#### RECEIVED FOR FILING

#### **SEEC FORM 20**

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

TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17

Quino, COTC TOWN CLERK

OCT 28 2015

Do Not Mark in This Space For Official Use Only

1. NAME OF COMMITTEE			elegisügüsünsülüüs az ele			
Maltese for Mayor - 2015						
2. TREASURER NAME						
First		М	Last DeMaid			Suffix
Michael		1 0 1 10 10 10 10 10 10 10 10 10 10 10 1	Deividio			
3. TREASURER ADDRESS						[2]- C.1.
Street Address 11 Summit Ave		1	City East Haven		State	Zip Code 06512
		<u></u>	astilaveii		~'	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Candida	e Committee)		6. DISTRICT NUMBE
(mm/dd/yyyy) 11/03/2015	Mayor					(f applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato					
First salvatore		MI	Last Maltes	2		Suffix
8. TYPE OF REPORT (Check One Box)						
O January 10 filing	O7th day preced	ding primary	O 7ti	day preceding referendum		ntribution or Disburseme
O April 10 filing	O30 days follow	ving primary	O 45	days following referendum	(PACs ONL)  Amendme	
O July 10 filing	⊙7th day preced	ding election	<b>O</b> De	O Deficit		port:
October 10 filing	O12th day prece (State Central Co.	eding electior mmittees Only)	n <b>O</b> Te	O Termination		
Independent Expenditure Primary Election	O45 days follow not held in No					
9, PERIOD COVERED						
	Beginning Da	te		Ending Date		
	10/01/2015		thru	10/28/2015		
10. CERTIFICATION						
I hereby certify and state, under positive Disclosure Statement for the perturbation of the perturbation o	riod covered is tru	ie, accurate		to.	this Itemized Ca	Ampaign Finance  /S/24//5  DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT.	IS PIINISHARI E RV	FINE NOT TO	EXCEFD \$1	000. OR IMPRISONMENT FOR	NOT MORE THAN	ONE YEAR, OR BOTH

#### **SEEC FORM 20**

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

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE  Maltese for Mayor - 2015	TYPE OF REPORT 7th day Preceding Election	Filing
Marcacio Mayor 2013	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		4,806.23
12. Balance on hand at the beginning of Reporting Period	10,487.63	
13. Contributions Received from Individuals (Sections A and B)	4,825	32,645
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	o	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	o	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	300	2,700
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5,125	35,345
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	15,612.63	40,151.23
19. Expenses Paid by Committee (Section P)	11,616.85	36,155.45
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3,995.78	3,995.78
21. In-Kind Donations not Considered Contributions Received (Section L4)	o	o
22. In-Kind Contributions Received (Section M)	0	0
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) OPTIONAL	o	0
25. Beginning Loan Balance	o	
25a. + Loans Received (Section D)	o	o
25b. + Interest and Penalties on Loan	o	o
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	o	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	4,338.63	12,195
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)	o	

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

NAME OF COMMITTEE	4 4 (1)		TYPE OF REPORT			
Maltese for Mayor - 2015			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized C	ontri	butions from Indivi	duals			
Last Name		First	<u> </u>	***************************************		MI
Constantinople		Paul Sr				
Residential Street Address	City			State	1 .	Code
35 Prospect Place Ext	East	t Haven		CT	06!	512
Principal Occupation		Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	0 to a c ie is ass	candidate for a chief executive sociated with have a contract Yes • No	e officer of a municipality with said municipality	y, Am-		f Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 10202015E  Section L1?  No  Is contributor a principal of If yes, indicate which be of government the contributor.	ranch o	contractor or prospective sta or branches vith: OExecutive	OLegislative SYe	s		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	er 10/21/2015	100			
Last Name	- 1	First	Approximation and order to the analysis of the approximation of the appr	AMERICAN STREET	Mary And Andrea	MI
Constantinople	F	Paul Jr				
Residential Street Address	City			State		Code
35 Prospect Place Ext	East	: Haven		СТ	065	012
Principal Occupation		Name of Employer				
Clerk		Metro North RR				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a c e is ass	andidate for a chief executive cociated with have a contract O Yes O No	officer of a municipality with said municipality	y, Ame		f Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 10202015E  Section L1?  Yes  Is contributor a principal of If yes, indicate which by of government the contraction.	anch o		te contractor? Yes No Legislative	3		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	y Orde	er 10/21/2015	100			
Last Name		First	appining pangunan and a summa	III SERÇEMAN MENDI KOLEM	71776-7AA7,-14	MI
Coppola		William				
Residential Street Address	City			State	Zip	ł
66 Hotchkiss Rd ext	East	t Haven		СТ	065	512
Principal Occupation		Name of Employer				
Scale Operator		NH Terminal				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/sh valued at more than \$5,000?				y, Ame	ount o	f Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 10202015E  Yes  Is contributor a principal of fyes, indicate which broof government the contributor.	anch o		te contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
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	SU	BTOTAL Section B —	- This Page 240		de <b>T</b> ockmann (Commun	
	тот	AL of additional Secti	on B Pages 4,585			
TOTAL OF ALL CONTRIBUTION		OM INDIVIDUALS (Sectoral on Line 13 of Summa		SHOW	atotoro-mentaling	

SEEC FORM 20 Rested June by 2015

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	AN ESSAULAN LANGUAGO	was an order of the	
B. Itemized Co	ontri	butions from Indivi	duals			
Last Name		First	ennterbeller der Green die orden einem er der Green de erst felbe eine er die eine er den ein der erste ein er	generationed artisticals	(dimensional)	MI
Ruggiero	1	Carl Jr				
Residential Street Address	City	A STATE OF THE STA		State	1 '	Code
27 Eddon Dr	East	t Haven		רד	06	512
Principal Occupation		Name of Employer			-	
HVAC		Pratt & Whitney				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of \$4000 does contributor or business he/sh valued at more than \$5,000?				y, Amo		of Contribution
Is this contribution associated with an event reported in Section L1?  Section L17  Yes Is contributor a principal of a fyes, indicate which branches the section L1?			e contractor? Yes			
event reported in Section L1?    If yes, list Event # 10202015E   No   If yes, indicate which broad of government the control			OLegislative O No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	er 10/07/2015	100			
Last Name	F	First	e in a state of the state of th	eralmente mentalera erandera	atomatici e i e i e i e i e i e i e i e i e i	Mi
Cifarelli	]1	Denise				ĺ
Residential Street Address	City			State	Zip	Code
123 Hellstrom Rd	East	t Haven		CT	06	512
Principal Occupation		Name of Employer	,	I		
Staff		Premier Ed. Grp.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/sho valued at more than \$5,000?				y, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L17  If yes, list Event # 10202015E  Yes Is contributor a principal of a lifyes, indicate which brace of government the contributor.	ranch of	r branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	r 10/06/2015	140			
Last Name	F	istist	CONTROL OF THE PROPERTY OF THE	Auroniuminanaenion	None Alexandre	MI
Adamczyk	-	Joan				
Residential Street Address	City	**************************************		State	Zip (	Code
123 Hellstrom Rd	East	: Haven		CT	06	512
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	unt o	f Contribution
event reported in Section L1? O No If yes, indicate which bra	Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes No If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/06/2015	270			
SUB'	тота	AL Section B — This	Page 160			
TOTA	L of a	dditional Section B P	ages	The second second second		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page T				

SEEC FORM 20 Robel June 19 2015

## Section B ADDITIONAL PAGE 2

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved thi SUBTO	is Period ONLY OTAL SECTION A	\$		O Marco man to a marco y 11 to year of y quantum dalishin in my good consistency as	
			Annual Control of the			
R Itamized Co	mtrihi	itions from Indivi	duals		A CONTRACTOR OF THE PARTY OF TH	
	Fire	Access to the second se	Company of the second		M	
Last Name Tropiano		eslie				
Residential Street Address	City			State	Zip Code	
81 Prospect Rd	East H			CT	06512	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?	) to a can e is assoc	didate for a chief executive intended with have a contract  OYes  ONo	e officer of a municipalit with said municipality	y, Amo 50	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  When the section L1 is contributor a principal of a lfyes, indicate which brateful is the section L1?  When the section L1 is contributor a principal of a lfyes, indicate which brateful is the section L1 is contributor a principal of a lfyes, indicate which brateful is the section L1 is contributor a principal of a lfyes, indicate which brateful is contributor a principal of a lfyes, indicate which brateful is contributor a principal of a lfyes, indicate which brateful is contributor a principal of a lfyes, indicate which brateful is contributor a principal of a lfyes, indicate which brateful is contributor a principal of a lfyes, indicate which brateful is contributor a principal of a lfyes, indicate which brateful is contributor a principal of a lfyes, indicate which brateful is contributor as a lfyes, indicate which is contributor.	anch or b	ranches	contractor? Yes OLegislative	ì		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/6/2015	50			
Last Name	Firs	st		A CONTRACTOR OF THE PARTY OF TH	MI	
Adamczyk	Ec	lward				
Residential Street Address	City			State	Zip Code	
28 Anthony Dr	East F	laven		CT	06513	
rincipal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?  **Myes*, list Event # 10202015E*  Section L1?  **If yes*, indicate which brase of government the contral of the con	anch or t	branches	O Legislative	•		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/6/2015	60			
Last Name	Fir		465 A 100 A		Mi	
Adamczyk	M	elissa				
Residential Street Address	City			State	Zip Code 06512	
123 Hellstrom Rd	East F	-laven		כז	00312	
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?	o to a can e is assoc	didate for a chief executive lated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo 20	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Section L1?  If yes, indicate which bra of government the contra	anch or b	oranches h: O Executive	OLegislative ONo			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	10/6/2015	40			
SUB	ТОТА	L Section B — This	Page 90			
TOTA	L of ad	Iditional Section B I	ages .		a recognise a recognise and a second sec	
TOTAL OF ALL CONTRIBUTIONS FRO	M INDI		<b>\</b> + B)			
(Enter total on Line	عادت ودد.	arm is al assistint yake				

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

AME OF COMMITTEE (Provide Complete Rame as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2015			7th Day Preceding Election Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				accounts for which they was	мыймыі Осіоб (Остольна) у у под суру суру суру суру суру суру суру сур		
B. Itemized	l Contrib	utions from Indivi	duals				
Last Name	Fir				MI		
Fox	R	obert					
Residential Street Address 180 Coe Ave	City Fast I	łaven		State	Zip Code 06512		
		Name of Employer			1		
Principal Occupation Retired		Hallo of Estatoyer					
	\$400 to a can	didate for a chief executive	e officer of a municipality	/ Ame	ount of Contribution		
or dependent child of a lobbyist? No does contributor or business h valued at more than \$5,000?	ne/she is assoc	plated with have a contract OYes ONo	with said municipality	20	Jany Or Country		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Is contributor a principal flyes, indicate which of government the contributor apprincipal flyes, indicate which is apprincipal flye	h branch or b	ntractor or prospective state oranches h; DExecutive	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Order	10/08/2015	170		:		
Last Nane	Fir	St	geren Andrick (de 1914 e 1914) was en processe persone en e	THE REAL PROPERTY.	MI		
Coe	St	ewart					
Residential Street Address	City	_		State	Zip Code		
1270 N High St #217	East H	laven		СТ	06512		
?rincipal Occupation		Name of Employer					
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of does contributor or business he valued at more than \$5,000?	hild of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 25		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Section L1?  If yes, list Event # 10202015E  Is contributor a principal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal If yes, indicate which is the principal If yes, indicate which is the princi	ch branch or l		e contractor? Yes  No  Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	Money Order	10/01/2015	195				
Last Name	Fir				MI		
Levatino	PI	hil		<del>,</del>			
Residential Street Address	City	-laven		State	Zip Code 06512		
13 Holland Rd	Cast 1				00312		
Principal Occupation Retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				ount of Contribution		
event reported in Section L1? O No If yes, indicate which							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Order	10/12/2015	20				
SUBTOTAL Section B — This Page 65							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

SEEC FORM 20 Revised Salvary 2015

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Maitese for Mayor - 2015	7th Day Preceding	7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period C SUBTOTAL SECT		ražo na konsoda constituena opotovna susvaturna copjeto dosta sezvenovi ton		
B. Itemized Co	ontributions fron	ı Individuals			
Last Name	First		MI		
Archambault	Susan	National Control of the Control of t			
Residential Street Address 41 Van Horn Dr	City East Haven		State Zip Code CT 06512		
Principal Occupation	Name of Emplo	TAP	[61 ]003.12		
Timepa Occupation	rvanc of Lampio	, ci			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?		of executive officer of a municipality a contract with said municipality  Ono	Amount of Contribution 100		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Section L1?  No list Event # 10202015E  Is contributor a principal of a list Event # 10202015E	anch or branches	Dective state contractor?  Executive OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	ey Order   10/01/201	5 100			
Last Name	First	a parangangan a sangangan ng ang ang ang ang ang ang ang	Mt		
Mauriello	Michael		ļ		
Residential Street Address	City		State Zip Code		
244 N High St	East Haven		CT 06512		
Principal Occupation	Name of Employ	yer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?		f executive officer of a municipality a contract with said municipality  No	Amount of Contribution 50		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lifyes, indicate which brown the section L1?	anch or branches	_ <b>O</b> No			
If yes, list Event # 10202015E of government the contribution:	Date Received	Executive C Legislative Aggregate Contributions	-		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone			]		
Last Name	'    First		IMI		
Panza	Lisa				
Residential Street Address	City		State Zip Code		
30 Henry St	East Haven		CT 06512		
Principal Occupation	Name of Employ	er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Ves does contributor or business he/she valued at more than \$5,000?		f executive officer of a municipality a contract with said municipality  No	, Amount of Contribution		
event reported in Section L17 No If yes, indicate which bra If yes, list Event # 10202015E Of government the contra	No If yes, indicate which branch or branches ONo				
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order   10/20/2015	40			
SUB'	TOTAL Section B	— This Page 170			
TOTA	L of additional Sec	tion B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (S 13, Column A of Summ				

SEEC FORM 20 Reviol January 1115

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

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor- 2015			7th day Preceding	7th day Preceding Election Filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$				
		WOODSHIP CONTRACTOR CO	SOCKUIT-Schurrenceum-construction	Management of the second	Micros.	esse (1995)	
B. Itemized C	ontri	ibutions from Indivi	duals				
Last Name Calandro		First Anthony			patement	MI	
Residential Street Address	City	Aithony		State	Zic	Code	
90 Mill St	1 '	t Haven		ст	1 *	5512	
Principal Occupation	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Name of Employer			_		
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Am 250		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Section L1?  If yes, list Event # 10202015E	anch o	r branches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 10/08/2015	350	ometricosystics contribution	Konstysta Geda		
Last Name Mazzucco	1	First Ben				MI	
Residential Street Address	City	2011		State	Zip	Code	
46 Laurel Brook		lford		CT	1	437	
Principal Occupation		Name of Employer					
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				/, Am		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Yes Is contributor a principal of a fixed which broof government the contributor approximation of government the contributor.	anch o	or branches	e contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions	_			
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Last Name Volman		<sup>First</sup> Stephen				MI	
Residential Street Address	City	Stehuen	<del></del>	State	T265	Code	
5 Mansfield Grove Rd #252	1 1	t Haven		CT	1 .	512	
Principal Occupation	<u>.t</u>	Name of Employer			<u> </u>		
				<del></del>	<del>,</del>	,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she valued at more than \$5,000?				7, Ann	)unt o	f Contribution	
event reported in Section L1? O No If yes, indicate which bra	t reported in Section L1? No If yes, indicate which branch or branches						
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ordei	r 10/12/2015	240		~~~~		
SUB	TOT	AL Section B — This	Page 390				
ТОТА	L of a	additional Section B P	ages		Sales	arneera assessa pagagan an a	
TOTAL OF ALL CONTRIBUTIONS FROM	M INI		+ B)	trasumante distinua se castica	dell'a terre		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	יניו)		TYPE OF REPORT			
Maltese for Mayor - 2015			7th day Preceding Election Filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		this Period ONLY FOTAL SECTION A	\$	Majorina proprinci	Militarian de la company de la	
					27/2/200	
B. Itemized	Contri	butions from Indivi	duals		Manager Consequences	
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Residential Street Address 76 Hubbard Rd	City We:	st Haven		CT	06516	
Principal Occupation		Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he valued at more than \$5,000?	\$400 to a ce/she is ass	andidate for a chief executiv sociated with have a contract OYes ONo	e officer of a municipalit with said municipality	y, Amo	ount of Contribution	
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Residential Street Address	City			State	Zip Code	
2 Grant St	East	t Haven		СТ	06512	
Principal Occupation		Name of Employer				
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he valued at more than \$5,000?	dependent child of a lobbyist? ON does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Security Associated with an event reported in Section L1?  If yes, list Event # 10202015E	n branch o		e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
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Last Name		First			MI	
Poulton		June		- ·	Zip Code	
Residential Street Address 32 Cliff St	City Eas	t Haven		State	06512	
Principal Occupation		Name of Employer				
Nurse		Yale Univ.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he valued at more than \$5,000?	400 to a ce/she is ass	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	Amount of Contribution	
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TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L		DIVIDUALS (Sections A column A of Summary Page				

SEEC FORM 20 Reifed January 2015

# Section B ADDITIONAL PAGE 7 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Con	ntrib	utions from Indivi	duals	·		
Last Name	Fi	rst.			Mi	
Redente	R	obert			,	
Residential Street Address	City			State	Zip Code	
95 Wheaton Rd	East	Haven		СТ	06512	
Principal Occupation		Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said municipality	y, Amo 60	unt of Contribution	
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Method of Contribution:		Date Received	Aggregate Contributions			
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Vestuti	V	ivian				
Residential Street Address	City			State	Zip Code	
117 Maple St	East I	Haven		CT	06512	
Principal Occupation		Name of Employer				
Retired		·				
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Method of Contribution:		Date Received	Aggregate Contributions			
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Fowler	T	herese				
Residential Street Address	City	30-ps.100y		State	Zip Code	
2 Dale Place	East	Haven		CT	06513	
Principal Occupation		Name of Employer				
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive clated with have a contract  O Yes  O No	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
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Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/11/2015	190			
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TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

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# Section B ADDITIONAL PAGE 8 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$			
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B. Itemized Co	ontri	butions from Indivi	duals	**************************************	uye and a second a	
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Fowler		Kevin				
Residential Street Address	City		The state of the s	State	Zip Code	
2 Dale Place	Eas	t Haven		CT	06512	
Principal Occupation		Name of Employer				
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No Ves				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E    Security	anch o	r branches	e contractor? Yes OLegislative			
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Kanak	- 1	John .				
Residential Street Address	City			State	Zip Code	
115 D Hemingway Ave	East	t Haven		CT	06512	
Principal Occupation	.1	Name of Employer				
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution	
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Casagrande		Albert				
Residential Street Address	City	- • •		State	Zip Code	
25 Pardee Place Ext	East	t Haven		ст	06512	
Principal Occupation		Name of Employer				
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TOTA	Lofa	additional Section B P	ages	teologica (Charleston National)		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

SEEC FORM 20 Rotted January 2015

#### Section B ADDITIONAL PAGE 9 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
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B. Itemized Co	ontri	butions from Indivi	duals	Z/		the state of the s
Last Name	- 1	First			anno anno anno anno anno anno anno anno	MI
Bonito		Catherine			<sub>1</sub>	
Residential Street Address 60 Clifford Terrace	City Nev	w Haven		State	1 -	Code 5512
Principal Occupation	<u> </u>	Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves Ves does contributor or business he/sh valued at more than \$5,000?	No does contributor or business he/she is associated with have a contract w			y, Ame 20	mount of Contribution	
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McGuire	- [	Margaret				
Residential Street Address	City			State	1 7	Code
60 Coleman St #16	East	t Haven		СТ	06	512
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 \$400 does contributor or business he/she valued at more than \$5,000?				y, <b>A</b> mo	ount o	of Contribution
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Hemstock		Louis				
Residential Street Address	City	t Haven		State	_	Code 512
1270 N High St	Las	Name of Employer			100	J ( L
Principal Occupation Retired		Name or Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/she valued at more than \$5,000?	to a ca is ass	andidate for a chief executive ociated with have a contract O Yes O No	officer of a municipality with said municipality	y, Amo	ount o	of Contribution
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SUB'	TOT	AL Section B — This	Page 90			Salatys succession of the salatys succession of the salatys succession of the salatys succession of the salaty
TOTA	Lofa	additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A Journa A of Summary Page 1			<u> Harrenner</u>	

SEEC FORM 20 Revised January 1915

# Section B ADDITIONAL PAGE 10 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	***************************************		TYPE OF REPORT				
Maltese for Mayor - 2015	- Interior		7th day Preceding Election Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
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B. Itemized Co	ntrii	butions from Indivi	duals		ALCO CHILITONIC	No.	
Last Name	I	First				MI	
Plane	\	Vincent					
Residential Street Address	City			State	Zip	Code	
64 Wheaton Rd	East	t Haven		СТ	06	512	
Principal Occupation	<u> </u>	Name of Employer		<u></u>	1.,		
Retired							
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Last Name Calandro	- 1	irst Anthony				MI	
Residential Street Address	City			State	Zip	Code	
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Yincipal Occupation	<del></del>	Name of Employer					
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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?	loes contributor or business he/she is associated with have a contract with said municipality			y, Amo	Amount of Contribution		
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Last Name	F	rirst				MI	
Ludwig		Stephen					
Residential Street Address	City			State	Zip	Code	
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r dependent child of a lobbyist? ON does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution			
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TOTAL OF ALL CONTRIBUTIONS FROM					/ h n s s j in j n j n j n j n j n j n j n j n j	<u>namentolliisillihttijanuusunuunin</u>	
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#### Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A						
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B. Itemized Co	ontril	outions from Indivi	duals			
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Glaquinto		Barbara		· · · · · · · · · · · · · · · · · · ·		
Residential Street Address 315 Eastern St D-1003	City New	<i>i</i> Haven		State CT	2ip 0	Code 5 <b>13</b>
Principal Occupation		Name of Employer			_l	
Retired		,,				
	r dependent child of a lobbyist? On loss contributor or business he/she is associated with have a contract with said municipality			/, Am 20	ount o	f Contribution
	s this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   Ves   If yes, indicate which branch or branches   Yes   No   Yes   Y					
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Sagnella	J	oan				
Residential Street Address	City			State	Zip (	
666 N High St	East	Haven		CT	065	512
'rincipal Occupation		Name of Employer				
Banker		First Niagara Bank				
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No			Amount of Contribution 40		
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Method of Contribution:		Date Received	Aggregate Contributions	7		
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Redente		Anthony				
Residential Street Address	City			State	Zip C	
9 Gerrish Ave	East	Haven		СТ	065	512
Principal Occupation		Name of Employer				
Retired						
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No			, Amo	ount of	Contribution
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Method of Contribution:		Date Received	Aggregate Contributions	]		
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ТОТА	Lofa	dditional Section B P	ages		aruotenia	
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A lumn A of Summary Page 1		(pessame)	**************	

SEEC FORM 20 Reduct June 19 115

# Section B ADDITIONAL PAGE 12 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	Repository)			TYPE OF REPORT	***************************************	.,	
Maltese for Mayor - 2015			7th Day Preceding Election Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$		unicularies co Sinti	
B. Item	ized Cor		outions from Indivi	duals			
Last Name Mannochi		- 1	irst Dale				MI
Residential Street Address	16	City			State	Zip	Code
70 Robert Dr		•	Haven		ст		512
Principal Occupation			Name of Employer				
Nurse			Long Wharf Pedi		<del></del>		
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Method of Contribution:			Date Received	Aggregate Contributions	_		
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Gorczyca		10	helsea				
Residential Street Address 74 Grapevine Rd	1	City H <b>ig</b> g	janum		State	1 -	Code 441
Principal Occupation			Name of Employer				
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or dependent child of a lobbyist? • No does contributor or busin	If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No			e officer of a municipalit with said municipality	y, Ani 100		f Contribution
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OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (	Order	10/16/2015	100			
Last Name	2000000711227177		irst				Mi
Minglone			ieorge				
Residential Street Address 21 Rolling Hills Rd	1	City No B	ranford		State	1 -	Code 471
Principal Occupation	L.		Name of Employer		<u> </u>		
Retired							
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Method of Contribution:			Date Received	Aggregate Contributions	7		
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	TOTAL	of a	dditional Section B P	ages	samutanpelene (Denembel (A)	Angelon Commerce	(Caratal Institute of Caratal
TOTAL OF ALL CONTRIBUTION (Enter total)			IVIDUALS (Sections A lunn A of Summary Page 1				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2015			7th day Preceding Election Filing				
A. Total Contributions from Small Contributors-Recei-	this Period ONLY TOTAL SECTION A	\$					
	Vanication of the Control of the Con						
B. Itemized Co	ontr	ibutions from Indiv	iduals		2000		
Last Name		First				MI	
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Principal Occupation		Name of Employer		<del>. I </del>			
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## Section B ADDITIONAL PAGE \_\_\_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	mo(0VII-0000-00)00		TYPE OF REPORT				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	ory)		TYPE OF REPORT		***************************************	
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#### Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_\_

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2015			7th day Preceding Election Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A					
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Scala	Ro	onald					
Residential Street Address	City East H	Javan		State	Zip Code 06512		
162 Charter Oak Ave	East				00312		
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No				y, Amo	unt of Contribution		
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## Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2015			7th Day Preceding Election Filing				
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes 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 ONO				y, Amo	ount of Contribu	tion	
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#### Section B ADDITIONAL PAGE 20 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th day Preceding Election Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
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# Section B ADDITIONAL PAGE 21 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
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Principal Occupation		Name of Employer					
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?				y, Am	ount of C	Contribution	
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Yincipal Occupation	<u> </u>	Name of Employer		<u></u>	<u>, L, ,</u>		
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Office Manager		Maria Diaz, MD					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				, Ame	ount of C	ontribution	
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#### Section B ADDITIONAL PAGE 22 of \_\_\_\_

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maltese for Mayor - 2015			7th day Preceding Election Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved thi SUBTO	is Period ONLY DTAL SECTION A	\$				
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B. Itemized Co	ntribu	utions from Indivi	duals				
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Furino	Ar	my					
Residential Street Address	City East H	Javon		State	Zip Code 06512		
42 Summit Ave	Eastr			<u> </u>	00312		
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is assoc	iated with have a contract OYes ONo	with said municipality	20	unt of Centribution		
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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 cano is assoc	didate for a chief executive iated with have a contract  O Yes  O No	e officer of a municipality with said municipality	y, Amo 40	unt of Contribution		
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TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	VIDUALS (Sections A unn A of Summary Page	A + B) Totals)				

SEEC FORM 20 Restrod January 2015

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maltese for Mayor - 2015	7th Day Preceding Election Filing				
A. Total Contributions from Small Contributors-Recei- (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
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B. Itemized Co	ontributions from Individ	duals			
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Residential Street Address 171 Angela Dr	City East Haven		1 -	Code 512	
Principal Occupation	Name of Employer	······································			
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Arpino	Vincent				
Residential Street Address	City		State Zip C	ode	
33 Hartman Ave	East Haven		CT 065	512	
Principal Occupation  Mason/PCC	Name of Employer UPG				
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Residential Street Address	City		State Zip C	ode:	
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Principal Occupation	Name of Employer	<u>-</u>			
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## Section B ADDITIONAL PAGE 24 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maltese for Mayor - 2015	<u>apanayaan maana maana maana mada maana sabaa sa s</u>	7th Day Preceding	7th Day Preceding Election Filing			
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B. Itemized Co	ntributions from	Individuals				
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Sloson	Bonifacio					
Residential Street Address	City		State Zip Code			
12 Wilkenda Ave	East Haven		CT 06512			
Principal Occupation	Name of Employe	er .	-			
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Residential Street Address	City		State Zip Code			
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Principal Occupation	Name of Employ	*	Management of the second of th			
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SEEC FORM 20 Revised January 2015

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maltese for Mayor - 2015				7th Day Preceding Election Filing				
A. Total Contributions from Small Contributors-Receivise (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$				
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B. Itemized Co	ontr	ibı	ıtions from Indivi	duals	•••••		<i>Samuel</i>	
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Office Manager			Nane of Employee					
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?				y, A		of Contribution		
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Residential Street Address 45 Hartman Ave	City Eas	st H	laven			State	1	Code 512
Principal Occupation	J	_	Name of Employer			l		
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#### Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_\_

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Maltese for Mayor - 2015			7th ay Preceding Election Filing					
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B. Itemized	Contr	ribu	tions from Indivi	duals			ZA12022200020000	
Last Name		First						MI
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Residential Street Address 133 Bennett Rd	City Ea:	y ist Ha	aven			State	1 '	Code 513
Principal Occupation			Name of Employer					
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{3}{2}\$ does contributor or business here valued at more than \$5,000?	/she is a	ssocia	ated with have a contract OYes ONo	with said	l municipality	y, Amo	unt o	of Contribution
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Glaquinto		Gar	ry					
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Yincipal Occupation		1	Name of Employer					
Sales		- [	Orange Fence					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No				/, Amo	Amount of Contribution			
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MacDonald		Dot	uglas					
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Principal Occupation		1	Name of Employer		<del></del>		J	
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes of S400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes O No				/, Amo	Amount of Contribution			
s this contribution associated with an vent reported in Section L1?  If yes, list Event # 10202015E  Security Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative								
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NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF KEPOKI				
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Richardson			amam	.,				
Residential Street Address 136 Bennett Rd		City East H	Haven		State	1 -	p Code 5513	
Principal Occupation		<del> </del>	Name of Employer Toratel					
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rincipal Occupation			Name of Employer					
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Principal Occupation			Name of Employer	**************************************	.f			
Sales			Old Navy					
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#### Section B ADDITIONAL PAGE 28 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
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B. Itemized Co	ontrib	utions from Indivi	duals			
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Principal Occupation		Name of Employer	NOTICE			
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#### Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
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## Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maltese for Mayor - 2015			7th day Preceding Election Filing			
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Method of Contributions  Class   Ceredit/Debit Card	event reported in Section L1? No If yes, indicate which bra	nch or branches	● No			
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Residential Street Address 65 Clark Ave CT 05512  Clay Cast Haven CT 05512  Clay Cast Haven CT 05512  Clay Cast Haven CT 05512  Contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist of power ment the contract is with: OCash Ofersonal Cheek Ocredit/Debit Card Orbyroll Deduction Officer of a municipality, days contribution of power ment the contract is with: OCash Ofersonal Cheek Ocredit/Debit Card Orbyroll Deduction Officer of a municipality, officer of a municipality of power ment the contract is with: OCash Ofersonal Cheek Ocredit/Debit Card Orbyroll Deduction Officer of a municipality of power ment the contract is with: OCash Officer officer of a municipality of power ment the contract is with: OCash Officer offic	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order   10/20/2015	320			
Redictorial Street Address 65 Clark Ave    City   East Haven	Last Nano	First	zarzen baan bezen zuezzakan bera (ajez eleko kapen) zion bero onnerazan bisio		MI	
Seast Haven   CT   O6512	Fenton	Thomas				
Principal Occupation RetIred  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, is Event is 10202015E  Method of Contribution  Retired  Scand Personal Check Oredit/Debit Card Payroll Deduction of power than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, is Event is 10202015E  Method of Contribution  Retired  Retired  Retired  Retired  Scand Personal Check Oredit/Debit Card Payroll Deduction Omeney Order  Retired  State Contribution associated with an event reported in Section L1?  If yes, is Event is 10202015E  Retired  Ret	Residential Street Address	ľ "			•	
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No No No No No No No No No No No No No N	65 Clark Ave	East Haven		СТ	06512	
does contribution associated with an event reported in Section L1?  We have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  We have a contract with said municipality valued at more than \$5,000?  Yes No Pyes is contribution associated with an event reported in Section L1?  We have a contract with said municipality valued at more than \$5,000?  Yes No Pyes is contribution associated with an event reported in Section L1?  We have a contract with said municipality of power with an event reported in Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Principal Occupation Retired	Name of Employer				
Amount of Contribution   Section L17   One of government the contract is with:   Executive   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Date Received   10/20/2015   60     Date Received   Aggregate Contributions   Occash   Operation   Occa	or dependent child of a lobbyist? O No does contributor or business he/she	is associated with have a contra-	ct with said municipality		at of Contribution	
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Calandro  Residential Street Address 90 Mill St Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L17  If yee, jindicate which branch or branches of government the contract is with:  Date Received 10/20/2015  Date Received 10/20/2015  Aggregate Contributions  Amount of Contribution does contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1? No If yes, indicate which bra	nch or branches	<b>⊙</b> No			
Last Name Calandro  Residential Street Address 90 Mill St Principal Occupation RetIred  State State First Anthony  CT 06512  City East Haven CT 06512  Principal Occupation Retlred  State ontributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event ported in Section L1? If yes, indicate which branch or branches of government the contract is with:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			<del></del>	7		
Residential Street Address 90 Mill St Principal Occupation RetIred Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a return \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Ocash OPersonal Check Occedit/Debit Card OPayroll Deduction Omoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/20/2015	60			
Residential Street Address 90 Mill St  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L17  If yes, list Event # 10202015E  Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Name of Employer  Residential Street Address  State Zip Code CT 06512  Amount of Contribution active officer of a municipality, does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution active with have a contract with said municipality valued at more than \$5,000?  Yes No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution active with have a contract with said municipality, valued at more than \$5,000?  Yes No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution of satisfaction is associated with have a contract with said municipality, valued at more than \$5,000?  Yes No  No  Of some of Employer  Amount of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Satisfaction of Contribution of	Last Name	l l	กระที่สุดในการที่สุดในการการการการการที่สุดในการการการการการการการการการการการการการก	pandennya sayari bilangi kanasa	MI	
Principal Occupation Retired    Name of Employer	Calandro	Anthony				
Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Name of Employer  Name of Employer  Amount of Contribution a contract with said municipality, does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution of a contract with have a contract with said municipality valued at more than \$5,000?  Yes No  No  Substitute of Employer  Amount of Contribution of Contribution of Section B Pages  TOTAL of additional Section B Pages	Residential Street Address 90 Mill St	•			=	
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does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10202015E  Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						
Subtotal Section B - This Page   90   TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)   Security   Security   Security   Sections A + B   Security   S	or dependent child of a lobbyist? ONO does contributor or business he/she	is associated with have a contract	ct with said municipality	1	it of Contribution	
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SUBTOTAL Section B — This Page  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Method of Contribution:		1	1		
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	SUBT	TOTAL Section B — Thi	s Page 90	ante anno		
	TOTAL	of additional Section B	Pages	***************************************	400000000000000000000000000000000000000	
				<u> </u>		

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# Section B ADDITIONAL PAGE 36 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repository)			TYPE OF REPORT			***************************************
Maltese for Mayor - 2015	7th Day Preceding Election Filing						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$							
						***************************************	
	Itemized Co	ntrib	utions from Indivi	duals			<del>and and an article and an article and article article and article article and article</del>
Last Name Asperelli		1	rst Narty		•		MI
Residential Street Address		City			State	Zir	) Code
571 Forest Rd		Nort	hford		СТ	06	5473
Principal Occupation			Name of Employer				
or dependent child of a lobbyist?	r or business he/she than \$5,0007	is asso	ndidate for a chief executive ciated with have a contract  OYes  No	with said municipality	20		of Contribution
event reported in Section L1? No If yes,	tor a principal of a indicate which brai emment the contrac	nch or l		e contractor? Yes	,		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll De	eduction OMoney	Order	10/20/2015	20			
Last Name Pycela		Fir Ki	st im		gannaro (Incana)		MI
Residential Street Address 3 Holland Rd		City	1		State	1 -	Code
	. <u></u>	East	łaven		СТ	06	512
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is does contributor valued at more the	or business he/she	lo a can is assoc	didate for a chief executive inted with have a contract O Yes O No	officer of a municipalit with said municipality	y, An		f Contribution
event reported in Section L1? O No If yes,	tor a principal of a sindicate which branerment the contract	nch or t		e contractor? Yes			
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Last Name Capotorto	and a second and a second seco	Fir: Ra	alph	<u>marate ( New York of Anthrop Investigation and a local and a new account of an annual consequence and a second consequen</u>	en (ANDARAN (ET ) (ET )	are explanation	MI
Residential Street Address		L City			State	Zip	Code
73 Elm St		East F	laven		CT	06	512
Principal Occupation  Baker			Name of Employer Self				
	or business he/she i		didate for a chief executive inted with have a contract very Yes No		y, Am 250		f Contribution
event reported in Section L1? O No If yes, in	or a principal of a s ndicate which bran rnment the contract	ch or b		contractor? OYes ONo			
Method of Contribution:    Cash   Personal Check   Octedit/Debit Card   Opayroll Dec	dustion Otto	0-4	Date Received	Aggregate Contributions			
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			Section B — This 1	OCH CONTROL OF THE OWNER, THE OWN	(compression services (m)	District Confession	lidenski di Olivenii deleo Runius i Hernillo kaininiillo k
TOTAL OF THE COMPONE			ditional Section B Pa		Section and processors		manage quantum de manage de manage de manage de manage de manage de manage de manage de manage de manage de ma
TOTAL OF ALL CONTRIBU (En			VIDUALS (Sections A mn A of Summary Page T				

NAME OF COMMITTEE					TYPE OF REPORT	
Maltese for Mayor - 2015		managara ayan ayan ayan ayan ayan ayan ayan a			7th Day Precedin	g Election Filing
	C1. (	Contributio	ns from O	ther Commi	ttees	
Name of Committee	манического общения в при при при при при при при при при при		онического постору в подражения в постору в подражения в постору в подражения в постору в подражения в постору	Name of Treasur	The state of the s	
Address			Is this contr fundraising	ibution associated event listed in Sec If yes, list		Amount of Contribution
City	State	Zip Code	Date Reco	ived	Aggregate Contributions	
Name of Committee				Name of Treasure	er er er er er er er er er er er er er e	
Address	tayara a sanara sanara sanara sanara sanara sanara sanara sanara sanara sanara sanara sanara sanara sanara san		Is this contri fundraising	ibution associated event listed in Sec If yes, list		Amount of Contribution
City	State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee	open autopas are un recensor in institute de ariente constitue de la filia de la filia de la filia de la filia	alistantes en la companya de la companya de la companya de la companya de la companya de la companya de la comp	<u>uessessandures symmetrones des</u>	Name of Treasure	·:	yyang gap <sup>h</sup> ang samunang
Åddress			Is this contri fundraising	bution associated event listed in Sec fyes, list	with a Yes No tion L1? Event #	Amount of Contribution
City	State	Zip Code	Date Rece		Aggregate Contributions	
ame of Committee				Name of Treasure	I Octobilishidani kalani kanasan kanasan kanasan kanasan kanasan kanasan kanasan kanasan kanasan kanasan kanasan	additional deposition of the second s
Address			Is this contri fundraising o	event listed in Sec	with a Yes No ion L1? Event #	Amount of Contribution
City	State	Zip Code	Date Recei		Aggregate Contributions	
	nbursements, Pa	yments, or	Surplus D	and the second s	rom other Committ	ees
Name of Committee				Name of Tre	asurer	
Address				<u></u>	Date Received	Amount of Receipt
City	S	tate Zip C	ode	Reimbursen Payment for Surplus Dist	lent for shared expense goods and services ribution	
Name of Committee	general para meneral meneral meneral meneral meneral de meneral de meneral de meneral de meneral de meneral de			Name of Tre	asurer	
Address					Date Received	Amount of Receipt
City	S	late Zip C	ode		ent for shared expense goods and services ribution	
		en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	SUBTOTA	L Section C-	— This Page 0	
		CONTRACTOR SANDARDON SANDA	Secretary Support Commence of the Commence of	dditional Sec	GEANNASTI I SOM I POSSONI I SANTA POR PROPER A PROPER A PROPERTA POR PROPERTA POR PROPERTA POR PROPERTA POR P	
	TOTAL OF ALL ( (Section			BUTIONS ANI Line 14 of Summ		

Maltese for Mayor - 2015		ka siidu ilis sa		7th Da	of REPORT y Preceding Ele	ection Filing
	D. Loan	s Rece	ived this Period			
Name of Lender	militarin emmente de Statemente de Statemente de Statement de menoritàre memoritàre de menoritàre de menoritàre	<u> </u>	Source of Loan: OBank OCa	andidate 💍 Individ	ual Other Committee	Date of Receipt
Street Address	City		and the second s	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (If applicable)						Amount Received
Street Address	City	· · · · · · · · · · · · · · · · · · ·	<del></del>	State	Zip Code	-
Name of Lender			Source of Loan: OBank OCa	ndidate OIndivid	ual Other	Date of Receipt
Street Address	City		<u> </u>	State	Zíp Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender	PPORTECHEN (IN TO make melli PPORTECHEN (IN TO MICE) SAMILLE LEVI MENTECHEN (IN TO MICE) SAMILLE LEVI	Makan (Alika and akalik Bertillak	Source of Loan; OBank OCa	ndidate OIndivid	ial Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (if applicable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·····	<u></u>	Amount Received
Street Address	City		<u> </u>	State	Zip Code	
	<b></b>		ТО	TAL SECTION	ND O	
E. Receipts from Enti	ties other than Indivi	duals o	r Other Comn	nittees (Referen	dum Committees	ONLY)
Name of Entity						
treet Address				Date Received		Amount Received
ity		State	Zip Code	Aggregate Contr	ibutions	
lame of Entity		eliotaria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composici				
treet Address	en en en en en en en en en en en en en e	The state of the s		Date Received		Amount Received
ity	<del></del>	State	Zip Code	Aggregate Contr	butions	
larne of Entity		1				
treet Address				Date Received		Amount Received
ity	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	State	Zip Code	Aggregate Contr	butions	
		1	 T(	TAL SECTION	NE 0	

NAME OF COMMITT Maltese for May				TYPE OF REPORT  7th Day Preceding Election Filing
	F. Amount Transferred from	A Affiliated Duciness T	PARCHEU (Busina	
Date of Receipt	Is this transaction associated v			Amount
Dail of Receipt	fundraising event listed in Sec		t Event #	
Date of Receipt	Is this transaction associated v fundraising event listed in Sec		t Event #	Amount
Date of Receipt	Is this transaction associated v fundraising event listed in Sec		t Event #	Amount
Date of Receipt	Is this transaction associated v fundraising event listed in Sec		t Event #	Amount
			TOTAL S	ection f 0
		14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	ны при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на пр На при на пр	
G. Amount i	Fransferred from Affiliated	Labor Union or Other	Organization'	Freasury (Organization Committees ONLY)
Date of Receipt		of Receipt		Date of Receipt
	Amount	Amount		Amount
			TOTAL SI	ECTION G 0
Millia III dan ayan da ayan da ayan da ayan da ayan da ayan da ayan da ayan da ayan da ayan da ayan da ayan da				
	H. Personal Funds of the	Condidate Received th	is Period (Can	iidata Committees ONLY
Date of Receipt	Method of payment:			Amount
-	Cash	Personal Check	Credit/Deb	it Card
Date of Receipt	Method of payment:	Constitution of the Consti	<b>V</b> 0.10.1.000	Amount
•	O Cash	O Personal Check	Credit/Deb	it Card
Date of Receipt	Method of payment:			Amount
rate of recespt	O Cash	Personal Check	O Credit/Deb	it Card
Date of Receipt	Method of payment:	Telsonal Check		Amount
Date of Recorpt	O Cash	O Personal Check	Credit/Deb	it Card
resultation (transmitted property)		nnun eren er közegeleren (özönlő egyépések a 2004 eren ille szána az közön közön közön közön közön közön közön	TOTAL SI	CTION H 0
		I. Anonymous Contr	ibutions	
	n n 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	C (3)		anha danasitad in com
ar	Per Public Act 11-48, And mount. If a committee rece	onymous Contribution sives an anonymous co	is may no long ontribution, the	er oe deposited in <i>any</i> e campaign treasurer shall
aı	immediately remit the cor	ntribution to the State	Elections Enfo	orcement Commission
		for deposit in the Ger		

THE OF COMMITTEE					
Maltese for Mayor - 2015	Zanana muuruu ka ka ka ka ka ka ka ka ka ka ka ka ka	7th [	Day Prece	ding Elec	tion Filing
	J. Interest from Deposits in Aut	horized Accounts			
Name of Institution	ecochili ilinande de presente presenta il montre del construiro de const	Date	Received		Amount
Street Address	City	State	Zip Co	xde	
Name of Institution		Date	Received	and the second s	Amount
Street Address	City	State	Zip Co	de	
		TOTAL SECT	ION J	0	
K. Mis	scellaneous Monetary Receipts not	Considered Contril	outions		
Name	accessors and accessors and considerable of the Considerable of th	anasanan na amerika arawan ana makan da arawan ana ana ana ana ana ana ana ana ana	Date of Trans	saction	Amount Received
Street Address	City	Stat	e Zi	Code	
Description			<u>. , , , , , , , , , , , , , , , , , , ,</u>		
Name			Date of Trans	saction	Amount Received
Street Address	City	Stat	e Ziş	Code	
Description					
Name		and grammations using the study of the AST STOCK AST STOCK STATE AND AST ASSAULT AST AST AST AST AST AST AST A	Date of Trans	action	Amount Received
Street Address	City	State	e Zip	Code	
Description					
Name			Date of Trans	action	Amount Received
Street Address	City	Stat	e Zip	Code	
Description		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>		
		TOTAL SECT	ION K	0	
SUMMAR	Y OF OTHER MONETARY REC	EIPTS (Sections D	through	К)	
Total Loans Received this Period (Section	on D)			þ	
Total Receipts from Entities other than l	Individuals or Other Committees (Section	E)	+	0	
Total Amount Transferred from Affiliat	ed Business Treasury (Section F)		+	þ	
Total Amount Transferred from Affiliat	ted Labor Union or Other Organization Ti	reasury (Section G)	+	þ	
Total Amount of Personal Funds of the	Candidate Received this Period (Section I	I)	+	p —	
Total Amount of Interest from Deposits	in Authorized Accounts (Section J)		+	0	
Total Miscellaneous Monetary Receipts	not Considered Contributions (Section K)	encesomendores/McC/2016/4/W/SHP/S-ZANSARIA	+	0	a delegación de la companya de la companya de la companya de la companya de la companya de la companya de la c
Total of Other Monetary Receipt	is (Add Sections D through K) (Enter to	otal on Line 15 of Summary Po	ige Totals)	o	

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

NAME OF COMMITTEE  Maltese for May	or - 2015		TYPE OF REPORT  7th Day Preceding E	lection F	iling
· Waitese for Way		er Event Information	Trui Day Freceding E	iection	miy
Fundraising Event # Date of Fundraiser Letter Oct 20, 2015 E	Description East Haven Senior Center	er Event into mation		1, p	
Location: Street Address		City		State	Zip Code
91 Taylor Ave		East Haven		ст	06512
Subpart 1: (All Commit Was this fundraising eve	tees) nt hosted at a personal residence?	OYes (If yes, go to Section L and complete required beverage and invitatio ⊙No	information for purchases n		
	de items donated by a business entity of up to an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		onsidered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes ( <i>If yes</i> , enter Total Rec O <sub>No</sub>	etpts here.)		
Were there purchases of sign associated with this	222-2546-2616-26100-2416-2610-2610-2610-2610-2610-2610-2610-26	Yes (If yes, go to Section I	.3 Purchases of Advertising plete required information.)	g Space In	a Program Book
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	O Yes (If yes, enter Total Re	ceipts here.)		
Vundraising Event # ate of Fundraiser Letter	Description				
Location: Street Address	<u> </u>	City		State	Zip Code
Subpart 1: (All Committee Was this fundraising ever	ges) It hosted at a personal residence?	O Yes (If yes, go to Section La and complete required beverage and invitation O No	information for purchases m		
	e items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section LA and complete required i		onsidered (	Contributions
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes ( <i>If yes</i> , enter Total Rece ONo	lpts here.)		
	nittees and Municipal Candidate Committees G advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.	3 Purchases of Advertising lete required information.)	Space in a	a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	O Yes (If yes, enter Total Rec	cipts here.) \$	www.messuge_pussus	
SUBTOTAL Sect	ion L1—Subpart 1 ( <i>All Committees</i> ) Total Recei	pts from Sale of Donated Items	—This Page 0		
SUBTOTAL Section	L1—Subpart 3 ( <i>Town Committees ONLY</i> ) Total	Receipts from Food Purchases	—This Page 0		
		TOTAL of additional Sect	ion L1 Pages 0		
TOTAL OF ALL RE	CEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summa	ry Page Totals) 0	м-теммер шиссонар <sup>1</sup>	2NV2-2M41-2M41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

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

Pe individua	r Public Act 11-48, effecti l purchases from a comi	ve January 1, 20 nittee tag sale,	12 committees auction, or a s	are no longer req ale of donated	uired to item items. <i>Sect</i>	ize sn	nall 2. <i>removed</i>	!
NAME OF COMMITTEE  Maltese for Mayor -	2015				YPE OF REPO		lection Fill	ng
	ses of Advertising in a	Program Rool	k or on a Sign		*			
Name of Purchaser	ses of Auvertising in a	r rogram Doo	vor on a pign	(mimeipai cana	name sum x o		se Made By:	***
						⊕Bu	siness Entity	OIndividual
A & G Contractors I	nc					Oso	le Proprietorsh	цр
Street Address			City				State	Zip Code
260 Commerce St			East Haven				CT	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	ise	Amount of Si	gn Purchase
10/6/2015	09292015D	250		250				
Name of Purchaser		A CONTRACTOR OF THE CONTRACTOR				Purchas	se Made By:	
J & A Home Improve	smante						siness Entity	O Individual
	anents					<b>⊙</b> So	le Proprietorsh	
Street Address			City				State	Zip Code
50 Brewery St			New Haven			<del></del>	רַן	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progr	ram Ad Purcha	se	Amount of Sig	zn Purchase
10/6/2015	09292015D	50		50				
Name of Purchaser	adarugu saman samah sama dadah bir (1900-1904 pengagan pengagan sama	the man and an overlate of the latest and the latest fleet of the latest and an appearance of the latest and th	and a second second second second second second second second second second second second second second second			OBu	se Made By: siness Entity le Proprietorsh	OIndividual ip
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se	Amount of Si	zn Purchase
Name of Purchaser					State of the state	Purchas	se Made By:	necessary Sept. (All Chairs A terranscenters
THE VIT GIVEN					İ	OBu	siness Entity	Olndividual
						Osol	le Proprietorsh	
Street Address			City		,		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progr	ram Ad Purcha	se	Amount of Si	an Purchase
Name of Purchaser				***************************************		Purchas	e Made By:	
						OBu	siness Entity	OIndividual
						Osol	le Proprietorsh	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progi	ram Ad Purcha	se	Amount of Sig	ın Purchase
Activities Activities Activities Activities Activities Activities Activities Activities Activities Activities	SUBTOTAL	Section L3 (Mui Total Purchases	nicipal Candidate of Advertising i	and Town Comn n Program Book	ilttees ONLY) — This Page	300		
				L3 ( <i>Town Comm</i> ertising on a Sign				The state of the s
			TOTAL	of additional Sect	iion L3 Pages		and the second s	
TO	TAL OF ALL PURCHASES	OF ADVERTIS	ING IN A PROC	GRAM BOOK or e 16c of Summary	ON A SIGN Page Totals)	300		

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

NAME OF COMMITTE	E				E OF REPO		
Maltese for Mayo	or - 2015			7th C	)ay Preced	ding Election Fi	ling
	L	4. In-Kind Donatic	ons Not Cons	idered Contribution	S		
Name of Donor							
Street Address			City			State	Zip Code
				CALIFORNIA DE LA CONTRACTOR DE LA CONTRA			
Donation Given By:	Description of Donation					Fair Market V	alue of Donation
OBusiness Entity							
OIndividual	Date Received	Event #		Aggregate Value for this E	event		
OSole Proprietorship							
Name of Donor			Page 100 and 1		EEEEECONOMICAL		
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market V	alue of Donation
Business Entity							
OIndividual	Date Received	Event #		Aggregate Value for this E	vent		
OSole Proprietorship							
Name of Donor		REGEROOOGUMMANAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Beneral manage and published the state of th	gammanagyan kapita na mahan mahan mana mahan halimah mahdalih ili Kirin (15 KKK) (15	<u> Completentiam proposet frances i mo</u>	enseella seesta kuususta kasta kalkata kalkassa kalkassa kalkassa kalkassa kalkassa kalkassa kalkassa kalkassa	zamony za vzezna na vzeznáho sze a navýbole útra
reet Address			City	<u>,</u>		State	Zip Code
16tt Muditos			0,				
Donation Given By:	Description of Donation		L			Fair Market V	l alue of Donation
OBusiness Entity							
OIndividual	Date Received	Eyent #		Aggregate Value for this E	vent	-	
OSole Proprietorship							
Name of Donor							t <u>programment transfersors</u>
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation			**************************************		Eals Market V	alue of Donation
OBusiness Entity	Description of Donadon					PAIF WHITE VA	lille of Donamon
Olndividual	Date Received	Event#		Aggregate value for this Ev	rent	1	
OSole Proprietorship							· · · · · · · · · · · · · · · · · · ·
			SUBTOTA	L Section L4 — This Pag	e 0		STATES THE STATES OF THE STATE
			TOTAL of a	dditional Section L4 Pag	es O	and the second s	( <u>Recognition of the State of t</u>
	TOTAL OF ALL IN	I-KIND DONATIONS	NOT CONSID	ERED CONTRIBUTION	VS O	State of the State	<del>MANGER PERSONNELS AND THE PROPERTY OF THE PRO</del>
	dijeljeni i internationi i internationi i internationi i internationi i internationi i internationi i internationi	(Enter	r total on Line 2	I of Summary Page Tota	<i>(S)</i>		

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

NAME OF COMMITTEE  Maltese for Mayor - 2015				7th Day Pre		ection Fil	ina
Wates to Mayor 2013		M In Kind Cor	ntributions				
Name	STATESTATES AND ACKNOWLESS TO A STATES AND ACKNOWLESS TO A STATESTATE AND ACKNOWLESS AND ACKNOWL	111. IIIXIIIU CON		annanamunidannamani urar de-de-de-	44444	secondari de la companya de la companya de la companya de la companya de la companya de la companya de la comp	With the second
Street Address			City			State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	A	-1	da
OIndividual / Sole Proprietorship Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	)	n excess of \$400 to a candi r business he/she is associa in \$5,000?	idate for a chief executive ated with have a contract Yes No	officer of a mur with said munici	nicipality, pality		Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	() No If yes,	utor a principal of a state co indicate which branch or b ernment the contract is with	branches _	-	OYes ONo		
Name		<u>формуру — при при при при при при при при при при</u>	ret ultensverkelselste ett singelikken et gruppen bet kannen var vente et et stanne tota.	the state of the s	THE STATE OF THE S		Establishment (1986)
Street Address			City	managas managas sun es e elec		State	Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
Olndividual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	door contributor or	n excess of \$400 to a candi r business he/she is associa n \$5,000?					farket Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	No If yes, i	utor a principal of a state co indicate which branch or t ernment the contract is will	branches		SYes No		
Name	CACCONDINATIVE CONTRACTOR CONTRAC				<del>garaini na da ana da an</del>	<u> angunangan anguna</u>	
/			City			State	Zip Code
Street Address						Omit	Eip Coo
Type of contributor: Committee Olndividual / Sole Proprietorship Other		Aggregate Contributions	Description of In-Kind				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or valued at more than		ated with have a contract v	vith said municip	pality		farket Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  Hyes, list Event #	No If yes, i	itor a principal of a state co indicate which branch or b emment the contract is with	branches	_	OYes ONo		
		SU	BTOTAL Section M	— This Page	0	provident Control (Control	<u>gorgageour-symmetric metrosociologicalis</u>
		то	TAL of additional Sec	etion M Pages	0	generalises photos (Schiller)	<u> Telegrapi pagamanan dan </u>
TOTAL OF ALL I	N-KIND CONTR	RIBUTIONS (Enter to	tal on Line 22 of Summa	ry Page Totals)	0		
	N. Refunc	dable Deposit to T	elephone Compar	ly			
Last Name of Individual	Apparature understand de de la completation de la c	First		maranamanamandanaman en estad Alles	MI I	Date Deposit	Made
Residential Street Address	4.24.	City	Note that the second se	State Zip 6	Code		Amount of Deposit
Name of Telephone Company						_	₩ <b>.</b>
1							
Street Address	<u></u>	City		State Zip 0	Code		
					×		
	TOTALS	SECTION N (Enter tot	tal on Line 23 of Summa	ry Page Totals)	0		

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

Maltese for Mayor - 2015			7th day Preceding Ele	7th day Preceding Election Filing	
O. Non-M Legislative Leadership, Le	onetary Receipts of Orga gislative Caucus and Par			Act 11-48	
Name of Committee (Legislative Leadership, Legislative Cau-	cus, and Party Committees ONLY)	Name of Treass	li¢i		
Street Address	**************************************		Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see Instruction.  OA OB OC OD OE	5)	
Name of Committee (Legislative Leadership, Legislative Cauc	cus, and Party Committees ONLY)	Name of Treasu	rer	MACINI, and the second	
Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations	_	
Description of Donation			Purpose of Expenditure (see Instructions OA OB OC OD OE	7	
Name of Committee (Legislative Leadership, Legislative Cauc	us, and Party Committees ONLY)	Name of Treasur	CEL 	бүн <del>44-4 Сторон Мэх Ангансан тайтан жана ара</del> тахаадын арын оргон тайтан жана арын тайтан айын айын айын айын ай	
Street Address			Date Notice Received	Fair Market Value of Donation	
ity	State	Zip Code	Aggregate Donations		
Description of Donation		**************************************	Purpose of Expenditure (see Instructions,		
Name of Committee (Legislative Leadership, Legislative Cauci	us, and Party Committees ONLY)	Name of Treasur	eliano de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della		
Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation		<u></u>	Purpose of Expenditure (see Instructions)  OA OB OC OD OE		
Name of Committee (Legislative Leadership, Legislative Caucu	s, and Party Committees ONLY)	Name of Treasure	d	mal-marine un reconstruit au automorphisme anno anno anno anno anno anno anno ann	
Street Address			Date Notice Received -	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see Instructions)  OA OB OC OD OE	• •	
	SUE	TOTAL Section	n O — This Page 0		
	ТОТА	L of additional	Section O Pages 0		
TOTAL RE	CEIPTS OF ALL ORGANI (Enter total	ZATION EXI	PENDITURES Omary Page Totals)		

#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMI Maltese for N			7th Day Preceding	Election Filing		
		Expenses Paid by Commi				
Name of Payee Beth Purcel			Date of Payment 10/22/2015	Method of Payment: Otheck # Debit Card		
Street Address		City		State Zip Code		
27 Jeffrey Rd		East Haven		CT 06512		
Purpose of Expenditure (by code) MISC	cose of Expenditure Description Event #  Balloons/Helium/Party Supplies for Fund rasier 10202015E					
Expenditure # (if applicable)						
Name of Payee	radiocasages and reconstructions are not in the contract of th		Date of Payment	Method of Payment:		
WELI Radio			10/22/2015	Ocheck #		
Street Address 495 Benham f	Rd	City Hamden		State Zip Code CT 06514		
Purpose of Expenditure	Description	The second secon	Event #	Amount		
(by code) A-RAD	Radio Ad's		N/A	1,000		
Expenditure # (If applicable)	Type of Expenditure (If applicable) Itemization in .  Coordinated without reimbursement sought	. •	oordinated with reimbursement sough	t		
Name of Payee	A CONTRACTOR OF THE PROPERTY O		Date of Payment	Method of Payment:		
Petonito's Pas	itry Shop		10/22/2015	Check # Debit Card		
Street Address		City		State Zip Code		
190 Main St		East Haven		CT 06512		
Purpose of Expenditure (by code)	Description		Event#	Amount		
FOOD	Cookle Tray for Meet & Greet		N/A	50		
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in a  Ocoordinated without reimbursement sought		ordinated with reimbursement sought			
Name of Payco			Date of Payment	Method of Payment:		
				Check # Debit Card		
Street Address	<u></u>	City	,,	State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (If applicable) Itemization in A	•	ordinated with reimbursement sought			
	L	SUBTOTAL Se	ction P — This Page 1,938,02	2		
		TOTAL of additio	onal Section P Pages 5,737.20	Ð		
TOTAL OF	ALL EXPENSES PAID BY COMMI	TTEE (Enter total on Line 19 of	Summary Page Totals) 7,675.22	2		

#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT Maltese for M				TYPE OF REPORT  7th Day Preceding	Election	າ Filing
		s Paid by Committee				
Name of Payee Petonito's pas		oo laannaan kun oo ka ka ka ka ka ka ka ka ka ka ka ka ka	elfombiliterici mitoreli (De	Date of Payment 10/08/2015	€	of Payment: Check # Debit Card
Street Address		City	··········		State	Zip Code
190 Main St		East Haven			CT	06512
Purpose of Expenditure (by code) FOOD	Description Even Cooky Tray for Meet & Greet N/				30	Amount
Expenditure # (if applicable)	Type of Expenditure (If applicable) Itemization in Addendum OCoordinated without reimbursement sought O Indepen			ith reimbursement sought		
Name of Payee	и <mark>ничности при при при при при при при при при пр</mark>	ikan kutan dan dan dan dan dan dan dan dan dan d	· ;	Date of Payment		f Payment: Check #
Forsa Team Sp	ports		÷	10/22/2015		Debit Card
Street Address 920 Foxon Rd		City East Haven			State	Zip Code 06512
Purpose of Expenditure (by code) MISC	Description Maltese for Mayor Tee Shirts		Event N/A		200	Amount
Expenditute # (If applicable)	Type of Expenditure (if applicable) ItemIzation in Addendum  Coordinated without reimbursement sought OIndepen			C OD OE	i	
Name of Payee  Joan Adamczyk				Date of Payment 10/22/2015	0	f Payment: Check # Debit Card
Street Address		City			State	Zip Code
123 Helistrom I	Rd	East Haven	East Haven		СТ	06512
Purpose of Expenditure (by code) MISC	Description Paper Goods/Supplies for Fund Raiser Event		Event	# )2015E	208.75	Amount
Expenditure # (if applicable)	Type of Expenditure ((f applicable) Itemization in Addendum  Coordinated without reimbursement sought () Independent			ith reimbursement sought		
Name of Payee Capotorto's A	pizza Center	астина подражения расто на применения общения на подражения общения на подражения достой достой достой достой д		Date of Payment 10/22/2015		f Payment: Check # Debit Card
Street Address 888 Foxon Rd		City East Haven			State CT	Zip Code 06512
Purpose of Expenditure (by code) FOOD	Description Catering for Fund Raiser		Event #	# 2015E	3,722.2	Amount
Expenditure # ((f opplicable)	Type of Expenditure (If applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independ			th reimbursement sought		
		SUBTOTAL Section	1 P —	This Page 4,161		
		TOTAL of additional	Section	n P Pages		
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (E	inter total on Line 19 of Sum	mary P	age Totals)		

#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMI	<del></del>			TYPE OF REPORT		
Maltese for Mayor - 2015				7th Day Preceding Election Filing		
	P. Expen	ises Paid by Committe	ee			
Name of Payee		unnementen persimenten eritetti martiitetti martiin teritetti martiitetti martiitetti martiitetti martiitetti m		Date of Payment	Method of	
Kelly Professi	onal Center			10/01/2015	8	Check # Debit Card
Street Address		City			State	Zip Code
64 Thompson	St	East Haven			СТ	06512
Purpose of Expenditure	Description		Event #			Amount
(by code) OVHD	Headquarters Oct. Rent		N/A		600	·
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addend	lum P Required O Coord	dinated with	reimbursement sought	t	
(l) oppiecion)	OCoordinated without reimbursement sought O Inde	ependent Organization:OA	O <sub>B</sub> O	C OD OE		
Name of Payee		e de la companya del companya del companya de la co	D	ate of Payment	Method of	
Robert Schul	nitz		1	10/3/2015		Check # Debit Card
Street Address		City			State	Zip Code
173 Borrman	n Rd	East Haven			ст	06512
Purpose of Expenditure	Description	· · · · · · · · · · · · · · · · · · ·	Event #			Amount
(by code) A-WEB	Web Page Fee		N/A		151,20	1
Expenditure #	Type of Expenditure (if applicable) Itemization in Addend	lum P Required (6) Coord	finated with	reimbursement sought	-}	
((fapplicable)	O Coordinated without reimbursement sought O Inde	•		-		
Name of Payee			D	ate of Payment	Method of Payment:	
Petonito's Pa	stry Shop		1	0/7/2015	7/2015 OCheck #	
Street Address		City			State	Zip Code
190 Main St		East Haven			ст	06512
Purpose of Expenditure	Description		Event #			Amount
(by code) FOOD	Cookie Tray for Meet & Greet		N/A		75	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addend	um P Required O Coord	linated with	reimbursement sought	1	
(if applicable)	OCoordinated without reimbursement sought O Indep	pendent Organization: OA	O <sub>B</sub> O	C OD OE		
Name of Payee			D	ate of Payment	Method of	
Blg Prints			10	0/7/2015		Check # Debit Card
Street Address		City			State	Zip Code
15 Baer Clr B-2		East Haven			ст	06512
Purpose of Expenditure	Description		Event #	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Amount
(by code) A-SIGN	Large Lawn Signs		N/A		750	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendi	um P Required O Coordi	inated with	reimbursement sought	Į	
((f applicable)	O Coordinated without reimbursement sought O Indep	pendent OOrganization OA	ОвО	с О в Ое		
		SUBTOTAL Section	on P — Tl	nis Page 1,576.20	)	
		TOTAL of additional	l Section I	Pages .	entende de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition dell	
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE	(Enter total on Line 19 of Sur	munary Pag	e Totals)	<u>National de la constante de l</u>	
		Metatoria de la compania de la compania de la compania de la compania de la compania de la compania de la comp			<del>Sandarina da aparaplama</del>	

				TYPE OF REPORT	REPORT Preceding Election Filing		
		Q. Campaign Expenses Pa	id by Condidate	1	Tig Election		
Name of Payce (Name o	f Vendor who candidate paid directly)	Q. Campaign Expenses ra	ia by Canataate	Date of Payment	I Ie rai	mbursement claimed?	
Timino or rayoo (rimine d	, removemble community paid an ecty)			Date of Fayment		Yes () No	
Street Address		City			State	Zip Code	
					State	Zip cou	
Purpose of Expenditure	Description	<u> </u>	Event	#		Amount	
(by code)	Description					241100114	
Name of Payee (Name o	f Vendor who candidate paid directly)			Date of Payment	Is rei	mbursement claimed?	
					C	Yes O No	
Street Address	V-22-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-	City			State	Zip Code	
Purpose of Expenditure	Description		Event	¥		Amount	
(by code)							
Name of Payee (Name o	f Vendor who candidate paid directly)	o-copins-universitati-mentulativa-neprotatipat-mappatapatapatapatapatanatatapatapatanata	· · · · · · · · · · · · · · · · · · ·	Date of Payment	ls rei	mbursement claimed?	
					C	Yes O No	
Street Address	<u></u>	City	<del>,</del>		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #	*		Amount	
Name of Payee (Name of	Vendor who candidate pald directly)			Date of Payment	Is rein	nbursement claimed?	
					0	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)							
Name of Payee (Name of	Vendor who candidate paid directly)	18 sikki V-sa di kitik Tib (18 kutak terbanak kelantak kelantak di sebahan sitak sakatak sakat kelantak sebaha S		Date of Payment	Is rein	nbursement claimed?	
					0	Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #			Amount	
Name of Payce (Name of	Vendor who candidate pald directly)	V. This de this is de the contract of the cont		Date of Payment	ls rein	nbursement claimed?	
	· · · · · · · · · · · · · · · · · · ·				1	Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
		SUBTO	TAL Section Q —	This Page 0			
		TOTAL of	f additional Section	Q Pages 0			
					<u> Şirkaşınının kalçı idirili ilin kalışının anaşının sanışı</u>		
TOTAL O	FALL EXPENSES PAID	BY CANDIDATE (Enter total on	Line 26 of Summary F	Page Totals) 0			

Markese for Mayor - 2015  R. Expenses Incurred on Committee Credit Card  Name of Estuding Institution First Niagara Bank  Name of Vendor  Shore Publishing  Sincer Address PD 80x 1010  Name of Wester Card  O Van O Marker Card O Discover O American Expenses O Other.  Stude of Transaction 10/15/2015  Stude of Transaction 10/15/2015  Stude of Madison  CT   06443  Representative   00-confidence of Committee   00-confidence of Committee	NAME OF COMMIT			TYPE OF F			
Type of Credit Cords   Oliscover   American Express   Oliber	Maltese for M	Mayor - 2015		7th Day P	receding I	Election	Filing
First Niagara Bank    Ovisa   Ohistor Card   Obscover   Omnerican Express   Other		R. Expenses Inco	urred on Committee	Credit Card			
Shore Publishing   Shore   S	Name of Issuing Ins	titution					A
Shore Publishing  Sincer Address PO Box 1010 Sincer of Expenditure (by seed) A-NEWS Fund Raiser Ad Fund Raiser Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Ad Fund Raiser Fund Raiser Ad Fund Raiser Fund Raiser Ad Fund Raiser Fund Raiser Fund Raiser Fund Rais	First Niagara I	3ank	Visa • Master C	ard ODiscover	OAmerica	n Express	Other:
Sincer Additions PO Box 1010 Pumpose of Expenditure 8 (Payrolation 18 Pages) Name of Vendor Name	Name of Vendor	papangen naparanjang sarah mentara sama dahan dahan papada dan dan sersah sama dan sersah dahah sama sama sama Sama sama sama sama sama sama sama sama		TOTAL STATES OF THE PARTY OF TH	www.comeranianianianianianianianianianianianiania	Date of T	`ransaction
PO Box 1010 Description   Desc	Shore Publis	hing				10/15	/2015
Pageos of Expenditure (by code) A-NEWS   Description   Event W   10202015E   399,38	Street Address		1 *			State	} <sup>-</sup>
Top of Expenditure   Top of	PO Box 1010		Madison		AND THE RESIDENCE OF THE PERSON NAMED IN THE P	СТ	06443
Type of Expenditure   Purpose of Expenditure	(bu code)						Amount
Expenditure #   Type of Expenditure   Graphicaldy   Hentization in Addendum R Required   Occordinated without reimbursement sought   Independent   Organization   OA   B   C   D   D   E	A-NEWS	Fund Raiser Ad		10202015E		399.3	38
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A-NEWS Campaign Ad  Expenditure ## (frapplicable)   Type of Expenditure (frapplicable)   Hemization in Addendum R Required   Coordinated with reimbursement sought   City   State   Zip Code    Purpose of Expenditure ## (frapplicable)   Description   Coordinated without reimbursement sought   Independent   Organization:   A   B   C   D   E    Purpose of Expenditure ## (frapplicable)   Description   City   State   Zip Code    Purpose of Expenditure ## (frapplicable)   Itentization in Addendum R Required   Coordinated with reimbursement sought   Organization:   A   B   C   D   E    Name of Vendor   State   Zip Code    Street Address   City   State   Zip Code    Purpose of Expenditure ## (frapplicable)   Itentization in Addendum R Required   Organization:   A   B   C   D   E    Street Address   City   State   Zip Code    Purpose of Expenditure ## (frapplicable)   Itentization in Addendum R Required   Organization:   A   B   C   D   D   E    Street Address   City   State   Zip Code    State   Zip Code   Amount    Type of Expenditure ## (frapplicable)   Itentization in Addendum R Required   Organization:   A   B   C   D   D   E    SUBTOTAL Section R — This Page   1,238.08    TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD   4,338.63		Description		Event#			Amount
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NAME OF COMMIT Maltese for N			TYPE OF REPORT  7th Day Preceding	eren eren eren eren	n Filing
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Shore Publish	ning			10/0	1/2015
Street Address		City		State	Zip Code
PO Box 1010		Madison		СТ	06443
Purpose of Expenditure	Description		Event #	1	Amount
(by code) A-NEWS	Newspaper Campaign Ad		N/A	399.3	38
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NAME OF COMMIT  Maltese for M			TYPE OF REPORT  7th Day Preceding		
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Street Address		City	······································	State	Zip Code
15 Hemingwa	y Ave	East Haven		СТ	06512
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Street Address		City		State	Zip Code
15 Hemingway	/ Ave	East Haven		CT	06512
Purpose of Expenditure (by code) FOOD	Description Coffee for Meet & Greet		Event#	15.20	Amount
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Street Address		City	,	State	Zip Code
75 Frontage Rd	•	East Haven		CT	06512
Purpose of Expenditure (by code) MISC	Description Lawn Sign Posts		Event#	25,01	Amount
Expenditure # (if applicable)	Type of Expenditure (If applicable) Itemization in Addendum  Coordinated without reimbursement sought O Independent		ated with reimbursement sought  BOCODDE	25,01	
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NAME OF COMMIT Maltese for	TEE Mayor - 2015		TYPE OF REPORTED THE PROPERTY OF THE PROPERTY	ORT eding Election	n Filling	
	R. Expens	es Incurred on Comm	ittee Credit Card			
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Staples				10/01	/2015	
Street Address		City		State	Zip Code	
85 N Main St		Branford		СТ	06405	
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Home Depot				10/5	/2015	
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Purpose of Expenditure	Description	······································	Event #		Amount	
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NAME OF COMMITTEE TYPE OF REPORT  Maltese for Mayor - 2015 7th Day Preceding					Election Filing		
Name of Creditor	S. Expenses Incurred by Com	mittee but Not Paid	During this Period	Date Incu	ıπed		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred istimate or Actual)		
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TOTAL OF A	LL EXPENSES INCURRED BY COMMITTEE D	URING THIS PERIOD   Enter total on Line 28 of Su		general transfer enterested			
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