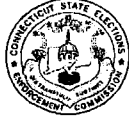


SEEC FORM 20

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



121377

FILED SEEC

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. COMMITTEE NAME																							
EAST HAVEN REPUBLICAN TOWN COMMITTEE																							
2. TREASURER NAME																							
First SANTATORE	MI R	Last MALTESE	Suffix																				
3. TREASURER ADDRESS																							
Street Address 11 HOLLAD ROAD	City EAST HAVEN	State CT	Zip Code 06512-4206																				
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)																				
7. CANDIDATE NAME (Complete only if Candidate or Expenditure Committee)																							
First	MI	Last	Suffix																				
8. TYPE OF REPORT (Check One Box)																							
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> January 10 filing</td> <td style="width: 25%;"><input type="checkbox"/> 7th day preceding primary</td> <td style="width: 25%;"><input type="checkbox"/> 7th day preceding referendum</td> <td style="width: 25%;"><input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)</td> </tr> <tr> <td><input type="checkbox"/> April 10 filing</td> <td><input type="checkbox"/> 30 days following primary</td> <td><input type="checkbox"/> 45 days following referendum</td> <td><input type="checkbox"/> Amendment to</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 10 filing</td> <td><input type="checkbox"/> 7th day preceding election</td> <td><input type="checkbox"/> Deficit</td> <td>Type of Report: _____</td> </tr> <tr> <td><input type="checkbox"/> October 10 filing</td> <td><input type="checkbox"/> 12th day preceding election (State Central Committees Only)</td> <td><input type="checkbox"/> Termination</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election</td> <td><input type="checkbox"/> 45 days following election not held in November</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)	<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to	<input checked="" type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____	<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination		<input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
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<input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November																						
9. PERIOD COVERED																							
Beginning Date		Ending Date																					
04-01-2012		thru 06-30-2012																					
10. CERTIFICATION																							
<p>I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.</p>																							
TREASURER OR DEPUTY TREASURER (SIGNATURE)	SALVATORE R MALTESE PRINT NAME OF SIGNER	07-06-2012 DATE (mm/dd/yyyy)																					
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.																							

SEEC FORM 20

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

SUMMARY PAGE TOTALS

EAST HAVEN REPUBLICAN TOWN COMMITTEE		
APRIL 1 2012 - JUNE 30 2012		
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		2303.14
12. Balance on hand at the beginning of Reporting Period	2303.14	
13. Contributions Received from Individuals (Sections A and B)	13900.00	13900.00
14. Receipts from Other Committees (Sections C1 and C2)	-0-	-0-
15. Other Monetary Receipts (Sections D through K)	8120.00	8120.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	-0-	-0-
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	6550.00	6550.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	28570.00	28570.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	30873.14	30873.14
19. Expenses Paid by Committee (Section P)	18653.98	18653.98
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	12219.16	12219.16
21. In-Kind Donations not Considered Contributions Received (Section L4)	-0-	-0-
22. In-Kind Contributions Received (Section M)	-0-	-0-
23. Refundable Deposit to Telephone Company (Section N)	-0-	-0-
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	-0-	-0-
25. Beginning Loan Balance	-0-	
25a. + Loans Received (Section D)	-0-	-0-
25b. + Interest and Penalties on Loan	-0-	-0-
25c. - Payments on Loan	-0-	-0-
25d. Total Outstanding Loan Amount	-0-	
26. Campaign Expenses Paid by Candidate (Section Q)	-0-	-0-
27. Expenses Incurred on Committee Credit Card (Section R)	-0-	-0-
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	-0-	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	-0-	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE EAST HALEN REPUBLICAN TOWN COMMITTEE		TYPE OF REPORT APRIL 1, 2012 - JUNE 30 2012	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A \$ 0.00	
B. Itemized Contributions from Individuals			
Last Name DI CARRO		First RAHPH	MI J
Residential Street Address 5 HANSFIELD GROVE RD #344		City EAST HALEN	State Zip Code CT 06514
Principal Occupation SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 200.00	200.00
Last Name COX		First MAJON	MI 1
Residential Street Address 160 LONGAL AVENUE		City EAST HALEN	State Zip Code CT 06512
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 900.00	900.00
Last Name DESARBO		First ARTHUR	MI L
Residential Street Address 494 SILVERSAID ROAD		City EAST HALEN	State Zip Code CT 06512
Principal Occupation ADMINISTRATOR		Name of Employer TOWN OF EHALEN	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 400.00	400.00
SUBTOTAL SECTION B - THIS PAGE		1500.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A—B)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		PERIOD REPORT	
EAST HALE REPUBLICAN TOWN COMMITTEE		APRIL 1 2012 - JUNE 30 2012	
A. Total Contributions from Small Contributors Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>		SUBTOTAL SECTION A	
		\$ 0.00.	
B. Itemized Contributions from Individuals			
Last Name		First	MI
PARI		AN	
Residential Street Address		City	State Zip Code
39 HARRISON DRIVE		HARDEL	CT 06514
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		05-19-2012	300.00
Last Name		First	MI
MILBROOK		R	L
Residential Street Address		City	State Zip Code
735 POST ROAD EAST		WESTPORT	CT 06880
Principal Occupation		Name of Employer	
RESTATE - SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		05-19-2012	100.00
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL SECTION B - This Page			400.00
TOTAL of individual System B Page			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS RECEIVED THIS PERIOD ONLY <small>(See instructions for definition of Small Contributor)</small>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		PERIOD OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
A. Total Contributions from Small Contributors Received during Period (Only See instructions for definition of Small Contributor)		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name FINKLE		First JOHN	
Residential Street Address ANGELA DRIVE		City EAST HAVEN	
Principal Occupation SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 100.00
Last Name FINKLE		First CATHY	
Residential Street Address ANGELA DRIVE		City EAST HAVEN	
Principal Occupation SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 100.00
Last Name PARETE		First ROBERT	
Residential Street Address 7 FARM RIVER ROAD		City EAST HAVEN	
Principal Occupation SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 100.00
		300.00	
		13600.00	
TOTAL OF ALL CONTRIBUTIONS (NOVEMBER 2010 THROUGH JUNE 2011)		13900.00	

