AAAAA AAAAA AAAAA AAAAAAAAAAAAAAA	diturio di tradicumpera gui	me-vallesevine	MI L
	City East H	laven		State CT	Zip (Code 513
Principal Occupation Controller	······································	Name of Employer Branford Hills Heal	th Care			**************************************
Is contributor a lobbyist, spouse, Swb If contribution is in excess of \$400 to does contributor or business he/she is	o a can is assoc	ididate for a chief executive character with have a contract	e officer of a municipalit with said municipality		ount o	f Centribution
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	City East H	laven		State CT	Zip (065	
Principal Occupation Trk Driver		Name of Employer				A PARTIE OF THE
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Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney C	- 1	Date Received 03/15/2015	Aggregate Contributions			
Last Name Clanelli	Firs Jar	net				MI A
	ity East H	aven	***************************************	State CT	Zip C 065	
Principal Occupation Self		Name of Employer		\ <u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				100	unt of	Contribution
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Section B. ADDITIONAL PAGE

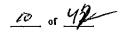
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maltese for Mayor- 2015 April 10, 2015			orbotomic Open College	0007H1F5N51H1000	- Marie VI Green		
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name Clanelli		Fir Pe	st eter				MI
Residential Street Address 310 Short Beach Rd		City East H	łaven	Anna ann ann an Anna an Anna an Anna an Anna an An	State CT	Zip Co 0651	
Principal Occupation RETILED			Name of Employer				m. e.
O No 1	f contribution is in excess of \$400 does contributor or business he/she			with said municipality	Amo	ount of (Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or b	ranches	e contractor? Yes OLegislative	50		
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Last Name Cifarelli		Firs Jo					MI
Residential Street Address 4 White Wood Lane		City No Bra	anford		State CT	Zip Coo 0647	
Principal Occupation			Name of Employer				
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 loes contributor or business he/she ralued at more than \$5,000?				, Amo		Contribution
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Last Name Clark	and the second s	Firs Ha	orry			ı	MI
Residential Street Address 391 Short Beach Rd		City East H	laven		State CT	Zip Coc 0651	
Principal Occupation MAINTAINNE			Name of Employer	0F £0			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Is No dependent child of a lobbyist?	f contribution is in excess of \$400 loes contributor or business he/she ralued at more than \$5,000?				, Amo	unt of C	Contribution
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card	l OPayroll Deduction OMoney	Order	Date Received 03/19/2015	Aggregate Contributions			
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Section B. ADDITIONAL PAGE 9 of 412

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Marketing Typeshare which the	TYPE OF REPORT	ANGERT AND PROPERTY.		Name of the International Control of the Inte
Maltese for Mayor - 2015	,		April 10, 2015			
B. Itemized Co	ontril	outions from Indivi	iduals			Temporati (art. temporati protesti protesti protesti da il processo kan
Last Name	1	irst		7.000 beside to the design and resident Ad-	Y/ hangang	Mi
Clark		Mary ————————————————————————————————————				E
Residential Street Address 7 Double Beach Rd	City	Save		State	1 '	Code
Principal Occupation	Bran			СТ	064	103
		Name of Employer				
Is contributor a lobbyist, spouse, Sw If contribution is in excess of \$400 does contributor or business he/she	to a ca	ociated with have a contract	e officer of a municipalit with said municipality	• • •	ount o	f Contribution
event reported in Section L1? O No If yes, indicate which bra	Tes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: OExecutive OLegislative			100	1	
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Last Name Clifford	- 1	rank		i a razagiyi da sasa ta razagiya a s	, roman a roma	MI M
Residential Street Address	City			State	Zip C	
112 Mansiedi Grove Rd	East	Haven		СТ	065	12
Principal Occupation Video Engineer	Name of Employer Yale Univ.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of	Contribution
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OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	03/19/2015	52425			
Last Name Coe		rst			***************************************	MI
		tewart	·	· · · · · · · · · · · · · · · · · · ·		М
Residential Street Address 1270 N High St #217	City Fact i	Haven		State CT	Zip C 065	
Principal Occupation	Lustr	Name of Employer		<u> </u>	003	1 <u> </u>
Retired		ranz or Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				, Amou	ant of	Contribution
Is this contribution associated with an event reported in Section L1? **Myes, list Event # 03192015A** Yes Is contributor a principal of a section L1? **If yes, indicate which brain of government the contract.**	nch or t	branches	Contractor? OYes			
Method of Contribution: Date Received Aggregate Contributions						
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Section B. ADDITIONAL PAGE 10 of 49



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maltese for Mayor - 2015			April 10, 2015		
B. Itemized Co	ontrib	utions from Indivi	duals		
Last Name Collins	Fii Li	rst Inda			MI
Residential Street Address 6 Morrls St	City West	Haven		State Ct	Zip Code 06516
Principal Occupation	<u> </u>	Name of Employer WH B of E		1	
Is contributor a lobbyist, spouse, Solution If contribution is in excess of \$400 does contributor or business he/sho					ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or t	ntractor or prospective state	e contractor? See No OLegislative	50	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	Date Received 03/19/2015	Aggregate Contributions		
Last Name Consiglio	Pir La	aura	- par vera reason del EGO SEL TRO CONTÉ SE PARE DE PORTE DE CANADA CATALANTA.	Accessed (Barrell 1984 E.C.)	MI
Residential Street Address 30 Timberland Dr	City East H	łaven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? 03192015A Yes Is contributor a principal of a Ifyes, indicate which bree of government the contra	inch or t	branches	e contractor? Yes No		
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Last Name Consiglio	Fire	st ncent ill	gyerasanan kan ara-ara-ara-ara-ara-ara-ara-ara-ara-ara		MI
Residential Street Address 30 Timberland Dr	City East H	laven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No Honoribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Ame	ount of Contribution
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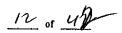
Section B. ADDITIONAL PAGE

71	of	42

Maltese for Mayor - 2015	Repository)		TYPE OF REPORT	· ·		
			April 10, 2015			
		utions from Indiv	iduals			
Last Name Cote'		rst /illiam			MI W	
Residential Street Address 30 Vista Dr	City East I	Haven		State CT	Zip Code 06512	
Principal Occupation Attorney		Name of Employer Self	***************************************	<u> I </u>		
Is contributor a lobbyist, spouse, Yes If contribution is in exc does contributor or business.	ess of \$400 to a car iness he/she is asso	ndidate for a chief executive ciated with have a contract	t with said municipality		unt of Contribution	
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Last Name Courtmanche	Fir Br	st Ian	(AMP) (Income Color of Color o	omiconnotation to the control of the	M G	
Residential Street Address 214 Ridge Rd	City Madis	son		State	Zip Code 06443	
Principal Occupation Teacher		Name of Employer Madison	100000000000000000000000000000000000000		I	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exceedable of the contributor	ness he/she is assoc	I didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	Amo	ant of Contribution	
event reported in Section L1? O No If yes, indicate	incipal of a state con which branch or t t the contract is with		e contractor? SYes No Legislative			
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Last Name Cowles	Fire	ert	HERCONS (and Colored Annual and Annual and Annual Annual Annual Annual Annual Annual Annual Annual Annual Annua	ordinal gradu produceron grayan	M B	
Residential Street Address 32 Morris St	City West I	laven		State CT	Zip Code 06516	
Principal Occupation Self		Name of Employer			**************************************	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busin valued at more than \$5,0	iess he/she is associ	lidate for a chief executive ated with have a contract of Yes No	officer of a municipality, with said municipality	Amou	nt of Contribution	
types, list Event # 03192015A No Hypes, indicate of government	ncipal of a state con which branch or br the contract is with		Contractor? Syes No Legislative			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction		Date Received 03/16/2015	Aggregate Contributions			
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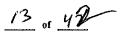
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Section B. ADDITIONAL PAGE 12 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	titorel		TYPE OF REPORT	Mary Marie 		WHITE OF THE PARTY
			April 10, 2015	·		
B. Itemize	d Contr	ibutions from Indiv	iduals			
Last Name	The state of the s	First	Christianis pulma daguaga paga paga paga paga paga paga pag	<u>, , , , , , , , , , , , , , , , , , , </u>	TOTAL PROPERTY.	MI
Crsicuolo Residential Street Address	Lov	Dan		· · · · · · · · · · · · · · · · · · ·		S
100 Short Beach Rd	City Eas	t Haven		State	1 -	Code 512
Principal Occupation		Name of Employer			<u></u>	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of does contributor or business	of \$400 to a of he/she is as	candidate for a chief executive sociated with have a contract O O M	with said municipality		ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of yes, indicate which of government the contributor apprincipal of yes, indicate which of yes, indicate which of yes, indicate which yes, list Event # 03192015A	ch branch c	contractor or prospective states branches		50		
Method of Contribution: Ocash O Personal Check O Credit/Debit Card O Payroll Deduction O	Money Ord	Date Received 03/19/2015	Aggregato Contributions		hiliand retorner	
Last Name Culligan		_{First} Robert				MI
Residential Street Address 46 Benjamin Rd	City East	: Haven		State CT	Zip (
Principal Occupation Retired	t	Name of Employer		<u> </u>	.L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	\$400 to a che/she is ass	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo		Contribution
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Last Namo Demaio	1	inst Michael			o de la constanta de la consta	мі G
Residential Street Address 11 Summit Ave	City	Haven		State CT	Zip С 065	
Principal Occupation Banker	l.,	Name of Employer		23 111 2 1100		· · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?	\$400 to a ca e/she is asso	Indidate for a chief executive pointed with have a contract very Yes No	officer of a municipality with said municipality	, Amoi	unt of	Contribution
We went reported in Section LI? O No If yes, indicate which of government the co	h branch or		Contractor? SYes No Legislative			
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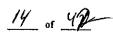
Section B. ADDITIONAL PAGE 13 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	TYPE OF REPORT							
Maltese for Mayor- 2015 April 10, 2015								
B. Itemized Contributions from Individuals								
Last Name DeNigris	NA CONTRACTOR OF THE CONTRACTO	Pirst Helen			MI			
Residential Street Address 135 Saltenstall Ave	City Ea	st Haven		1 -	Code 512			
Principal Occupation		Name of Employer						
SALES								
		candidate for a chief executive ssociated with have a contract	with said municipality	Amount	of Contribution			
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Method of Contribution: OCash)Money Or	Date Received der 03/19/2015	Aggregate Contributions					
Last Name		First			MI E			
DeRenzo Residential Street Address	- Les	Patricia		Chile Tim	Code			
3 Francis St	City Eas	st Haven		1 1 7	512			
Principal Occupation		Name of Employer		L				
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	he/she is as	candidate for a chief executive ssociated with have a contract Yes No		Amount o	f Contribution			
this contribution associated with an event reported in Section L1? 03192015A Yes Is contributor a princip If yes, indicate whi of government the	ich branch		e contractor? Yes					
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Last Name DeRenzo		Paul-			мі R			
Residential Street Address 3 Francis St	City Eas	st Haven			Code 512			
Principal Occupation Retired	<u> </u>	Name of Employer						
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Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes No No If yes, indicate white of government the	ch branch		⊙ No					
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Section B. ADDITIONAL PAGE 14 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				Annual and the desired and the state of the			
Maltese for Mayor - 2015 April 10, 2015							
B. Itemized (Contri	butions from Indivi	iduals				
Last Name Dwyer		First Edwin		THE STATE OF THE S	(Aurele Laubenhalpoka	MI J	
Residential Street Address 101 Hillside Ave	City She	elton		State CT		Code 484	
Principal Occupation Bricklayer		Name of Employer	**************************************	1			
Is contributor a lobbyist, spouse, If contribution is in excess of \$4 does contributor or business he/s	100 to a c she is ass	andidate for a chief executive sociated with have a contract	with said municipality		ount o	of Contribution	
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Orde	Date Received 03/07/2015	Aggregate Contributions				
Last Name Farreli		First Christopher				MI J	
Residential Street Address 7 Erico Dr	City East	Haven		State CT	Zip (065		
Principal Occupation Student		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				, Am	ount of	f Contribution	
event reported in Section L1? 03192015A Sthis contribution associated with an event reported in Section L1? No 15 yes, indicate which be of government the contribution of government the contribution associated with an event reported in Section L1?	oranch oi		e contractor? Syes				
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Last Name Farrell	1.	Pirst ames	mily mid yalika pamama tataka kara kara kara kara kara kara k	ecesto de la companya	DOS MANORES OF AN	MI N	
Residential Street Address 7 Erico Dr	City East	Haven		State CT	Zip C 065		
Principal Occupation CEO	· · · · · · · · · · · · · · · · · · ·	Name of Employer Credit Union			-1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a ca he is asso	andidate for a chief executive ociated with have a contract of Yes No	officer of a municipality with said municipality	50	ount of	Contribution	
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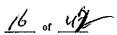
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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repository)	achte Seile am bei glace an de françois (grape per per per per per per per per per p	TYPE OF REPORT	WALK WALK BOWN WI	armweite, and	
Maltese for Mayor - 2015	Maltese for Mayor - 2015 April 10, 2015					
B. Id	temized Contri	butions from Indivi	duals			
Last Name Fennell		^{First} Kevin				MI F
Residential Street Address 39 South St	City East	t Haven	tradeconcessorpurements of the tradeconcessorpurement of the trade	State	1 -	Code 512
Principal Occupation Retired		Name of Employer		.1,		
Is contributor a lobbyist, spouse, Yes If contribution is in does contributor or	excess of \$400 to a continuous business he/she is ass	andidate for a chief executive sociated with have a contract	with said municipality		ount o	f Contribution
event reported in Section L1? (1) No If yes, indi	a principal of a state c icate which branch or ment the contract is w	contractor or prospective stater branches		50		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	ction OMoney Orde	Date Received 3/19/2015	Aggregate Contributions			
Last Name Fennell	1	Patricia		Alexandria de la companya della companya della companya de la companya della comp		мі A
Residential Street Address 39 South St	City East	Haven		State CT	Zip C 065	
Principal Occupation Teacher		Name of Employer EH B of E				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than	business he/she is asso	undidate for a chief executive ociated with have a contract O Yes O No	e officer of a municipality with said municipality	Amo	unt of	Contribution
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Residential Street Address 65 Clark Ave	City East	Haven		State CT	Zip C 065	
Principal Occupation Retired		Name of Employer				
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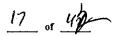
Section B. ADDITIONAL PAGE 16 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2015 April 10, 2015					and the state of t		
	B. Itemize	d Contr	ibutions from Indivi	duals			Reservation of the second seco
Last Name			First				MI
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Residential Street Address 2 Old Tow Hwy		City Eas	st Haven		State CT	2ip C 065	
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Fowler			Therese				Α
Residential Street Address 2 Dale Place		City Eas	st Haven		State CT	Zip C 065	
Principal Occupation	4444	······································	Name of Employer				
Lab Tech							
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Last Name			First 8en				M M
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Residential Street Address 7 Oakhill Dr		City Eas	st Haven		CT	065	
Principal Occupation Retired			Name of Employer				
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Section B. ADDITIONAL PAGE 17 of 4



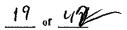
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maltese for Mayor - 2015				April 10, 2015			
B. Iten	nized Co		utions from Indivi	duals			
Last Name Furino		Pi A	rst my	CONTRACTOR	Over-year	MI L	
Residential Street Address 42 Summit Ave		City East l	laven		State CT	Zip Code 06512	
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Principal Occupation Sales			Name of Employer				
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Residential Street Address 42 Summit Ave	1	City East H	laven		State CT	Zip Code 06512	
Principal Occupation Controller		•	Name of Employer Peterbilt of CT				
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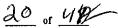
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Maltese for Mayor - 2015		X	April 10, 2015			
B. Itemized C		ions from Indivi	duals			
Last Name Glaquinto	First Ben				MI	
Residential Street Address 64 Bradly Ave	City East Hav	ven		State CT	Zip Code 06512	
Principal Occupation RETIKED	N	lame of Employer	MICHAEL RATTE TO THE TAXABLE PROPERTY OF TAXAB			
Is contributor a lobbyist, spouse, If contribution is in excess of \$4 does contributor or business he/	100 to a candid she is associat	late for a chief executive ed with have a contract	officer of a municipality with said municipality	Amo	unt of Contribution	
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Last Name Hemstuck	First Loui	s			Mi	
Residential Street Address 1270 N High St	City East Hav	/en		State CT	Zip Code 06512	
Principal Occupation Retired	N	ame of Employer			**************************************	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				Amou 50	unt of Contribution	
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Last Name Hennessy	First Lucia	an			A A	
Residential Street Address 54 Ridgewood Ct	City Shelton			State CT	Zip Code 06484	
Principal Occupation Store Manager	N	ame of Employer				
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Section B. ADDITIONAL PAGE 19 of 49



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maltese for Mayor - 2015				April 10, 2015			
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name Imperati		1	rst In			240 mg m X-200m 2004	MI
Residential Street Address 27 Three Stone Pillar Rd		City East I	Haven	notive stati envices (din environ an Exemplo violatio estato) podo	State CT	1 -	Code 512
Principal Occupation Self	and the second s	L	Name of Employer			<u></u>	ŀ
	ontribution is in excess of \$400 s contributor or business he/she			with said municipality	Am		f Contribution
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Method of Contribution: Cash O Personal Check O Credit/Debit Card	Payroll Deduction OMoney	Order	Date Received 03/19/2015	Aggregate Contributions		AAAA AAAA AAAA AAAAA AAAAA AAAAA AAAAAA	
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Imperato Residential Street Address	***************************************	City	CKI		State	Zip (Toda .
445 Foxon Rd		•	Branford		CT	067	
Principal Occupation SELF			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf co	ontribution is in excess of \$400 of scontributor or business he/she ed at more than \$5,000?				/, Am		f Contribution
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Last Name Karbowski		Fir Pa				The state of the s	MI R
Residential Street Address 171 Angela Dr		City East H	łaven		State CT	Zip (
Principal Occupation RETIAGO			Name of Employer		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 to contributor or business he/she ed at more than \$5,000?				/, Am		Contribution
Is this contribution associated with an event reported in Section L1? We have a section L1? No N	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	ranches	_ ONo			
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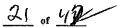
Section B. ADDITIONAL PAGE 20 of 48



NAME OF COMMITTEE (Provide Complete Name as Registered with i	TYPE OF REPORT									
Maltese for Mayor - 2015			April 10, 2015							
В.	B. Itemized Contributions from Individuals									
Last Name Lamothe		First Larry			MI					
Residential Street Address 55 Cliff Street	City Eas	t Haven			Zip Code 06512					
Principal Occupation Carpenter	•	Name of Employer								
Is contributor a lobbyist, spouse, Yes If contribution is does contributor of	in excess of \$400 to a or business he/she is as	candidate for a chief executive sociated with have a contract	with said municipality	Amou	nt of Contribution					
event reported in Section L1? No If yes, in	or a principal of a state idicate which branch o imment the contract is v		e contractor? See Yes OLegislative Aggregate Contributions	100						
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Last Name Landino		First Albert			М					
Residential Street Address 220 Silver Sands Rd	City Eas	t Haven			Zip Code 06512					
Principal Occupation RETIRED		Name of Employer								
or dependent child of a lobbyist?	or business he/she is as an \$5,000? or a principal of a state adicate which branch or mment the contract is	with:	with said municipality	50	st of Contribution					
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Residential Street Address 279 Cosey Beach Ave	City	t Haven			 Zip Code 06512					
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or valued at more that	or business he/she is as	candidate for a chief executive sociated with have a contract O Yes O No	e officer of a municipality, with said municipality	Amour	nt of Contribution					
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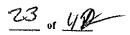
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NAME OF COMMITTEE Provide Complete Name as Registered with Filing Rep	TYPE OF REPORT				
Maltese for Mayor - 2015			April 10, 2015		
B. Itemiz	zed Contribution	s from Indiv	iduals		Harriston and Transaction and Control of the Contro
Last Name	First				MI
Levatino	Philip		· · · · · · · · · · · · · · · · · · ·		S
Residential Street Address 9 Holland Rd	City East Haven)		State	Zip Code 06512
Principal Occupation		of Employer	.,	I	L
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Is contributor a lobbyist, spouse, Yes If contribution is in excess does contributor or busine			with said municipality	· I	unt of Contribution
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Libretti Residential Street Address	Nick		and the second s	I c	Zip Code
586 Thompson Ave	City East Haven			State	06512
Principal Occupation	Name	of Employer	oderniyanası bilindir. Yakıdırını bilindir. Saratı	<u> </u>	
Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she is associated w			Amo	unt of Contribution
event reported in Section L1?	ipal of a state contractor hich branch or branch ne contract is with:	ës _	te contractor? SYes O Legislative		
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Last Name Lombardi	First Fred				MI L
Residential Street Address	City			State	Złp Code
16 Catherine St	East Haven			CT	06512
Principal Occupation RETILEO	Name	of Employer		and the second second	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or busines valued at more than \$5,000	s he/she is associated w			Amoi	ant of Contribution
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Section B. ADDITIONAL PAGE 23 of 42



NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	enrous et samo, que s'est		TYPE OF REPORT				
Maltese for Mayor - 2015			And the state of t	April 10, 2015				
	B. Itemized Co	ntrit	outions from Indiv	iduals			**************************************	
Last Name Madonna		J	irst InnMarie	- 	lationary system was	<u>Name and the state of the stat</u>	MI	
Residential Street Address 94 Rose St	The state of the s	City East	Haven	**************************************	State		p Code 5513	
Principal Occupation RETILES			Name of Employer		l		MONTH	
Is contributor a tobbyist, spouse, Yes d	f contribution is in excess of \$400 loes contributor or business he/she	to a car	ndidate for a chief executive ciated with have a contract	ve officer of a municipalit t with said municipality		mount	of Contributio	
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Residential Street Address 94 Rose St		City East I	laven		State CT	i i	Code 513	
Principal Occupation			Name of Employer	<u></u>	1			
or dependent child of a lobbylst?	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?	to a can is assoc	I didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	/, Ai		of Contribution	
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Last Name Persico		Firs	chael			Para Land	M	
Residential Street Address 7 Julius DR		City East H	aven		State CT	Zip (Code 513	
Principal Occupation RETICED			Name of Employer			<u>l</u>		
is contributor a lobbyist, spouse, Yes If contributor a lobbyist? Yes door dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she i lued at more than \$5,000?	o a cano s associ	lidate for a chief executive ated with have a contract v	officer of a municipality with said municipality	, An		f Contribution	
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Section B. ADDITIONAL PAGE 22 of 42

NAME OF COMMITTEE (Provide Complete N	ame as	Registered with Filing Repository)	enemane enemaio		TYPE OF REPORT				
Maltese for Mayor - 2015					April 10, 2015)15			
atualista antica an		B. Itemized Co	ntrib	outions from Indivi	duals	***************************************			
Last Name Lonardo			- 1	irst Nara				MI C	
Residential Street Address		· · · · · · · · · · · · · · · · · · ·	City	nara		State	7:0	Code	
330 Short Beach Rd H-4L			1	Haven		CT	1 '	512	
Principal Occupation				Name of Employer		***************************************			
Sales								·····	
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Lynch		and the same and t		1aria		I a	Taria	Ε	
Residential Street Address 133 Bennett Rd			City East I	Haven		State CT	Zip 0		
Principal Occupation				Name of Employer		L	1		
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?				, Amo	unt of	f Contribution	
s this contribution associated with an event reported in Section L1? 03192015A	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? SYes O Legislative				
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Last Name MacDonald			Fin	^{ist} Jouglas				MI P	
Residential Street Address			City			State	Zip C	<u> </u>	
111 Cosey Beach Ave #7			East l				065		
Principal Occupation Retired				Name of Employer		L.,,	.i		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she ted at more than \$5,000?				Anio	Amount of Contribution		
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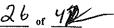
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Maltese for Mayor - 2015				April 10, 2015				
B. Itemized	Contr	ibu	tions from Indivi	duals				
Last Name	Marrow Andrews	First				***************************************	MI	
Maltese		Joa	an					
Residential Street Address	City				State	1 -	Code	
11 Holland Rd	Eas	st H	aven		СТ	065) I Z	
Principal Occupation		ļ	Name of Employer					
RETILED							**************************************	
Is contributor a lobbyist, spouse, Order If contribution is in excess of seven does contributor or business here.	O O W				Amo		f Contribution	
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Last Name		First			ATTENDED AND REPORT OF THE PERSON AND	right of the leading of the	MI	
Maltese		Me	lissa				J	
Residential Street Address	City				State	Zip (
55 Messina Dr	Eas		aven	-	СТ	065	12	
Principal Occupation			Name of Employer					
WAITREIS			TWIS PISE		· I · ·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No 50							Contribution	
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Method of Contribution:			Date Received	Aggregate Contributions				
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Last Name		First					MI	
Mannochi ·		Rai	ph		·			
Residential Street Address	City		aven		State CT	Zip (
70 Robert Dr	Eas				<u> </u>	1003	14	
Principal Occupation Retired		ļ	Name of Employer					
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SEEC FORM 20 Revised January 2015

Section B. ADDITIONAL PAGE 25 of 47

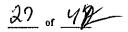
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Maltese for Mayor - 2015				April 10, 2015				
	B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name		Fi					MI A	
Massaro	<u></u>		arol		T	Tai	A	
Residential Street Address 26 Damen Dr		City East I	Haven		State	065	Code 512	
Principal Occupation	- · · · · · · · · · · · · · · · · · · ·		Name of Employer		1a.			
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Residential Street Address		City Guilfo	ard		State CT	Zip (
46 Laurelbrook Dr		Guiic			CI	1004		
Principal Occupation Retired			Name of Employer					
	C		didata for a chief avecutive	officer of a municipality	. 1		Cantulhutlan	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? No N						Contribution		
Is this contribution associated with an event reported in Section L1? 03192015A		nch or l	branches	e contractor?				
Method of Contribution:			Date Received	Aggregate Contributions	7			
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Metzler II		CI	narles				,	
Residential Street Address		City	Havon			Zip (
366 N High St		Eastr	Haven			1003	112	
Principal Occupation RETILEO			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes I d	f contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?				, Ame	Amount of Contribution 50		
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Section B. ADDITIONAL PAGE 26 of 412



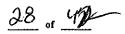
NAME OF COMMITTEE (Provide Complete Name as R	TYPE OF REPORT				
Maltese for Mayor - 2015			April 10, 2015		
	B. Itemized Contr	ibutions from Indiv	iduals	***************************************	
Last Name Menzo		First Judi			MI A
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
1187 Campbell Ave #703	i *	st Haven		1 1	06516
Principal Occupation		Name of Employer		L	p aramatan a
PARA		WH BOAR			
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Last Name Milone		First			MI
Residential Street Address	City	Gary		a	S
45 Jefferson Rd	1.7	nford			Zip Code 06405
Principal Occupation		Name of Employer			
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Last Name Murch	1	First Arvin			Mi
Residential Street Address	City			State 2	Zip Code
37 Meadow St	East	Haven		1	06512
Principal Occupation RETIRES		Name of Employer		-t	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf conduction of dependent child of a lobbyist? No value	tribution is in excess of \$400 to a c contributor or business he/she is ass 1 at more than \$5,000?	andidate for a chief executive ociated with have a contract v Yes O No	officer of a municipality, with said municipality	Amoun 50	t of Contribution
event reported in Section L1? O No If yes, list Event # 03192015A	s contributor a principal of a state of If yes, indicate which branch or of government the contract is w	branches	OLegislative		
Method of Contribution: Cash Personal Check Credit/Debit Card C	Payroll Deduction Money Orde		Aggregate Contributions		
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			Market Process Department of the Control of the Con		SSOCIAL CONTROL IN A MANUAL PROPERTY OF THE STATE OF THE

Section B. ADDITIONAL PAGE 27 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit		TYPE OF REPORT				
Maltese for Mayor - 2015	5-018/-018/-018/-018/-018/-018/-018/-018/		April 10, 2015			
B. Itemized	l Contribu	tions from Indivi	duals			
Last Name Napolitano	Firs Fra	r enk			MI	
Residential Street Address 22 Iver Ave	City East H	aven		State CT	Zip Code 06512	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of does contributor or business is	f \$400 to a cand he/she is associ	lidate for a chief executive ated with have a contract	with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal No If yes, indicate which of government the contributor of government the contributor and principal No Is contributor and No Is	ch branch or bi		e contractor? Yes OLegislative	50		
Method of Contribution: Ocash Opersonal Check Occidit/Debit Card Opersonal Deduction On		Date Received 03/19/2015	Aggregate Contributions		rnegumurangsulunosuur islandinishin nisasid	
Last Name Newhall	First An				MI C	
Residential Street Address 147 Bradford Ave	City East H	aven		State CT	Zip Code 06512	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?				, Amo	unt of Contribution	
ts this contribution associated with an event reported in Section L1? 03192015A Yes No Is contributor a principa If yes, indicate which of government the contributor of government the contributor as principal in the cont	ch branch or b		e contractor? Yes			
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Residential Street Address 51 Van Horn Dr	City East Hi	aven		State CT	Zip Code 06512	
Principal Occupation Mailtail Alce		Name of Employer	v.F			
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Section 1985	SUBTOTAL	Section B — This	Page 150			

Section B. ADDITIONAL PAGE 28 of 47



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maltese for mayor - 2015				April 10, 2015			
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name O'Keefe			irst ohn				MI F
Residential Street Address 48 Hughes St		City East	Haven	•	State CT	1 '	Code 512
Principal Occupation Retired			Name of Employer		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	contribution is in excess of \$400 es contributor or business he/she			with said municipality	Am		f Contribution
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Last Name Ortiz			rst dgar				MI
Residential Street Address 1945 RT-80		City Guilfe	ord		State CT	Zip (
Principal Occupation SELF			Name of Employer				
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Last Name Ortiz	ainen miningi geografia ang mga maga maga maga mga mga ata da		rst ebekah	All persons and the second	ener Aranestop o Andia	MC000000000000000000000000000000000000	MI
Residential Street Address 1945 RT-80		City Guilfe	ord		State CT	Zip (064	Code 137
Principal Occupation			Name of Employer BEAD 19.0	(s			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?	to a çaı is asso	ndidate for a chief executive ciated with have a contract O Yes O No	e officer of a municipality with said municipality	, Am		f Contribution
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	Date Received 03/19/2015	Aggregate Contributions			
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Section B. ADDITIONAL PAGE 29 of 42

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maitese for Mayor - 2015			April 10, 2015	April 10, 2015			
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	1	rst				MI	
O'Toole		oseph				Р	
Residential Street Address 155 Richard St	City West	Haven		State CT	2ip C 065		
Principal Occupation		Name of Employer					
FOOD DIRECTOR		LAUREL V	(E W				
● M If contribution is in excess of \$400	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 Amount of Co				Contribution		
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Last Name Deles	Fi					MI	
Palm		harron					
Residential Street Address 9-L Birch Lane	City	-laven		State	Zip C 065		
9-L BITCH Lane Principal Occupation	EdStr	Name of Employer		<u> </u>	003	12	
		Name of Employer					
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or dependent child of a lobbyist? No No does contributor or business he/she valued at more than \$5,000?							
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Method of Contribution;	Date Received	Aggregate Contributions					
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Pesapane	Re	obert 					
Residential Street Address	City	S. S.			Zip C		
445 Foxon Rd	N Bra		QU	ст	064	/1	
Principal Occupation		Name of Employer					
SELF	·						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ild of a lobbyist? O No does contributor or business he/she is associated with have a contract with said municipality						
event reported in Section L1? O No If yes, indicate which brai							
Method of Contribution:	***************************************	Date Received	Aggregate Contributions				
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SEEC FORM 20 Revised Justiny 2015



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			April 10, 2015			
В.	Itemized Contrib	outions from Indivi	duals			
Last Name Petrosino	<u>}</u>	irst Albert			MI	
Residential Street Address 10 Glen Rd	City Brant	ford (Zip Code 06405	
Principal Occupation RETIRED		Name of Employer		·		
● NO If contribution is		indidate for a chief executive pointed with have a contract	with said municipality	Amo	unt of Contribution	
event reported in Section L1? No If yes,	tor a principal of a state co indicate which branch or ernment the contract is wit	ontractor or prospective state branches th: OExecutive	Contractor? Yes No	50		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll De	eduction OMoney Order	Date Received 03/19/2015	Aggregate Contributions			
Last Name Piccirillo	1	irst ospeh			MI	
Residential Street Address 107 Dodge Ave	City East I	Haven		State CT	Zip Code 06512	
Principal Occupation RETIZED		Name of Employer				
Is contributor a lobbyist, spouse, Yes If contribution is	r or business he/she is assoc	ndidate for a chief executive ciated with have a contract O Yes No		Amoi	unt of Contribution	
event reported in Section L1? No If yes,	itor a principal of a state co indicate which branch or remment the contract is wi		● No			
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Residential Street Address 16 Catherine St	City East I	Haven	Haven (
Principal Occupation RETILED		Name of Employer			<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lobes contributor is					unt of Contribution	
event reported in Section L1? O No If yes, i						
Method of Contribution: OCash Personal Check Ocredit/Debit Card OPayroll De		Date Received	Aggregate Contributions			
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Section B. ADDITIONAL PAGE 31 of 42

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015 April 10, 2015						
B. Itemized C	Contri	butions from Indiv	iduals			
Last Name Plano	- 1	First Vin		## CONTRACTOR CONTRACT		MI
Residential Street Address 64 Wheaton Rd	City East	t Haven		State CT	_ I -	Code 512
Principal Occupation RETIKED		Name of Employer	ж. р. үү ү. ш. т. ж. т. ү.		I	
Is contributor a lobbyist, spouse, Solution If contribution is in excess of \$40 does contributor or business he/sl	00 to a c he is ass	randidate for a chief executive sociated with have a contract	with said municipality		nount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes No Is contributor a principal of No If yes, indicate which be of government the contributors.	ranch o	contractor or prospective stater branches	The second secon)	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	Date Received 03/19/2015	Aggregate Contributions			
Last Name Popolizio		First Pam				MI
Residential Street Address 45 Hartman Ave	City East	Haven	The state of the s	State CT	Zip 9	
Principal Occupation		Name of Employer	V C113			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a ca ie is asse	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Am		f Contribution
is this contribution associated with an event reported in Section L1? 03192015A Section L1? 03192015A Of government the contribution associated with an event reported in Section L1? Of government the contribution associated with an event reported in Section L1?	ranch o	r branches	e contractor? SYes			
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Last Name Porter		irst Carter			- ASSECTION OF THE SECTION OF THE SE	MI S
Residential Street Address 93 Austin Ave	City East	t Haven			Zip (
Principal Occupation VP		Name of Employer Cisco, LLC	•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business he/she valued at more than \$5,000?				, Am		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Secutive OExecutive OEXECUT						
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Mone	v Order	1	Aggregate Contributions			
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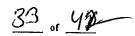
Section B. ADDITIONAL PAGE

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	The state of the s	, <u>**</u> ,***,*******	
Maltese for Mayor - 2015			April 10, 2015			
B. Iten	nized Contrib	utions from Indiv	iduals	Standard	 	
Last Name	Fir	Harris and the second s				MÍ
Poulton		chard				Т
Residential Street Address 32 Cliff St	City East H	łaven		State Ct	Zip 0	
Principal Occupation Retired		Name of Employer	444			
Is contributor a lobbyist, spouse, Yes If contribution is in exc does contributor or busi	ess of \$400 to a can iness he/she is assoc	didate for a chief executive inted with have a contract	with said municipality		ount of	Contributi
event reported in Section L1? No If yes, indicate	incipal of a state con which branch or b t the contract is with	itractor or prospective state)	
Method of Contribution: Ocash Personal Check Ocredit/Debit Card OPayroll Deduction	1 OMoney Order	Date Received 03/02/2015	Aggregate Contributions			
Last Nano Puccino	First Ro	t bert	ann ann ann an Aire ann ann an Aire an	taja finika a menera a urunan	erosa (4 University	мі А
Residential Street Address 736 Laurel St	City East H	aven	() () () () () () () () () ()	State	Zip C	
Principal Occupation SEAF		Name of Employer			1003	I &
s this contribution associated with an event reported in Section 117	ness he/she is associa 000?	idate for a chief executive ated with have a contract Yes No No tractor or prospective statements:	e contractor? OYes	Anno	unt of	Contributio
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Opayroll Deduction	Į:		Aggregate Contributions			
ast Name Purcell	First Bet	_		bill land and a second		MI A
esidential Street Address 23 Jeffery Rd	City East Ha	n/An		State	Zip Co	
rincipal Occupation		Name of Employer		СТ	0651	3
FIJAICIAC DIC. s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes does contributor or busin	ss of \$400 to a candi	イカスを date for a chief executive	officer of a municipality,	Amou	int of (Contribution
valued at more than \$5,00 s this contribution associated with an vent reported in Section L1? If yes, list Event # 03192015A Valued at more than \$5,00 yes Is contributor a prin If yes, indicate woof government to	00? cipal of a state contr which branch or bra the contract is with:	Yes No ractor or prospective state inches		50		
Sethod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction		Date Received 73/15/2015	Aggregate Contributions			
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Section B. ADDITIONAL PAGE 33 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2015				April 10, 2015			
	ized Contribu	itions from Indiv	iduals	<u> </u>	267Av-22		
Last Name Pycela	Firs Pe	•		and the second s		MI	
Residential Street Address 3 Holland Rd	City East H	aven		State CT	Zip Co 0651		
Principal Occupation		Name of Employer	A THE STATE OF THE			Marie de la companya	
Is contributor a lobbyist, spouse, Yes If contribution is in exce does contributor or busin	ess of \$400 to a cand ness he/she is associ	lidate for a chief executive ated with have a contract		- 1	nount of	Contributio	
event reported in Section L1? () No If yes, indicate	ncipal of a state cont which branch or br the contract is with:	ractor or prospective state					
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction	OMoney Order	Date Received 03/19/2015	Aggregate Contributions				
Last Name Pyecla	First Ricl	hard	**************************************	m-gramment of the	e e e e e e e e e e e e e e e e e e e	MI S	
Residential Street Address 99 Salerno Ave	City East Ha	ven		State CT	Zip Co. 0651		
Principal Occupation Director		Name of Employer K of C					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busine valued at more than \$5,00	ess he/she is associa	date for a chief executive ted with have a contract Yes No	officer of a municipality with said municipality	, Amo		Contribution	
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Aggregate Contributions				
Last Name Ragozzino	First Mar	ie		es e		ส E	
Residential Street Address 4 Autumn Ridge Rd	City Branfor	d		State	Zip Cod 06405		
Principal Occupation Patient Advocate	1	lame of Employer It. Ortho. Spec.	······································		1		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busine valued at more than \$5,00	ss he/she is associat	late for a chief executive ed with have a contract v	officer of a municipality, vith said municipality	Anio	unt of Co	ontribution	
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SEEC FORM 20 Revised January 2013



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Maltese for Mayor - 2015	April 10, 2015			
B. Itemized Co	ntributions from Indivi	duals		
Last Name Reserving	First	enconferences of energy enterescent News State Conference (1) states with sensors of costs or for	MI D	
Residential Street Address	Anthony	· · · · · · · · · · · · · · · · · · ·		
4 Autumn Ridge Rd	City Branford	4	State Zip Code CT 06405	
Principal Occupation	Name of Employer		The state of the s	
Fordad	New Hover			
Is contributor a lobbyist, spouse, System If contribution is in excess of \$400 does contributor or business he/she	to a candidate for a chief executive is associated with have a contract	with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction of government the contraction.		e contractor? Yes OLegislative	50	
Method of Contribution: OCash	Date Received 03/13/2015	Aggregate Contributions		
Last Name	First		M	
Redente	Robert	······································	W	
1	City East Haven		State Zip Code CT 06512	
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse, OYes If contribution is in excess of \$400	to a candidate for a chief evenutive	officer of a punicipality	I Amount of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Cantribution	
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Last Name Richardson	First Joanne		MI	
	City	[3	State Zip Code	
	East Haven		CT 06512	
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of a s If yes, indicate which bran of government the contract		_ ON₀		
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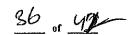
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			April 10, 2015			
	Contribut	tions from Indivi	duals			
Last Name Rugglero	First	l			MI J	
Residential Street Address 12 Oak Hill Dr	City East Ha	ven			Zip Code 06513	
Principal Occupation RETILED	1	Name of Employer	and the second s	b	**************************************	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$\frac{3}{40es}\$ contributor or business had			with said municipality	7	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal If yes, indicate which of government the co	branch or bra	nches _	OLegislative	50		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Opayroll Deduction OM		Date Received 03/14/2015	Aggregate Contributions			
Last Name Ruggiero	First Judy	y	- по-то-шалко-ф/Монгон Монгон (1884)		MI	
Residential Street Address 12 Oak Hill Dr	City East Ha	ven				
Principal Occupation RETILED	<u></u>	Vame of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of the	/she is associat of a state contr	ed with have a contract very Yes No No actor or prospective state	with said municipality	Amoun	nt of Contribution	
03192015A of government the co Method of Contribution: OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMe	Ď	Executive Pate Received 03/14/2015				
Last Name Sagnella	First Davi	ld	Angul Marakasan Angus Angu	DIE GAMMANAMANIA MAAAAANI	MI M	
Residential Street Address 666 N High St	City East Hav	ven			Zip Code 06512	
Principal Occupation	N	lame of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?				Amoun	it of Contribution	
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SEEC FORM 20 Revised January 2015

Section B. ADDITIONAL PAGE 36 of 49



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			April 10, 2015			
	B. Itemized Contri	ibutions from Indivi	duals			
Last Name Salvatore		First Patricia			A A	
Residential Street Address 854 W Main St	City We	est Haven		State CT	Zip Code 06516	
Principal Occupation	annung grand der general der general der der der der der der der der der der	Name of Employer				
	tion is in excess of \$400 to a cibutor or business he/she is as:		with said municipality	Amou	unt of Contribution	
event reported in Section L1? No 1	ntributor a principal of a state Tyes, indicate which branch of government the contract is v	or branches	e contractor? Yes OLegislative	50		
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Last Name Scala		First Ronnle			MI M	
Residential Street Address 162 Charter Oak Ave	City East	t Haven		State CT	Zip Code 06512	
Principal Occupation RETIACIO		Name of Employer				
or dependent child of a lobbyist? No does contri	tion is in excess of \$400 to a c butor or business he/she is ass nore than \$5,000?			Amou	ant of Contribution	
event reported in Section L1? No IJ	ntributor a principal of a state fyes, indicate which branch of f government the contract is v	or branches	e contractor? SYes No			
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Last Name Scarpellino		First LuAnn	STATEMENT STATEM		MI	
Residential Street Address 2 Mansfield Grove Rd #176	City East	t Haven			Zip Code 06512	
Principal Occupation SELF		Name of Employer				
or dependent child of a lobbyist?	tion is in excess of \$400 to a c butor or business he/she is ass nore than \$5,0007			Amou	Amount of Contribution	
event reported in Section L1? No If	ntributor a principal of a state of yes, indicate which branch of f government the contract is w	or branches	_ ON₀			
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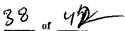
Section B. ADDITIONAL PAGE 32 of

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TARR OF REPORT		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Maltese for Mayor - 2015	April 10, 2015			
B. Itemized Co	ntributions from Indivi	duals	Managara and a second	
Last Name Schatz	First T.J.			MI
Residential Street Address 95 Wheaton Rd	City East Haven			ip Code 96512
Principal Occupation	Name of Employer	The state of the s		
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 does contributor or business he/she	to a candidate for a chief executive is associated with have a contract	with said municipality	Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes No Is contributor a principal of a lifyes, indicate which brain of government the contract.		OLegislative	50	
Method of Contribution: O Cash O Personal Check O Credit/Debit Card O Payroll Deduction O Money	Date Received 03/13/2015	Aggregate Contributions		
Last Name Schumitz	First Robert		and the state of t	MI
	City East Haven		· · · · · · · · · · · · · · · · · · ·	ip Code 06512
Principal Occupation	Name of Employer			
event reported in Section L1? 03192015A No If yes, indicate which bra of government the contract Method of Contribution:	is associated with have a contract O Yes O No state contractor or prospective sta nch or branches ct is with: Executive Date Received	with said municipality	50	t of Contribution
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Last Name Spaduzzi	First Vincent			Mi
Residential Street Address	City East Haven	J		ip Code 16512
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes Is contributor a principal of a section L1? If yes, list Event # 03192015A		e contractor? OLegislative		
Method of Contribution: Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order Date Received 03/19/2015	Aggregate Contributions		
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Section B. ADDITIONAL PAGE 38 of 42

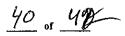


NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ig Repository)		TYPE OF REPORT			
Maltese for Mayor - 2015			April 10, 2015			
B. Ite	mized Contrib	utions from Indivi	duals	******************************	-	
Last Name Squeglia	1	rst			MI	
Residential Street Address	<u>.</u>	incent	**************************************			
2 Harwich St	City East I	Haven		State	Zip Code 06512	
Principal Occupation		Name of Employer			<u> </u>	
RETIRED						
Is contributor a lobbyist, spouse, Yes If contribution is in expose does contributor or but	xcess of \$400 to a can usiness he/she is assoc	ididate for a chief executive ciated with have a contract	with said municipality		unt of Contribution	
event reported in Section L1? O No If yes, indica	orincipal of a state con the which branch or b ent the contract is with	ntractor or prospective state		50		
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Last Name Sroka	Fire	•	THE PARTY OF THE P	en e	MI	
Residential Street Address		hn			S	
689 Benham St	City Hamd	len		State Ct	Zip Code 06514	
Principal Occupation		Name of Employer			0001-1	
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in exposed to the contribution of the contribution of the contribution of the contribution of the contribution is in exposed to the contribution of the contribution is in exposed to the contribution of the contribution is in exposed to the contribution of the contribution is in exposed to the contribution of the contribution is in exposed to the contribution of the contribution is in exposed to the contribution of the contribution is in exposed to the contribution of the contribution is in exposed to the contribution of the c	siness he/she is associ	didate for a chief executive inted with have a contract very Yes No	officer of a municipality with said municipality	Amou	int of Contribution	
event reported in Section L1? O No If yes, indica	principal of a state con te which branch or b ent the contract is with	ntractor or prospective state tranches	⊙ No			
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Last Name Torre	Firs			in in the second	MI	
Residential Street Address	City	7135		<u> </u>	J	
56 Victor St	East H	aven			Zip Code 06512	
Principal Occupation		Name of Employer			Grandon de la constitución de la	
Sales		Old Navy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contribution is in exc does contributor or bus valued at more than \$5	iness he/she is associa	lidate for a chief executive ated with have a contract w O Yes O No	officer of a municipality, vith said municipality	Amour 30	nt of Contribution	
event reported in Section L17 O No If yes, indicate	incipal of a state cont e which branch or br at the contract is with:		contractor? Syes No Legislative			
Method of Contribution: Cash Personal Check Ocredit/Debit Card OPayroll Deduction		Date Received // 03/19/2015	Aggregate Contributions		:	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maltese for Mayor - 2015		April 10, 2015			
B. Itemized Co	ntributions from Indivi	duals			
Last Name Vaspaslano	First Joseph		MI A		
Residential Street Address 130 Coe Ave #3	City East Haven		State Zip Code CT 06512		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, Second If contribution is in excess of \$400 does contributor or business he/sho	to a candidate for a chief executive is associated with have a contract	with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A Yes No No If yes, indicate which bra of government the contra	state contractor or prospective state nch or branches ct is with:	e contractor? Yes OLegislative	100		
Method of Contribution: Cash O Personal Check O Credit/Debit Card O Payroll Deduction O Money	Date Received 03/19/2015	Aggregate Contributions			
Last Name Vestuti	First Ronald	The state of the s	MI J		
Residential Street Address 117 Maple St	City East Haven		State Zip Code CT 06512		
Principal Occupation RETIRED	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes Odoes contribution is in excess of \$400 does contribution or business he/she valued at more than \$5,000?			Amount of Contribution 500		
s this contribution associated with an event reported in Section L1? 03192015A Section L19 03192015A Yes Is contributor a principal of a section L1? Ographical of a section L19 Ograph		e contractor? Yes No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	1	Aggregate Contributions			
Last Namo Vestuti	First Vivian	ZZZZ SECONOSCI Z SZEROWY POZNOSO OS	MI A		
Residential Street Address 117 Maple St	Cily East Haven	<u> </u>	State Zip Code CT 06512		
Principal Occupation RETILE O	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 50		
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Section B. ADDITIONAL PAGE 40 of 48



NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)		TYPE OF REPORT			
Maltese for Mayor - 2015			April 10, 2015			
	B. Itemized Co	ntributions from Indivi	duals			
Last Name Walters		First Charles		MI		
Residential Street Address		City		State Zip Code		
142 Bradford Ave #3		East Haven		CT 06512		
Principal Occupation RETIACED		Name of Employer				
(e) AD	If contribution is in excess of \$400 does contributor or business he/she	to a candidate for a chief executiv is associated with have a contract	e officer of a municipality with said municipality	Amount of Contribution		
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Method of Contribution: OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order Date Received 03/19/2015	Aggregate Contributions			
Last Name	and the second s	First	Annana and an	MI		
Wilhite		Jeffery				
Residential Street Address 774 Silver Sands Rd		City East Haven		State Zip Code 06512		
Principal Occupation		Name of Employer		100012		
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution 50		
fs this contribution associated with an event reported in Section L1? 03192015A	es Is contributor a principal of a If yes, indicate which bra of government the contra		C Legislative			
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OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney			negati (ga tapangan nagangan nagan nag		
Last Name Williams		First Maria		Mi		
Residential Street Address		City		State Zip Code		
45 Jefferson Rd 5/14		Branford		CT 06405		
Principal Occupation SALES		Name of Employer				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution 50		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	Is contributor a principal of a silves, indicate which brate of government the contract		e contractor? O Legislative			
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OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order 03/19/2015	***			
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SEEC FORM 20 Revised Japaney 1915

Section B. ADDITIONAL PAGE ______ of 42

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2015			April 10, 2015	April 10, 2015			
	B. Itemized Co	ntril	outions from Indivi	duals		-	THE STATE OF THE S
Last Name Calish	MATCH CONTRACTOR CONTR	1-	First Christopher	SACTIVA meetespens 50 meeninginess			MI
Residential Street Address PO Box 120352		City Bra	anford	an and a successful and	State CT	Zip C 064	
Principal Occupation	— i i i i i i i i i i i i i i i i i i i	<u> </u>	Name of Employer	remulia (, , , , , , , , , , , , , , , , , , ,			
SALES Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 does contributor or business he/she				• • •	ount of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	Yes Is contributor a principal of a If yes, indicate which brain of government the contract	nch or	branches	e contractor? Syes OLegislative	100)	
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Last Name Wright	optopenacepeptylembylgopljannachvarietysuganeksenoscenacedetavianiteisiöstilejeninirasiös	1	irst Ellen	Combathing (III) (Here Tip Only (Mile) Proposed Vision (Here Tip Only (Here) (Here Tip Only (Here) (Here Tip Only (Here) (Here Tip Only (Here)	anna an	ga menda di kanamanan	MI
Residential Street Address 82 Orlole Lane		City Milf	ford	Name and the same	State CT	Zip C	'ode
Principal Occupation RETIAED	por contract of the second of		Name of Employer		L 		**************************************
	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of	Contribution
event reported in Section L1? 03192015A		ınch or	ontractor or prospective stat	te contractor? SYes O Legislative			
Method of Contribution: OCash Personal Check Ocredit/Debit Ca			Date Received	Aggregate Contributions			
Last Name Culligan	$gy_{maximum managating ultimaple managating managating managating managating ultimaple mana$	- 1	irst Elsle	deministrativas (1995) (1995) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (19	gazar kerang di kelikhanjah		Mi
Residential Street Address 46 Benjiman Rd		City	t Haven	and the second s	State CT	Zip C 065	
Principal Occupation RETIAE	***************************************	<u> </u>	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution	
Is this contribution associated with an event reported in Section L17 If yes, list Event # 03192015A	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or	branches	e contractor? Yes OLegislative			
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Section B. ADDITIONAL PAGE 42 or 42

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maltese for Mayor - 2015			April 10, 2015					
A CANADA MARA MARA MARA MARA MARA MARA MARA M		B. Itemized Co	ontrib	utions from Indiv	iduals		-	22
Last Name Nunzio			1	erne				MI
Residential Street Address Jefferson Woods			City Branf	ford		State	1 1	Code 405
Principal Occupation Trk Driver				Name of Employer				**************************************
	Yes d	contribution is in excess of \$400 ces contributor or business he/she	to a car	ndidate for a chief executive ciated with have a contract	with said municipality		ount o	f Contributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03192015A	8 Yes		nch or t	branches	le contractor? Syes OLegislative		0	
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Residential Street Address		,	City	- · · · · · · · · · · · · · · · · · · ·		State	Zip (Code
Principal Occupation	- p · • • • • • • • • • • • • • • • • • •			Name of Employer		I	_L	
	No do	contribution is in excess of \$400 es contributor or business he/she lucd at more than \$5,000?	to a cand is assoc	I didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of	f Contribution
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Method of Contribution:				Date Received	Aggregate Contributions	-		
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.ast Name			Firs	st				MI
Residential Street Address			City			State	Zip C	ode
Principal Occupation				Name of Employer	· · · · · · · · · · · · · · · · · · ·			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	No do	contribution is in excess of \$400 tes contributor or business he/she ued at more than \$5,000?	to a cand is associ	didate for a chief executive lated with have a contract O Yes O No	officer of a municipality with said municipality	, Amo	unt of	Contribution
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Method of Contribution:			- 1	Date Received	Aggregate Contributions	7		
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I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Maltese for Mayor - 2015					TYPE OF REPOR April 10, 201	
	Cı. (Contributio	ons from	Other Co	ommittees	
Name of Committee	на макентику ученующиним интигующего основного други менес	игинтиру (при на при	anne ann an t-aireann ann an t-aireann ann an t-aireann ann an t-aireann ann ann an t-aireann ann ann ann ann	Name of	Treasurer	от на применя на
Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Is this cor fundraisin	ig event liste	cociated with a O Yes ONo d in Section L1?	Amount of Contribution
City	State	Zip Code	Date Re	ceived	Aggregate Contributions	
Name of Committee		Step and Administrative Control of the Control of t		Name of	Treasurer	
Address		,	Is this con fundraisin	g event liste	ociated with a O Yes ONo d in Section L1?	Amount of Contribution
City	State	Zip Code	Date Re	ceived	Aggregate Contributions	assa. Washandara
Name of Committee	energipen menungan menjada neremajarin senga	eengastaeengasteeteseeeeeegespeneenste		Name of	Treasurer	entinin kantaud ali seriminin keminjahan Sajara (1900) seriminin tahun Sajara (1900) seriminin keminjahan Saja
Address		<u></u>	Is this con fundraisin	g event liste:	ociated with a Yes No 1 in Section L1? ves, list Event #	Amount of Contribution
City	State	Zip Code	Date Re	ceived	Aggregate Contributions	
lame of Committee	gangatinimanyan gangatan agarin mendangan kanan anggapan diangan men	and sunsequences are su	a <u>r-julijakus entrukunus</u>	Name of	Treasurer	
Address		<u> </u>	Is this confundraising	g event listed	ociated with a OYes ONo I in Section L1? ees, list Event #	Amount of Contribution
City	State	Zip Code	Date Re	œived	Aggregate Contributions	
C2. Re	mbursements. Pa	vments, or	Surplus l	Distribut	ions from other Commi	ttees
Name of Committee	Comati unusul miliami derindeksen kedun kunusi dan Oras denga peruntuk da denga	ertidike veden antital uze vensker kende darberek elektudu.	natahun makan serah bahkwa	rannia a una Ratania de Caración de Car	io of Treasurer	
Address	and the second s	√		l	Date Received	Amount of Receipt
City	Si	ate Zip C	ode	Pavn C Pavn	nbursement for shared expense nent for goods and services lus Distribution	
Name of Committee	itainea andreilea a milleanid dei amerikka aineak pintak keesta aina ili da seeraka baharaa.	et felgete egiptele intellete til en en en bestå gelte en intellete en	n de service de la distribución de	Nar	ne of Treasurer	
Address					Date Received	Amount of Recelpt
City	St	ate Zip C	'ode	O Payn	abursement for shared expense nent for goods and services has Distribution	
			SUBTOT	'AL Section	on C — This Page 0	
	TOTAL OF ALL C		a de la companya de	el killeren eller ikk kommune	al Section C Pages 0	
					Summary Page Totals)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Maltese for Mayor - 2015					TYPE OF REPORT April 10, 2015		
Name of Lender	D. Loans R		ed this Period Source of Loan: OBank OCar		ridual Other	Date of Receipt	
Street Address	City			State	Committe	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (If applicable)	According to the second	···	Saladas acceptant from an April and an acceptance of the saladas and acceptance of the saladas a	1		Amount Received	
Street Address	City		andre de la constanta de la constanta	State	Zip Code	_	
Name of Lender			Source of Loan: OBank OCar	ndidate OIndiv	ridual Oother	Date of Receipt	
Street Address	City	······································		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (If applicable)	<u> </u>	-			<u></u>	Amount Received	
Street Address	City	***************************************	BERKERSKE PROPERTY OF THE STATE	State	Zip Code		
Namo of Lender	ezpipanoporum u o comuna de promo esta dimina de la prosti incomplanti de la filia de Partigo.	September of the special september of the spec	Source of Loan: OBank OCar	ndidate OIndiv	ridual Other	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)	Management of the Control of the Con	,	The second secon		ER SECOND DE LA CONTRACTOR DE LA CONTRAC	Amount Received	
Street Address	City	hanne de procedition de la constante de la con		State	Zip Code	1	
			TO	TAL SECTION	OND O		
E. Receipts from Entities Name of Entity	other than Individu	als or	Other Comm	ilttees (Refer	endum Committe	es ONLY)	
·				Date Received		Amount Received	
Street Address				Date receive		Amount received	
City	Sta	tate	Zip Code	Aggregate Co	ntributions		
Name of Entity	timengiakan international international international international international international international	<u>Strongstormanning</u>	and Land to the second	<u>(tipenen) kang penarang kanananahan</u>		general per un esperant per un de service de la contraction de la	
Street Address			annes angeles anne de mande e en en el mente de en	Date Received	.1	Amount Received	
City	Sta	fate	Zip Code	Aggregate Co	ntributions	-	
Name of Entity		rances trained as			Index Control		
Street Address	rayan ay da ga da ga da	,		Date Received	1	Amount Received	
_ity	Sta	tate	Zip Code	Aggregate Co	intributions	-	
			T	OTAL SECT	IONE 0		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITT						TYPE OF REPO		
Maltese for Ma	www.and.	programme and the second		danamina dan maran da		April 10, 20		
	F. Amount Transferred	from Affili	iated Bu	siness T	reasury (Busine	ss Entity Comm		
Date of Receipt	Is this transaction assoc fundraising event listed		8Yes No	If yes, list	Event #		Amount	
Date of Receipt	Is this transaction assoc fundraising event listed		8Yes No	<i>If yes</i> , list	Event #	Contraction and Contraction (see Separate Contraction and Separate Contraction and Separate Contraction and Se	Amount	
Date of Receipt	Is this transaction assoc fundraising event listed		8Yes No	If yes, list	Event #	eligika keringan mengangkan pertebutah keringan pertebutah keringan pertebutah berangkan berangkan berangkan b	Amount	
Date of Receipt	Is this transaction assoc fundraising event listed		8Yes No	If yes, list	Event #		Amount	
					TOTAL SI	ECTION F	0	
G. Amount	Fransferred from Affilia	ted Labor	Union o	r Other (Organization 7	freasury <i>(Org</i>	anization Committees ONLY)	
Date of Receipt		Date of Receipt	_	- "		Date of Receipt		
ngga ngghapha a shina ka jada a "Ba da ta " a shina da da da da	Amount	<u></u>	A	mount			Amount	
					TOTAL SE	CTION G	0	
	H. Personal Funds of	the Candid	late Rec	eived thi	s Period (Cana	lidate Committee	es ONLY)	
Date of Receipt	Method of payment:					december de la constantitation de la constanti	Amount	
	O Cash	C) Personal	Check	O Credit/Debi	it Card		
Date of Receipt	Method of payment:	angaharankahganganankangikanga	gentleská sakozakozana				Amount	
	O Cash	C) Personal	Check	O Credit/Debi	it Card		
Date of Receipt	Method of payment:	ganzania gini dan ini nyantro idia dani pa	geninge die State des Amerikaanske State de Sta	z zamiski postalni se prosidenti se prosiden	nanconspiratoristicationis		Amount	
	O Cash	C	Personal	Check	O Credit/Debi	it Card		
Date of Receipt	Method of payment:	zydenskol dalbimina spiela immeriči imili smielik mi		Section 1995 Annual Control of the C	generaten papara et en er generate para en	ysemmanzes y jim and dybline yy santy lie anan'i y y yanta'd by dielisi	Amount	
	O Cash	C) Personal	Check	O Credit/Debi	t Card		
na Arvantar salar ayyuntan salan masuusation salata bisislala mohikil 1924.		there were the second s		en all constant and a second	TOTAL SE	CTION H	0	
			en gelein ein der geschein der gelein der gelein der geben der gelein der geben der geben der geben der geben d					
		I. And	onymous	s Contril	outions			
	Per Public Act 11-48	Anonymo	us Cont	ribution	s may no long	er he denosit	ted in any	

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 Maltese for Mayor			OF REPORT	ACCOUNTS TO THE MOST OF THE PARTY OF T
the second secon	J. Interest from Deposits in Au	white white start with the start of the star		
Name of Institution			Received	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date R	Received	Amount
Street Address	City	State	Zip Code	-
		TOTAL SECT		
Name	iscellaneous Monetary Receipts not	MINES AND THE STATE OF THE STAT	Outions Date of Transaction	
- 144.0		ļ	Jaco of Thansacholi	Amount Received
Street Address	City	State	Zip Code	
Description		Wearylanness to the second	*-************************************	
Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		The state of the s		
<u>.</u>				i
Name	ggo sattlitis die ett in Minie je en krijen krijen gegen georgen van de met van de sattligen en krijen die de g		Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		·····	/	
Name		D	Pate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		1		
			en de la companya de	
		TOTAL SECTION		
SUMMAI Total Loans Received this Period (Sect	RY OF OTHER MONETARY REC	EIPTS (Sections D tl	hrough K)	
	Individuals or Other Committees (Section	T/\		
Fotal Amount Transferred from Affilia	· · · · · · · · · · · · · · · · · · ·	E)	+	
· · · · · · · · · · · · · · · · · · ·	ted Labor Union or Other Organization Ti	reasury (Section G)	+	· · · · · · · · · · · · · · · · · · ·
	Candidate Received this Period (Section H		- }-	***************************************
Total Amount of Interest from Deposits	in Authorized Accounts (Section J)		+	
Total Miscellaneous Monetary Receipts	not Considered Contributions (Section K)		+	
Fotal of Other Monetary Receip	ts (Add Sections D through K) (Enter to	otal on Line 15 of Summary Pag	e Totals) 0	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	2015		TYPE OF REPORT April 10, 2015					
Maltese for Mayor		ser Event Information	April 10, 2015		tria coppo de diserte de Santa Nobel de Santa d			
Fundraising Event#	Description L1. Funorals	er Event Information		<u> </u>				
Date of Fundraiser Letter 03192015A	Country House							
Location: Street Address		City	**************************************	State	Zip Code			
990 Foxon Rd		East Haven		ст	06512			
Subpart 1: (All Commit								
Was this fundraising eve	ent hosted at a personal residence?	OYes (If yes, go to Section L and complete required beverage and invitation ONo	information for purchases m					
	de items donated by a business entity of up to y an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No						
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Reco	etpts here.)					
Subpart 2: (Town Conn	mittees and Municipal Candidate Committees (okoonini kanan mada kanan			
Were there purchases of sign associated with this	fadvertising space in a program book or on a	Yes (If yes, go to Section L	3 Purchases of Advertising plete required information.)	Space In	a Program Book			
	unittees ONLY) I food or beverage at a fair or similar mass e state with this fundraiser?	O Yes (<i>If yes</i> , enter Total Red O No	relpts here.)					
		O NO	Anna arayahan da arayahan da arayahan da arayahan da Anaza					
Fundraising Event #)ate of Fundraiser Letter	Description							
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committee Was this fundraising eve	tees) nt hosted at a personal residence?	OYes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) ONo						
	te items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section L4 and complete required i		nsidered	Contributions			
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rece ONo	fipts here.)					
Subpart 2: (Town Come Were there purchases of sign associated with this	mittees and Municipal Candidate Committees (advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section La	3 Purchases of Advertising lete required information.)	Space in a	a Program Book			
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	O Yes (If yes, enter Total Rec	elpts here.)	alexandra de mora materiario				
SUBTOTAL Sec	tion L1—Subpart 1 (All Committees) Total Rece	ipts from Sale of Donated Items	—This Page 0					
	ı L1—Subpart 3 (<i>Town Committees ONLY</i>) Total							
		TOTAL of additional Sect	tion Lt Pages 0	inakana prosing pagasana	Kongan pagangan paga			
TOTAL OF ALL R	ECEIPTS FROM SMALL PURCHASES	S (Enter total on Line 16a of Summa	ry 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 REPOI	RT.		
Maltese for Mayor -	2015	ن المالية المالية المالية والمالية والمالية والمالية والمالية والمالية والمالية والمالية والمالية والمالية وال			April 10, 201	15		
L3. Purcha	ses of Advertising in a	Program Boo	k or on a Sigi	n (Municipal Co	ndidate and Tow	n Con	ımittees ON	LY)
Name of Purchaser							e Made By:	SAST-
						OBu	siness Entity	O Individual
						OSol	e Proprietorsh	ip
Street Address	<u></u>		City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Da	ogram Ad Purcha	- T	i Amount of Si	n Purchase
Date Received	Even w	Aggregate I dividase.	, tot 7th Estina	Amonatori	vgram Au Furtha		renivent of or	gn I orenase
						_		
Name of Purchaser		er den de la companya	and the second s			Purchas	e Made By:	
						-	siness Entity	O Individual
						OSol	e Proprietorsh	· · · · · · · · · · · · · · · · · · ·
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purchas	se /	Amount of Sig	n Purchase
					_	-		
					ann an	anastalianese		
Name of Purchaser							e Made By:	OIndividual
					-	_	siness Entity	-
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			To:		i	<u>U</u> 501	e Proprietorsh State	Zip Code
reet Address			City				State	Zip Cow
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se ,	Amount of Sig	ın Purchase
Name of Purchaser		annungun yan ayalmasi dada kilomian a animasina di shiiliid (Saddan Sadda (Saddan Sadda (Saddan Sadda (Saddan S			ayayaan oo ahaa ahaa ahaa ahaa ahaa ahaa aha	Purchase	e Made By:	anaranininininininininininini
ranto of t orenaser							iness Entity	OIndividual
					ļ		e Proprietorsh	-
Street Address			City				State	Zip Code
		1.	<u> </u>			<del></del>		D 1
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purchas	se /	Amount of Sig	in Purchase
Name of Purchaser		The second secon			yyminen yyyree ee y emine konmun behayiin y kiiilidd y birly	Purchase	e Made By:	an and and style to the small of the style of the style of
						OBus	iness Entity	OIndividual
						OSol	e Proprietorsh	ip
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purchas	el /	Amount of Sig	n Purchase
Dail Received	Diene //	1,661,6811,1111111111111111111111111111		Tamouni of I	OBT III	~  ·		,4
								ovanen en
training to the second control of the second control of the second control of the second control of the second	SUBTOTAI	Section L3 (Mus Total Purchases	nicipal Candidat s of Advertising	<i>te and Town Cor</i> in Program Bo	nndttees ONLY) ok — This Page	0		
		SUI	STOTAL Section	n L3 (Town Con	mittees ONLY) gn — This Page	0		agua mataka m
		HURIT			ection L3 Pages	b		erren er
TO	FAL OF ALL PURCHASES	OF ADVERTIS				0	<u>arinnipaji kalikingan</u> (Antini 1976) dipiningan kansas	anasene en societare proprietare principale de la companya de la companya de la companya de la companya de la c
	· · · · · · · · · · · · · · · · · · ·	(E	nter total on Lin	ie 16c of Summa	ry Page Totals)	Ľ		

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

NAME OF COMMITTE	В	and the state of t		TYPE OF	REPORT		
Maltese for Mayo				April 1	0, 2015		, ,
	L	4. In-Kind Donation	ns Not Cons	dered Contributions			
Name of Donor	and a second	ангоод ранкот и шиндүү шинин шин	and a second	ang paggang paggang mendalang mendalah kemundikan paggang paggang paggang paggang paggang paggang paggang pagg	an language paper pa	монет и повет и повет династи. Повет в повет и повет Повет и повет и	and the state of t
Street Address			City			State	Zip Code
	Ta de care					<u> </u>	45 (
Donation Given By: OBusiness Entity	Description of Donation				Fair	Market Va	lue of Donation
OIndividual OSole Proprietorship	Date Received	Event#	vent # Aggregate Value for		or this Event		
Name of Donor		ensist dans sem met des semestante ensistent de side d	ggeregography muse dynaso o stefenou deisch			ki ingkar kanandar ayya di di dibi dingkanin der	
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	) Market Va	ue of Donation
Business Entity							
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event	XXXXXX		
Name of Donor	ned <mark>kongo provincent konstruent ampana en </mark>	not (2000) (18 que su primque la granmera pentrala a que se injeticar esa a la mune con universe.	theurs, super, described the d			and the second s	
reet Address			City			State	Zip Code
· · · · · · · · · · · · · · · · · · ·							
Donation Given By: OBusiness Entity	Description of Donation				Fair	Market Va	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
Name of Donor		angingan pengebanan di kacamatan kanpan dan sebahan berakan berakan berakan berakan berakan berakan berakan be		en en en gebruik de die die die die die die die die die		<del>i magaming badanda</del>	and the second s
Street Address			City	4		State	Zip Code
Donation Given By:  OBusiness Entity	Description of Donation				Fair	Market Val	ue of Donation
Olndividual OSole Proprietorship	Date Received	Event#		Aggregate value for this Event			
			SUBTOTAL	. Section L4 — This Page	0	A CONTRACTOR	emment o more punicipal presenta a presenta produce de la constitución de la constitución de la constitución d
			TOTAL of a	Iditional Section L4 Pages	0	nenggya eskantrikikikisinini	in the state of the
	TOTAL OF ALL IN	-KIND DONATIONS N (Enter	NOT CONSIDI total on Line 2	CRED CONTRIBUTIONS I of Summary Page Totals)	o		
		arrugumun eguncida a mus asuna sasegicimuna kasa bilayilari kali kasi kali kali kali kasi kali kali kali kali	opuning Alpha in response sommer and re-		The second of th	and the second s	

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

NAME OF COMMITTEE				TYPE OF REPO			
Maltese for Mayor - 2015				April 10, 20	15		
		M. In-Kind Con	tributions				
Name	аран түүлөө тик морос дашин ташин ташин ташин тоогоо түү бөөөө дагаа	erstenbeton (Artisty flower ethal III) (Artisty (In enammenterpresentatum annum	andrig and announced announce part of the College o	иносиль штуулуу түүл түү түү түү түү түү түү түү түү тү	ktriss-ethian maintain m	un entre en	тимпенский объектор (1 е фіціону ў ціорій місція фергули таков
Street Address	er en	and the second for th	City	***************************************		State	Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	<del></del>	<u>.l</u>	
OIndividual / Sole Proprietorship Other	1		]				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or valued at more than	business he/she is associa	idate for a chief executive nted with have a contract v Yes No	late for a chief executive officer of a municipality, ed with have a contract with said municipality  Yes  No			Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	No If yes, i	tor a principal of a state co indicate which branch or b rnment the contract is with	branches _		OYes ONo		
Name	processor and the control of place to the control of the control o	ence e communicarem que una commune a executar de mandra e en globale e en tillion y elemento ( e en fillosobil	d generalini etti piilli (Arivanini peeta peeta peeta peeta peeta peeta peeta peeta ka ta ta ta ta ta ta ta ta		niegasymus eineministeinistöörilii (1959)		A control of the management project of the property of the control
Street Address	ti ceran Amania katapania katapania katapania katapania katapania katapania katapania katapania katapania kata		City	والمراجع وا		State	Zip Code
	Qualiment and management of the second of th						
Type of contributor: OCommittee Olndividual / Sole Proprietorship OOther	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
Is contributor a lobbyist, spouse, O Yes		excess of \$400 to a candid				Fair N	farket Value
or dependent child of a lobbyist?	byist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No						Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	No   If yes, i	tor a principal of a state co indicate which branch or b rument the contract is with	oranches	_	SYes No		
Name		American and an anti-company of the property of the company of the	targanag perkepagai keramikan dipendahan beberah dan berah dan berah dan berah dan berah dan berah dan berah d				
Street Address	**************************************		City		and the second s	State	Zip Code
Type of contributor: Committee Olndividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
Is contributor a lobbyist, spouse, O Yes	If contribution is in	excess of \$400 to a candid					farket Value
or dependent child of a lobbyist? No	valued at more than		O Yes O No			ofthis	Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	( No   If yes, i	tor a principal of a state co indicate which branch or b imment the contract is with	oranches _	_	OYes No		
		SU	BTOTAL Section M -	—This Page	)	<u> Saidengaad kadistaan an araa</u>	
	Hana arabi ya yakishan bulun kada padi kada hadi kada arabi kada arabi kada arabi kada arabi kada arabi kada a	TO	TAL of additional Sec	tion M Pages (			
TOTAL OF ALL I	N-KIND CONTR	IBUTIONS (Enter tol	tal on Line 22 of Summar	y Page Totals)	)		
an managan pangan di kiri 200 di Majak pengangan pangangan pangan pangan pangan pangan bahari kiri kiri kiri kiri kiri kiri kiri k	N. Refund	able Deposit to To	elephone Compan	y			
Last Name of Individual	en e	First	од од того до под от под о	ħ	AI E	ate Deposit	Made
Residential Street Address	des que des des establicas de la companya de la com	City		State Zip Coo	le L	A	amount of Deposit
Name of Telephone Company	and the state of t				***************************************	-	
: :   Cleant Address		City		State Zip Coo	le		
Street Address		Cny	ļ	E.p.Cot	- <del>-</del>		
	TOTALS	ECTION N (Enter total	al on Line 23 of Summar	y Page Totals)	***************************************	onna di mana d	and the state of t

# III. NONMONETARY RECEIPTS (Sections M-O)

NAME OF COMMITTEE  Maltese for Mayor - 2015			April 10, 2015	
O. Non-Monetary Legislative Leadership, Legislative	Receipts of Organ Caucus and Party	ization Exp	enditures Made By es — <u>OPTIONAL</u> See Public A	lci 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Pari	ty Committees ONLY)	Name of Treasu	rec	
Street Address	ann an ann an Aireann ann ann an Aireann an	<u></u>	Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation	······································		Purpose of Expenditure (see Instructions) OA OB OC OD OE	•• 
Name of Committee (Legislative Leadership, Legislative Caucus, and Part	ly Committees ONLY)	Name of Treasu	rer	and almost the transfer of the second probability of the second second and the se
Street Address	lon, _e nec i la biografica misprater i conscendenti con conscendenti con conscendenti con conscendenti con conscendenti con con conscendenti conscendenti con conscendenti con conscendenti con conscendenti cons		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	=
Description of Donation		L	Purpose of Expenditure (see Instructions) OA OB OC OD OE	- - -
Name of Committee (Legislative Leadership, Legislative Caucus, and Part	y Committees ONLY)	Name of Treasu		
Street Address	and the second s	<u> </u>	Date Notice Received	Fair Market Value of Donation
ity	State	Zip Code	Aggregate Donations	<u> </u>
Description of Donation			Purpose of Expenditure (see Instructions)  OA OB OC OD OE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Part	y Committees ONLY)	Name of Treasu		
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation	A-4-1		Purpose of Expenditure (see Instructions)  OA OB OC OD OE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party	y Committeés ONLY)	Name of Treasur	SL	managagan kaga an ang an minimum an managa a dan minimum an tababan da tababan da tababan da tababan da tababa
Street Address	Date Notice Receive			
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions)  OA OB OC OD OE	
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## IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT			TYPE OF REPORT	ahhain alikana	
Maltese for May	or - 2015		April 10, 2015		
	P. Expenses	Paid by Committee			
Name of Payee		efdenkentiftensteket fotsetenmannensiverkenmannismetenmannismetenmannensismust	Date of Payment	Method of Pay	
Country House			03/20/2015	OChe ODeb	eck # bit Card
Street Address		City			Zip Code
990 Foxon Rd		East Haven		ст	06512
Purpose of Expenditure	Description		Event#	A	mount
(by code) FNDR	Fund Ralser		03192015A	4,500	
Expenditure#	Type of Expenditure (If applicable) Itemization in Addendum	P Required O Coordin	ated with reimbursement sou	ght	
(If applicable)	OCoordinated without reimbursement sought O Independ	dent Oorganization: OA	OB OC OD OE		
Name of Payee	эртүүүү 250 олоо байдай байдаган байлаган тама баган байган таматаган күрүнүү байлагын байлагын байлагын байла Эртүүү	A STATE OF THE PARTY OF THE PAR	Date of Payment	Method of Pay	
Richard Poulto	n		03/27/2015	OChe ODeb	oit Card
Street Address		City		State 2	Zip Code
32 Cliff Street		East Haven		CT	06512
Purpose of Expenditure	of Expenditure Description Event #				
(by code) Office	Copy Paper		03192015A	3.69	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P. Daguired (A) Coordin	ated with reimbursement sou		
(if applicable)	Coordinated without reimbursement sought OIndepend			jii.	
Name of Payee	kanasa samuun ja saka saka saka saka saka saka saka s	de europen expresses in de entretatur for his filosofie de la	Date of Payment	Method of Pay	nient:
Richard Poultor	1		03/27/2015	OChe ODeb	
Street Address		City			Zip Code
32 Cliff Street		East Haven		1	06512
Purpose of Expenditure	Description		Event #	Aı	mount
(by code) Office	Printer ink		03192015A	31.35	
Expenditure #	Type of Expenditure (If applicable) Itemization in Addendum	P Required	ated with reimbursement soug	ght	
(if applicable)	Coordinated without reimbursement sought () Independ	lent O Organization: OA (	OB OC OD OE		
Name of Payee			Date of Payment	Method of Pay	
Joan Maltese			03/27/2015	OChe ODeb	
Street Address		City		State Z	ip Code
11 Holland Rd		East Haven		ст о	06512
Purpose of Expenditure	Description	<u> </u>	Event #	Aı	nount
(by code) Office	Security Envelopes		03192015A	10.59	
Expenditure #	Type of Expenditure (If applicable) Itemization in Addendum 1	P Regulred ( Coording	nted with reimbursement soug		
(if opplicable)	O Coordinated without reimbursement sought O Independ	· ·			
		SUBTOTAL Section	P — This Page 4,545.	63	
		TOTAL of additional S	Section P Pages 5,184.	37	
TOTALOF	ALL EXPENSES PAID BY COMMITTEE (E)	nter total on The 19 of Sum	nary Page Totals) 9,730	·	
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NAME OF COMMITMENT Maltese for Ma			TYPE OF REPORT April 10, 2015		
	P. E	xpenses Paid by Comm	nittee		
Name of Payee	anno maringa pagamba madamah kelahan kepandensekan manukan mada kelah kemah kepada Banden, dalam kelah		Date of Payment	Method of Payment:	
Maltese for Ma	yor -2015		03/30/2015	Check # Debit Card	
Street Address		City	atteriore to the second	State Zip Code	
11 Summit Ave	•	East Haven		CT 06512	
Purpose of Expenditure	Description	man and the same the same the same and the s	Event #	Amount	
(by code) Surp.	Distribution of Surplus Explor. Funds			A-22	
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in A  OCoordinated without reimbursement sought (	•	Coordinated with reimbursement sou	ght 4806,73	
	OCOORdinated without reimotrisement sought			a a mara da di maga a gome mara a a gome park a mara a a a a a a a a a a a a a a a a	
Name of Payee  Joan Maltese			Date of Payment 03/27/2015	Method of Payment: OCheck # ODebit Card	
Street Address	<del></del>	City		State Zip Code	
11 Holland Rd		East Haven		CT 06512	
Purpose of Expenditure	Description	<u></u>	Event#		
(by code) Post	Postage	03192015A	220.50		
Expenditure # (If applicable)	Type of Expenditure (If applicable) Itemization in A	ght			
	O Coordinated without reimbursement sought	Independent Organization	Or OB OC OD OE		
Name of Payee	Bellinki Service Control (Control of Control	дексофинацију (пусков во иновей (дексов и наза о солотой и невом и поток и невом и	Date of Payment	Method of Payment:	
Joan Adamczyk 03				Check # Debit Card	
Street Address	ACCORDING TO THE PROPERTY OF T	City	<u> </u>	State Zip Code	
123 Hellstrom	Rd	East Haven		Ct 06512	
Purpose of Expenditure	Description	<del></del>	Event #	Amount	
by code) Food	2 Sheet Cakes		03192015A	95.96	
Expenditure #	Type of Expenditure (if applicable) Itemization in Ac	ddendum P Required OC	Coordinated with reimbursement soug	tht	
(if applicable)	OCoordinated without reimbursement sought C	) Independent O Organization:(	Ov Or Oc Ob Oc		
Name of Payce		gusan an ann an am an	Date of Payment	Method of Payment:	
Joan Adamczyk	(		03/ 27/2015	Ocheck # Debit Card	
Street Address		City		State Zip Code	
123 Hellstrom F	₹d	East Haven		CT 06512	
urpose of Expenditure	Description	The state of the s	Event#	Amount	
by code) Misc.	Tickets		031920115A	53.18	
Expenditure #	Type of Expenditure (If applicable) Itemization in Ac	ddendum P Required OC	Coordinated with reimbursement soug		
(f applicable)	Coordinated without reimbursement sought C	•	OA OB OC OD OE		
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		TOTAL of additi	ional Section P Pages		
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THE PARTY OF THE PARTY.	Allanx Physics Parts by a diviner t	TEE (Enter total on Line 19 o	of Summary Page Totals)		
TOTAL OF					

P. Expenses Pald by Committee    Date of Pryment   O3/30/2015   O5/10/2015   O5/10/	NAME OF COMMI Maltese for Ma	<del></del>		<del></del>	OF REPORT		
First Magara Bank  Sizest Address  50 Frontage Rd  East Haven  City  East Haven  Expenditure # 67 over Bank Checks  Expenditure # 67 over Address  City  State Zip Code  Amount  Amount  Street Address  City  State Zip Code  Amount  Amount  Expenditure # 67 over Address  City  State Zip Code  Amount  Method of Poyment  Check #			P. Expenses Paid by Co	mmittee			
East Haven   CT   06512	•	ank		Date of P	•	( e	)Check #
Bank Checks   Date of Payment   Type of Expenditure #   Type of Expenditure			,			1	
Name of Payse   Date of Payment   Method of Payment   October 8   Date of Payment   October 8   Octo	(by code) Banc Expenditure #	Bank Checks	ation in Addendum P Required	03192015A	ursement sought	8.50	Amount
City   State   Zip Code	(if applicable)	OCoordinated without reimbursemen	t sought O Independent O Organiza	ation:OA OB OC O	D OE		
Purpose of Expenditure (by code)    Description   Descript	Name of Payee	овремен объемня в неводинения на принципання на принципання на принципання на принципання на принципання на пр	districtives were an interruptive accounted according to the contract of the c	Date of Pa	nomekanpadandanunanadanaan Byntent	l C	Check #
Expenditure #   Type of Expenditure (If applicable)   Itemization in Addendum P Required   Coordinated with relimbursement sought   Clity   Coordinated without relimbursement sought   Clity   State   Zip Code	Street Address		Сііу			State	Zip Code
Coordinated without reimbursement sought   Ondependent   Organization   A   B   C   D   DE		Description		Event#			Amount
Street Address  City  State    City   State   Check #   Debtit Card	Expenditure # (If applicable)	1 '	-	~	-		
Purpose of Expenditure by code)    Description	авсинивные применения применения применения применения применения применения применения применения применения п Магистрация применения примене			Date of Pa	yment	1 O	Check #
Expenditure # (fapplicable)   Type of Expenditure (fapplicable)   Itemization in Addendum P Required   Coordinated with reimbursement sought	Street Address		City			State	Zip Code
Coordinated without reimbursement sought   Independent   Organization.   A   B   C   D   E		Description		Event #			Amount
Street Address  City  State  Zip Code  Purpose of Expenditure by code)  Type of Expenditure (If applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought SUBTOTAL Section P—This Page  3.50  TOTAL of additional Section P Pages	Expenditure # (if applicable)	1			- 1		
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TOTAL of additional Section P Pages	Expenditure # (f applicable)		·	~			
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TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)			TOTAL of a	dditional Section P Page	3		and the second s
	TOTAL OF	ALL EXPENSES PAID BY CO	DMMITTEE <i>(Enter total on Line</i>	e 19 of Summary Page Totals	)		
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### IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT				TYPE OF REPORT	dia ne Mina.		
Maltese for Mayor - 2015				April 10, 2015			
	Q. Cam	paign Expenses Paid b	y Candidate				
Name of Payee (Name of	Vendor who candidate paid directly)	THE PERSON NAMED AND PROPERTY OF THE PERSON NAMED AND PARTY OF THE		Date of Payment	Is reim	bursement claimed?	
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Street Address		City			State	Zip Code	
Street Address		City			State	zip code	
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Purpose of Expenditure	Description		Event /	#		Amount	
(by code)	ł						
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Street Address		City	City		State	Zip Code	
Purpose of Expenditure	Description		Event #	£		Amount	
(by code)	code)						
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Name of Payee (Name of	Vendor who candidate paid directly)			Date of Payment	is reim	bursement claimed?	
						Yes O No	
Street Address		City	<u> </u>		State	Zip Code	
Purpose of Expenditure	Description		Event #			L Amount	
(by code)							
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Name of Payee (Name of	Vendor who candidate paid directly)			Date of Payment	Is reimb	oursement claimed?	
)					0	Yes O No	
Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
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	1		Event #			<u> </u>	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Namo of Payee (Name of Vendor who candidate paid directly)					Is reimbursement claimed?		
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Street Address		City			State	Zip Code	
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Purpose of Expenditure (by code)	Description		Event #			Amount	
Name of Payes (Name of 1	Vendor who candidate paid directly)		]	Date of Payment	Is reimb	ursement claimed?	
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Purpose of Expenditure	Description		Event #		,	Amount	
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		IVIAL (I AU)	litional Section	V rages V	Marin		
TOTALO	ALL EXPENSES PAID BY CAN	OIDATE (Enter total on Line	26 of Summore I	Page Totals) 0	- Approximation of the second		
		a a a (Almer tytus on Line	vj smillini f E				

NAME OF COMMIT  Maltese for May	OF COMMITTEE TYPE OF REPORT ese for Mayor - 2015 April 10, 2015						
	R. Expenses Incu	irred on Committee	Credit Card		****C-TU-9CU-0AFC-E-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU-0AFC-TU		
Name of Issuing Inst		Type of Credit Card: O Visa O Master Card O Discover O American Express O Other:					
Name of Vendor				Date of T	ransaction		
Street Address		City		State	Zip Code		
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apilipengi ang pendipang medipant, pinging palaminahan kelaminah pendemulia pelahisi sel	ад фактория разпол в то на постоя на вы нателения разположения в на положения на постоя на порости в на провод На постоя на постоя н	<u>Решенбернитен осторинунге энч үйгинге остиго төр төөсөө үйгинге ост</u>	Heronida estilli-attivitetti siirastuutetti siitastuuti valtava kuli oli ka kuuruveen massaa varuveen varuveen	WATER PROPERTY OF THE PROPERTY	Albertanteristanders Schools (10.5 Schartmeingehause		

NAME OF COMMIT Maltese for May			TYPE OF REI April 19, 2			
	S. Expenses Inc	urred by Committee but Not Pa	id During this Per	iod		
Name of Creditor	анай от от него от денните в доргу у потосно от	narramente un comunicaçõe, completa com de de atra contra comunicación de comunicación de apresenta de atra de	According to account for a plant for the contract of the contr	Date for	ncurred	
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TOTAL OF A	LL EXPENSES INCURRED BY (	COMMITTEE DURING THIS PERIO (Enter total on Line 28 of				
	Pre	viously reported Expenses Unpaid and	still Outstanding 0			
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## IV. EXPENDITURES (Sections P-T)

Page 17 of 17

Maltese for Ma		TYPE OF REPORT April 10, 2015					
	T. Itemiza	ation of Reimbursement	s to Committe	e Workers and	l Consultants		
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