

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Do Not Mark in This Space For
Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE

Maturo for Mayor 2011

2. TREASURER NAME

Title	First	MI	Last	Suffix
Mr	Salvatore	R	Maltese	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
11 Holland Road	East Haven	CT	06512

4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only if Candidate Committee)	6. DISTRICT NUMBER (if applicable)
11/08/2011	Mayor	

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

Title	First	MI	Last	Suffix
Mr	Joseph		Maturo	

8. TYPE OF REPORT (Check One Box)

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

9. PERIOD COVERED

Beginning Date	Ending Date
07/01/2011	09/30/2011

thru

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Salvatore Maltese
 TREASURER OR DEPUTY TREASURER (SIGNATURE)

Salvatore Maltese
 PRINT NAME OF SIGNER

10-11-2011
 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.

RECEIVED FOR FILING
OCT 11 2011
 TOWN CLERK'S OFFICE
 EAST HAVEN, CONN.

Stacy J. Licinilla
 TOWN CLERK

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 1/08

Page 2 of 17

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Maturio for Mayor 2011	10/10/2011	
	COLUMN A	COLUMN B
	This Period	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		
12. Balance on hand at the beginning of Reporting Period	\$764.50	
13. Contributions received from Individuals (Sections A and B)	\$17,946.00	\$23,756.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$296.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$18,242.00	\$24,052.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$0.00	\$0.00
19. Expenses Paid by Committee (Section P)	\$11,984.58	\$17,030.08
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$7,021.92	\$7,021.92
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
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Maturo for Mayor 2011

10/10/2011

A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor)

Subtotal Section A

\$ 0.00

B. Itemized Contributions from Individuals

Last Name Mansi	First Anthony	MI	Principal Occupation Postal Worker	Amount of Contribution
Residential Street Address 100 Russo Avenue	City East Haven	State CT	Zip Code 06512 Name of Employer USPS	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$270.00	\$250.00

Last Name Depalma	First Gary	MI	Principal Occupation Police Officer	Amount of Contribution
Residential Street Address 16 Center Avenue	City East Haven	State CT	Zip Code 06512 Name of Employer Town of East Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$100.00	\$50.00

Last Name Adamczyk	First Joan	MI	Principal Occupation	Amount of Contribution
Residential Street Address 123 Hellstrom Road	City East Haven	State CT	Zip Code 06512 Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$170.00	\$120.00

Last Name Maltese	First Salvatore	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 11 Holland Road	City East Haven	State CT	Zip Code 06512 Name of Employer none	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$270.00	\$220.00

SUBTOTAL Section B-This Page **\$640.00**

TOTAL of additional Section B Pages **\$0.00**

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page) **\$640.00**

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution	
RIZZA	PAUL		Retired		
Residential Street Address 212 BREAKNECK HILL ROAD	City MIDDLETOWN	State CT	Zip Code 06762		Name of Employer NONE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$150.00		\$100.00
MAZZUCCO	BENJAMINE		STATE MARSHAL		
Residential Street Address 920 FOXON BLVD, PMB 471	City East Haven	State CT	Zip Code 06512		Name of Employer SELF
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$500.00		\$100.00
GIORDANO	JOHN		PUBLIC ADJUSTER		
Residential Street Address 18 CHAPEL DRIVE	City BRANFORD	State CT	Zip Code 06405		Name of Employer SELF
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$250.00		\$200.00
ANANIA	RICH		RETIRED		
Residential Street Address 50 DAVID DRIVE	City East Haven	State CT	Zip Code 06512		Name of Employer NONE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No			
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Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$150.00		\$100.00
CRETELLA	MICHAEL		RETIRED		
Residential Street Address 91 KIMBERLY AVENUE	City EAST HAVEN	State CT	Zip Code 06512		Name of Employer NONE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No			
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Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$150.00		\$100.00
SUBTOTAL Section B-This Page				\$600.00	

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 07/01/2011
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B. Itemized Contributions from Individuals

Last Name DWYER	First EDWIN	MI	Principal Occupation UNEMPLOYED	Amount of Contribution
Residential Street Address 130 COE AVENUE	City East Haven	State CT	Zip Code 06512 Name of Employer NONE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 07/20/2011	Aggregate contributions \$100.00
\$100.00				

Last Name FERRIALLO	First RONALD	MI	Principal Occupation UNEMPLOYED	Amount of Contribution
Residential Street Address 143 MANSFIELD GROVE RD	City East Haven	State CT	Zip Code 06512 Name of Employer NONE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 07/20/2011	Aggregate contributions \$300.00
\$300.00				

Last Name BIY	First DONALD	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 17 PEVETTY DRIVE	City East Haven	State CT	Zip Code 06512 Name of Employer NONE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 07/20/2011	Aggregate contributions \$100.00
\$100.00				

Last Name CRISCUOLO	First ANTHONY	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 370 THOMPSON AVENUE	City East Haven	State CT	Zip Code 06512 Name of Employer NONE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 07/20/2011	Aggregate contributions \$150.00
\$100.00				

Last Name COPPOLA	First JOHN	MI	Principal Occupation REAL ESTATE	Amount of Contribution
Residential Street Address 261 BROWN STREET	City WEST HAVEN	State CT	Zip Code 06516 Name of Employer ARNOLD PECK	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 07/20/2011	Aggregate contributions \$100.00
\$100.00				

SUBTOTAL Section B-This Page

\$700.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name MINGIONE	First GEORGE	MI	Principal Occupation SUPERVISOR	Amount of Contribution
Residential Street Address 65 CREST AVENUE	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name CARRANO	First LUCIA	MI	Principal Occupation WELDER	Amount of Contribution
Residential Street Address 52 STUYVESANT	City New Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name BRANCATI	First SALVATORE	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 58 VISTA TERRACE	City New Haven	State CT	Zip Code 06515	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name MATTIE	First GEORGE	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 87 ALLISON WAY	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name MARTONE	First MICHAEL	MI	Principal Occupation CONSULTANT	Amount of Contribution
Residential Street Address 30 CHARTER OAK DRIVE	City CHESHIRE	State CT	Zip Code 06410	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

SUBTOTAL Section B-This Page	\$500.00
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I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name MCQUADE	First DAVID	MI	Principal Occupation CONSULTANT	Amount of Contribution
Residential Street Address 20 WHITNEY FERFUSON RD, #13	City VERNON	State CT	Zip Code 06066	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
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Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name ARGENTO	First JOHN	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 11 ROBERT DRIVE	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name ASID	First MARLENE	MI	Principal Occupation PROJECT MANAGER	Amount of Contribution
Residential Street Address 505 GOLF DRIVE	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$220.00	\$220.00

Last Name ILLINGWORTH	First JAMES	MI	Principal Occupation	Amount of Contribution
Residential Street Address 26 FOREST COURT SOUTN	City HAMDEN	State CT	Zip Code 06518	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name DESORBO	First ARTHUR	MI	Principal Occupation	Amount of Contribution
Residential Street Address 494 SILVER SANDS ROAD	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$140.00	\$140.00

SUBTOTAL Section B-This Page **\$660.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name PIZZOLA	First LORENA	MI	Principal Occupation	Amount of Contribution
Residential Street Address 2 OLD QUARRY ROAD	City WOODBIDGE	State CT	Zip Code 06525	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name SORVILLO	First SCOTTY	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$100.00	\$100.00

Last Name RUGGIERO	First CARL	MI J	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 12 OAK HILL DRIVE	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$400.00	\$300.00

Last Name KOLB	First KOREN	MI	Principal Occupation OFFICE MANAGER	Amount of Contribution
Residential Street Address 49 HIGH STREET	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$300.00	\$200.00

Last Name WHITE	First KEVIN	MI	Principal Occupation ENGINEER	Amount of Contribution
Residential Street Address 6 TAYLOR AVENUE	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$300.00	\$200.00

SUBTOTAL Section B-This Page **\$900.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name GALLO	First LEONARD	MI L	Principal Occupation POLICE OFFICER	Amount of Contribution
Residential Street Address 7 RANCE COURT	City North Haven	State CT	Zip Code 06473	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 07/20/2011	Aggregate contributions \$400.00
\$200.00				

Last Name ILLINGWORTH	First WILLIAM	MI	Principal Occupation STATE MARSHAL	Amount of Contribution
Residential Street Address 175 SOUTH END RD	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 09/06/2011	Aggregate contributions \$740.00
\$240.00				

Last Name GRAVINO	First MARK	MI	Principal Occupation ENTERTAINMENT PROMOTER	Amount of Contribution
Residential Street Address PO BOX 120597	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 07/20/2011	Aggregate contributions \$300.00
\$200.00				

Last Name GALLIGAN	First JAMES	MI H	Principal Occupation WORKER	Amount of Contribution
Residential Street Address 193 WHITE HOLLOW ROAD	City NORTHFORD	State CT	Zip Code 06471	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 07/20/2011	Aggregate contributions \$200.00
\$200.00				

Last Name O'CONNELL	First KAREN	MI	Principal Occupation SALES	Amount of Contribution
Residential Street Address 315 NORTH HIGH STREET	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 09/06/2011	Aggregate contributions \$240.00
\$340.00				

SUBTOTAL Section B-This Page **\$1,180.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name GAUDINO	First RONALD	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 1 NICHOLAS DRIVE	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$200.00	\$200.00

Last Name WRIGHT	First SANDRA	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 4 MARTIN ROAD	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$200.00	\$200.00

Last Name JANER	First Andrew	MI C	Principal Occupation Realtor	Amount of Contribution
Residential Street Address 75 MAIN STREET	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$250.00	\$200.00

Last Name CONSIGLIO	First LAURA	MI	Principal Occupation	Amount of Contribution
Residential Street Address 30 TIMBERLAND DRIVE	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$200.00	\$200.00

Last Name LIPKIN	First EDWARD	MI	Principal Occupation	Amount of Contribution
Residential Street Address 230 SOUTH BORAD ST, MEZZANIN	City PHILADELPHIA	State PA	Zip Code 19102	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$250.00	\$250.00

SUBTOTAL Section B-This Page **\$1,050.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name SCARAMELLA	First LISA	MI	Principal Occupation POLICE OFFICER	Amount of Contribution
Residential Street Address 161 COSEY BEACH RD #9	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/07/2011	Aggregate contributions \$400.00	\$300.00

Last Name GENTILESCO, JR.	First FRANK	MI	Principal Occupation BANKER	Amount of Contribution
Residential Street Address 195 COUNTRY HILL DRIVE	City WEST HAVEN	State CT	Zip Code 06516	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/07/2011	Aggregate contributions \$490.00	\$340.00

Last Name VANWOLVELAERD	First ROSEMARY	MI	Principal Occupation	Amount of Contribution
Residential Street Address 832 PODUNK ROAD	City GUILFORD	State CT	Zip Code 06437	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$300.00	\$300.00

Last Name MARCHETTI	First AUGUSTUS	MI	Principal Occupation	Amount of Contribution
Residential Street Address 21 CONIFER DRIVE	City Branford	State CT	Zip Code 06405	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$300.00	\$300.00

Last Name CARBO	First PAUL	MI	Principal Occupation DIRECTOR	Amount of Contribution
Residential Street Address 10 NICHOLAS DRIVE	City East Haven	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/20/2011	Aggregate contributions \$850.00	\$550.00

SUBTOTAL Section B-This Page **\$1,790.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name PANZO	First LEWIS	MI	Principal Occupation HEALTH PROVIDER	Amount of Contribution
Residential Street Address 1125 WESTWOODS ROAD	City HAMDEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B,C		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$950.00	\$750.00

Last Name AQUIN	First VINCENT	MI L	Principal Occupation	Amount of Contribution
Residential Street Address	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/29/2011	Aggregate contributions \$1,000.00	\$1,000.00

Last Name ARPINO	First VINCENT	MI	Principal Occupation	Amount of Contribution
Residential Street Address 33 HARTMAN	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$140.00	\$140.00

Last Name BOVE	First CHERLY	MI	Principal Occupation	Amount of Contribution
Residential Street Address 99 PROSPECT AVENUE	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/12/2011	Aggregate contributions \$30.00	\$30.00

Last Name CIANELLI	First JANET	MI	Principal Occupation REALTOR	Amount of Contribution
Residential Street Address 310 SHORT BEACH ROAD	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/11/2011	Aggregate contributions \$300.00	\$300.00

SUBTOTAL Section B-This Page **\$2,220.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name CONSTANTINOPE	First PAUL	MI SR	Principal Occupation	Amount of Contribution
Residential Street Address 35 PROSPECT PLACE EXT	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$200.00	\$200.00

Last Name DENUZZO	First RON	MI	Principal Occupation INSPECTOR	Amount of Contribution
Residential Street Address 9 BRANHAVEN DRIVE	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$20.00	\$20.00

Last Name DILIUNGO	First JOSEPHINE	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 66 ALLISON WAY	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$340.00	\$40.00

Last Name ENDERS	First MICHAEL	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address	City	State CT	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$70.00	\$70.00

Last Name ESPOSITE	First JUDY	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 88 GLEN HAVEN ROAD	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$200.00	\$200.00

SUBTOTAL Section B-This Page **\$530.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name GLENN	First DOROTHY	MI	Principal Occupation	Amount of Contribution
Residential Street Address 284 SHORT BEACH ROAD	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/12/2011	Aggregate contributions \$100.00	\$100.00

Last Name THOMAS	First HENNESSEY	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$100.00	\$100.00

Last Name HORTON	First LYNN	MI	Principal Occupation	Amount of Contribution
Residential Street Address 41 IRONWOOD ROAD	City GUILFORD	State CT	Zip Code 06437	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/21/2011	Aggregate contributions \$500.00	\$500.00

Last Name KOLB	First FRANK	MI JR	Principal Occupation ATTORNEY	Amount of Contribution
Residential Street Address 8 ERICO STREET	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/12/2011	Aggregate contributions \$1,000.00	\$1,000.00

Last Name KORAN	First KOLB	MI	Principal Occupation OFFICE WORKER	Amount of Contribution
Residential Street Address 49 HIGH STREET	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/19/2011	Aggregate contributions \$700.00	\$700.00

SUBTOTAL Section B-This Page **\$2,400.00**

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name KOLB	First ROBERT	MI	Principal Occupation ATTORNEY	Amount of Contribution
Residential Street Address 831 NORTH HIGH STREET	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/10/2011	Aggregate contributions \$500.00	\$500.00

Last Name LISO	First MICHAEL	MI	Principal Occupation	Amount of Contribution
Residential Street Address 15 CEDAR COURT	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$40.00	\$40.00

Last Name MASSARO	First CAROL	MI	Principal Occupation	Amount of Contribution
Residential Street Address 24 DAMEN DRIVE	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$20.00	\$20.00

Last Name MATURO	First CAROL	MI	Principal Occupation CUSTOMER SERVICE	Amount of Contribution
Residential Street Address 117 BORRMAN ROAD	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$100.00	\$100.00

Last Name MEADOW	First STEVEN	MI F	Principal Occupation	Amount of Contribution
Residential Street Address 5 MANSFIELD GROVE RD #40	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$375.00	\$375.00

SUBTOTAL Section B-This Page **\$1,035.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name NASTRI	First ROBERT	MI	Principal Occupation	Amount of Contribution
Residential Street Address 13 JARDIN DRIVE	City EAST HAVEN	State CT	Zip Code 06512	
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 committee 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 # C <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 checked="" type="checkbox"/> Yes <input 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 09/29/2011	Aggregate contributions \$125.00	\$125.00
Last Name PARLATO	First CARMEN	MI	Principal Occupation ENGINEER	Amount of Contribution
Residential Street Address 142 TYLER STREET	City EAST HAVEN	State CT	Zip Code 06512	
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 committee 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 # B <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 09/08/2011	Aggregate contributions \$40.00	\$40.00
Last Name PRUIFICATO	First ANTHONY	MI	Principal Occupation ELECTRIAN	Amount of Contribution
Residential Street Address 23 SUNSET ROAD	City EAST HAVEN	State CT	Zip Code 06512	
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 committee 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 # B <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 09/08/2011	Aggregate contributions \$120.00	\$120.00
Last Name RICHO	First DONNA	MI	Principal Occupation REALTOR	Amount of Contribution
Residential Street Address 67 CHARNES DRIVE	City EAST HAVEN	State CT	Zip Code 06512	
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 committee 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 # B <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 09/08/2011	Aggregate contributions \$160.00	\$160.00
Last Name SCUSSELL	First ROBERT	MI	Principal Occupation	Amount of Contribution
Residential Street Address 816 THOMPSON	City EAST HAVEN	State CT	Zip Code 06512	
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 committee 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 # B <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 checked="" type="checkbox"/> Yes <input 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 09/08/2011	Aggregate contributions \$200.00	\$200.00
SUBTOTAL Section B-This Page				\$645.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name SMITH	First FORBES	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
		CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$20.00	\$20.00

Last Name VESTUTI	First RONALD	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address MAPLE STREET	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$60.00	\$60.00

Last Name CESTARO	First JULIE	MI	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 280 SHORT BEACH ROAD	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/12/2011	Aggregate contributions \$100.00	\$100.00

Last Name COLANGELO	First SUE	MI	Principal Occupation DOMESTIC ENGINEER	Amount of Contribution
Residential Street Address 348 COE AVEUNE	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # B		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/08/2011	Aggregate contributions \$130.00	\$80.00

Last Name JULIANO	First JAY	MI	Principal Occupation	Amount of Contribution
Residential Street Address 14 EADON STREET	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # C		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="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/12/2011	Aggregate contributions \$350.00	\$300.00

SUBTOTAL Section B-This Page **\$560.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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B. Itemized Contributions from Individuals

Last Name RAMANO	First PASQUALE	MI E	Principal Occupation RETIRED	Amount of Contribution
Residential Street Address 21 JAMAICA COURT	City EAST HAVEN	State CT	Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> B <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 09/08/2011	Aggregate contributions \$90.00

\$40.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> B <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate contributions

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> B <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate contributions

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> B <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate contributions

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee 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="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> B <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order			Date Received	Aggregate contributions

SUBTOTAL Section B-This Page **\$40.00**

L MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Mature for Mayor 2011	FILING DUE DATE 10/10/2011
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C1. Contributions from Other Committees

Name of Committee					Name of Treasurer		
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00	\$0.00		
Name of Committee					Name of Treasurer		
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00	\$0.00		
Name of Committee					Name of Treasurer		
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00	\$0.00		
Name of Committee					Name of Treasurer		
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00	\$0.00		
Name of Committee					Name of Treasurer		
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00	\$0.00		
Name of Committee					Name of Treasurer		
Address					Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
	CT			\$0.00	\$0.00		

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee					Name of Treasurer	
Address					Date Received	Amount of Receipt
City	State	Zip Code			<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution \$0.00
	CT					
Name of Committee					Name of Treasurer	
Address					Date Received	Amount of Receipt
City	State	Zip Code			<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution \$0.00
	CT					
SUBTOTAL Section C-This Page						\$0.00
TOTAL of additional Section C Pages						\$0.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)						\$0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Mature for Mayor 2011	FILING DUE DATE 10/10/2011
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D. Loans Received this Period

Name of Lender	Source of Loan:	Is there a Cosigner or Guarantor of this loan?	Amount Received
Street Address	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate	<input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor)	\$0.00
City	<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> No	
State			
Zip Code			
Name of Cosigner/Guarantor	Date of Receipt		
Street Address			
City			
State			
Zip Code			

Total Section D			\$ 0.00
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E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				Amount Received
Street Address		Date Received		
City	State	Zip Code	Aggregate Contributions	\$0.00
	CT			

Total Section E			\$ 0.00
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F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
	\$0.00		\$0.00	
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 0.00

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
	\$0.00		\$0.00	
				\$ 0.00

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
Amount	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
		\$0.00		\$ 0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Maturo for Mayor 2011	FILING DUE DATE 10/10/2011
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I. Anonymous Contributions (Specify dollar amount of the bills received)

Date Received	Amount	Date Received	Amount	Total Amount Received
09/08/2011	\$296.00		\$0.00	
\$1 bills <u>\$21.00</u>	\$5 bills <u>\$75.00</u>	\$1 bills <u>\$0.00</u>	\$5 bills <u>\$0.00</u>	
coins <u>\$0.00</u>	\$10 bill <u>\$200.00</u>	coins <u>\$0.00</u>	\$10 bill <u>\$0.00</u>	
				\$ 296.00

J. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
	\$0.00		\$0.00	
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	City	State	
	CT		CT	\$ 0.00

K. Miscellaneous Monetary Receipts not Considered Contributions

Name			Date of Transaction		Amount Received
Street Address			City	State	
				CT	
Description					\$ 0.00
Name			Date of Transaction		Amount Received
Street Address			City	State	
				CT	
Description					\$ 0.00
Name			Date of Transaction		Amount Received
Street Address			City	State	
				CT	
Description					\$ 0.00
Total Section K					\$ 0.00

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)	0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	0.00
Total Amount of Anonymous Contributions (Section I)	296.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	0.00
Total of Other Monetary Receipts (Add Sections D-K) <i>(Enter total on Line 15 of Summary Page)</i>	296.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Maturo for Mayor 2011	10/10/2011

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
07/20/2011	B	happy hour	10 Roma Street	East Haven	CT	06512

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No \$ 0.00

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
09/08/2011	B	Ziti Dinner	89 Taylor Aven	East Haven	CT	06512

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No \$ 0.00

SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts-This Page	\$0.00
TOTAL of additional Section L1 Pages	+ \$0.00
TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)	\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Mature for Mayor 2011	FILING DUE DATE 10/10/2011
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L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						\$0.00
SUBTOTAL Section L2-This Page						\$0.00
TOTAL of additional Section L2 Pages						\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>						\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Maturo for Mayor 2011	FILING DUE DATE 10/10/2011
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L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Bob Thomas Ford	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/21/2011	\$250.00	\$250.00
Street Address: 2215 Dixwell Avenue City: Hamden State: CT Zip Code: 06514		Event # Adbook		
Ct Health Care Insurance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/29/2011	\$250.00	\$250.00
Street Address: 4133 Whitney Avenue City: Hamden State: CT Zip Code: 06518		Event # AdBook		
Eugene Harris	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	09/29/2011	\$250.00	\$250.00
Street Address: 164 Kneeland Road City: New Haven State: CT Zip Code: 06512		Event # AdBook		
DS Hasan Peters	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/22/2011	\$100.00	\$100.00
Street Address: 190 Main Street City: State: CT Zip Code:		Event # AdBook		
J Roos Restaurant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/25/2011	\$250.00	\$250.00
Street Address: 249 State Street City: North Haven State: CT Zip Code: 06473		Event # AdBook		
Kolb and Assoc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/19/2011	\$250.00	\$250.00
Street Address: 49 High Street City: East Haven State: CT Zip Code: 06512		Event # AdBook		
Orange Liquor Shop	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/24/2011	\$100.00	\$100.00
Street Address: 717 Orange Street City: New Haven State: CT Zip Code: 06511		Event # AdBook		
Pasquariello Electric	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/24/2011	\$250.00	\$250.00
Street Address: 297 Pect Street City: New Haven State: CT Zip Code: 06513		Event # AdBook		
Sports Parade	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/26/2011	\$2,500.00	\$250.00
Street Address: 44 Country Club Drive City: Woodbridge State: CT Zip Code: 06525		Event # AdBook		
United Office Furniture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/29/2011	\$250.00	\$250.00
Street Address: 45 Marne Street City: Hamden State: CT Zip Code: 06514		Event # AdBook		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Street Address: City: State: CT Zip Code:		Event #		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Street Address: City: State: CT Zip Code:		Event #		
SUBTOTAL, Section L3-This Page				\$2,200.00
TOTAL of additional Section L3 Pages				\$0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				\$2,200.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Maturro for Mayor 2011	FILING DUE DATE 10/10/2011
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L4. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address: _____ City: _____ State: CT Zip Code: _____	Aggregate value for this event	\$0.00		\$0.00
Description of donation: _____	Date Received: _____	Event #: _____		
Street Address: _____ City: _____ State: CT Zip Code: _____	Aggregate value for this event	\$0.00		\$0.00
Description of donation: _____	Date Received: _____	Event #: _____		
Street Address: _____ City: _____ State: CT Zip Code: _____	Aggregate value for this event	\$0.00		\$0.00
Description of donation: _____	Date Received: _____	Event #: _____		
Street Address: _____ City: _____ State: CT Zip Code: _____	Aggregate value for this event	\$0.00		\$0.00
Description of donation: _____	Date Received: _____	Event #: _____		
Street Address: _____ City: _____ State: CT Zip Code: _____	Aggregate value for this event	\$0.00		\$0.00
Description of donation: _____	Date Received: _____	Event #: _____		
Street Address: _____ City: _____ State: CT Zip Code: _____	Aggregate value for this event	\$0.00		\$0.00
Description of donation: _____	Date Received: _____	Event #: _____		
Street Address: _____ City: _____ State: CT Zip Code: _____	Aggregate value for this event	\$0.00		\$0.00
Description of donation: _____	Date Received: _____	Event #: _____		
SUBTOTAL Section L4-This Page				\$0.00
TOTAL of additional Section L4 Pages				\$0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)				\$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Maturo for Mayor 2011	FILING DUE DATE 10/10/2011
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M. In-Kind Contributions

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
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 committee 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			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
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 committee 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			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
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 committee 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			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
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 committee 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			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	\$0.00

SUBTOTAL Section M-This Page						\$0.00
TOTAL of additional Section M Pages						\$0.00
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page)						\$0.00

N. Refundable Deposit to Telephone Company

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual		First	MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State CT	Zip Code		
Name of telephone company						
Street Address		City	State CT	Zip Code		\$0.00

Total Section N (Enter total on Line 23 of Summary Page)						\$0.00
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Maturu for Mayor 2011				10/10/2011	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Total Section O <i>(Enter total on Line 24 of Summary Page)</i>					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE			
Mature for Mayor 2011				10/10/2011			
P. Expenses Paid by Committee							
Name of Payee Il Salice				Date of Payment 8/4/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card	Amount
Street Address 10 Roma Street		City East Haven	State CT	Zip Code 06512			
Purpose of Expenditure (by code) FNDR		Description Fund Raiser - happy hour				Event # 07202011 B	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 4,207.42
Name of Payee HOME DEPOT				Date of Payment 9/30/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card	Amount
Street Address FRONTAGE ROAD		City East Haven	State CT	Zip Code 06512			
Purpose of Expenditure (by code) A-SIGN		Description POSTS AND CABLES				Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 158.00
Name of Payee Ann Desorbo				Date of Payment 9/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card	Amount
Street Address 494 Silver Sands Road		City East Haven	State CT	Zip Code 06512			
Purpose of Expenditure (by code) RCW		Description Ziti Dinner Raffle				Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 95.22
Name of Payee Rich Anania				Date of Payment 9/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1007 <input type="checkbox"/> Debit Card	Amount
Street Address 50 David Drive		City East Haven	State CT	Zip Code 06512			
Purpose of Expenditure (by code) A-OTH		Description T SHIRT LETTERING				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 40.00
Name of Payee MINUTEMAN PRESS				Date of Payment 9/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1008 <input type="checkbox"/> Debit Card	Amount
Street Address 339 MAIN STREET		City EAST HAVEN	State CT	Zip Code 06512			
Purpose of Expenditure (by code) PRNT		Description FLYERS				Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 100.00
SUBTOTAL Section P-This Page						\$ 4,600.64	
TOTAL of additional Section P Pages						\$ 4,919.71	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						\$ 9,520.35	

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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P. Expenses Paid by Committee

Name of Payee SHORE PUBLISHING				Date of Payment 09/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1010 <input type="checkbox"/> Debit Card		Amount
Street Address 724 BOSTON POST ROAD		City MADISON	State CT	Zip Code 06443				
Purpose of Expenditure (by code) A-NEWS		Description MATURO FOR MAYOR				Event # 		
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) 		Office Sought 		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 500.00

Name of Payee LENOX STRATEGIES				Date of Payment 09/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card		Amount
Street Address 		City 	State CT	Zip Code 				
Purpose of Expenditure (by code) POLLS		Description CAN WE WIN				Event # 		
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) 		Office Sought 		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 450.00

Name of Payee ILSALICE				Date of Payment 09/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card		Amount
Street Address 10 ROMA STREET		City EAST HAVEN	State CT	Zip Code 06512				
Purpose of Expenditure (by code) FNDR		Description DEPOSIT ON OCTOBER 13TH				Event # 10/13/2011		
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) 		Office Sought 		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 250.00

Name of Payee LEXOX STRATEGIES				Date of Payment 09/20/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1014 <input type="checkbox"/> Debit Card		Amount
Street Address 		City 	State CT	Zip Code 06512				
Purpose of Expenditure (by code) POLLS		Description POLLS				Event # 		
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) 		Office Sought 		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 1,629.59

Name of Payee USPS				Date of Payment 09/20/2011		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		Amount
Street Address TROLLY SQUARE		City EAST HAVEN	State CT	Zip Code 06512				
Purpose of Expenditure (by code) POST		Description POSTAGE				Event # 		
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) 		Office Sought 		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 176.00

SUBTOTAL Section P-This Page \$3,005.59

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/1011
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P. Expenses Paid by Committee

Name of Payee MINUTEMAN PRESS				Date of Payment 09/29/2011		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card		Amount	
Street Address 339 MAIN STREET		City EAST HAVEN		State CT	Zip Code 06512				
Purpose of Expenditure (by code) PRNT		Description FLYERS				Event #			
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 626.67

Name of Payee				Date of Payment		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card		Amount	
Street Address		City		State CT	Zip Code				
Purpose of Expenditure (by code)		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 0.00

Name of Payee				Date of Payment		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card		Amount	
Street Address		City		State CT	Zip Code				
Purpose of Expenditure (by code)		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 0.00

Name of Payee				Date of Payment		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card		Amount	
Street Address		City		State CT	Zip Code				
Purpose of Expenditure (by code)		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 0.00

Name of Payee				Date of Payment		Method of Payment <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		Amount	
Street Address		City		State CT	Zip Code				
Purpose of Expenditure (by code)		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 0.00

SUBTOTAL Section P-This Page								\$626.67	
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IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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P. Expenses Paid by Committee

Name of Payee BIG PRINT				Date of Payment 09/13/2011	Method of Payment <input checked="" type="radio"/> Check # 1009 <input type="radio"/> Debit Card	Amount
Street Address 200 KIMBERLY AVENUE		City EAST HAVEN	State CT	Zip Code 06512		
Purpose of Expenditure (by code) A-SIGN		Description BIG SIGNS			Event #	
Type of Expenditure (if applicable): <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,500.00

Name of Payee PAUL CARBO				Date of Payment 09/13/2011	Method of Payment <input checked="" type="radio"/> Check # 1013 <input type="radio"/> Debit Card	Amount
Street Address 10 NICHOLAS DRIVE		City EAST HAVEN	State CT	Zip Code 06512		
Purpose of Expenditure (by code) RCW		Description POSTAGE AND ADVERTIZING			Event #	
Type of Expenditure (if applicable): <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 136.26

Name of Payee YAHOO				Date of Payment 09/26/2011	Method of Payment <input checked="" type="radio"/> Check # 1116 <input type="radio"/> Debit Card	Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code) A-WEB		Description WEB			Event #	
Type of Expenditure (if applicable): <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 29.86

Name of Payee BIG PRINT				Date of Payment 09/26/2011	Method of Payment <input checked="" type="radio"/> Check # 1115 <input type="radio"/> Debit Card	Amount
Street Address 200 KIMBERLY AVENUE		City EAST HAVEN	State CT	Zip Code 06512		
Purpose of Expenditure (by code) A-SIGN		Description BIG SIGNS			Event #	
Type of Expenditure (if applicable): <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,000.00

Name of Payee HOME DEPOT				Date of Payment 09/26/2011	Method of Payment <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card	Amount
Street Address FRONTAGE ROAD		City EAST HAVEN	State CT	Zip Code 06512		
Purpose of Expenditure (by code) A-SIGN		Description POSTS AND CABLES			Event #	
Type of Expenditure (if applicable): <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 241.00

SUBTOTAL Section P-This Page \$2,907.12

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE MATURO FOR MAYOR 2011	FILING DUE DATE 10/10/2011
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P. Expenses Paid by Committee

Name of Payee HOME DEPOT				Date of Payment 09/26/2011	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount
Street Address FRONTAGE ROAD		City EAST HAVEN	State CT	Zip Code 06512		
Purpose of Expenditure (by code) A-SIGNS		Description POSTS AND CABLES			Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 21.24

Name of Payee STAPLES				Date of Payment 09/27/2011	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount
Street Address MAIN STREET		City BRANFORD	State CT	Zip Code 06504		
Purpose of Expenditure (by code) OFFICE		Description SUPPLIES, PENS, PAPER ETC			Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 86.42

Name of Payee STOP AND SHOP				Date of Payment 09/27/2011	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount
Street Address TROLLEY SQUARE		City EAST HAVEN	State CT	Zip Code 06512		
Purpose of Expenditure (by code) OFFICE		Description SUPPLIES			Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 18.49

Name of Payee HOME DEPOT				Date of Payment 09/28/2011	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount
Street Address FRONTAGE ROAD		City EAST HAVEN	State CT	Zip Code 06512		
Purpose of Expenditure (by code) A-SIGN		Description POSTS AND CABLES			Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 158.23

Name of Payee MINUTEMAN PRESS				Date of Payment 09/28/2010	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount
Street Address MAIN STREET		City EAST HAVEN	State CT	Zip Code 06512		
Purpose of Expenditure (by code) PRNT		Description FLYERS			Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 626.67

SUBTOTAL Section P-This Page \$911.05

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Mature for Mayor 2011	10/10/2011

Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="2">Purpose of Expenditure (by code)</td> <td colspan="2">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)		Description			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State CT	Zip Code								
Purpose of Expenditure (by code)		Description									
Event #											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="2">Purpose of Expenditure (by code)</td> <td colspan="2">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)		Description			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State CT	Zip Code								
Purpose of Expenditure (by code)		Description									
Event #											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="2">Purpose of Expenditure (by code)</td> <td colspan="2">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)		Description			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State CT	Zip Code								
Purpose of Expenditure (by code)		Description									
Event #											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="2">Purpose of Expenditure (by code)</td> <td colspan="2">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)		Description			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State CT	Zip Code								
Purpose of Expenditure (by code)		Description									
Event #											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="2">Purpose of Expenditure (by code)</td> <td colspan="2">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)		Description			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State CT	Zip Code								
Purpose of Expenditure (by code)		Description									
Event #											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="2">Purpose of Expenditure (by code)</td> <td colspan="2">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)		Description			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State CT	Zip Code								
Purpose of Expenditure (by code)		Description									
Event #											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="2">Purpose of Expenditure (by code)</td> <td colspan="2">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)		Description			<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State CT	Zip Code								
Purpose of Expenditure (by code)		Description									
Event #											
SUBTOTAL Section Q-This Page			\$0.00								
TOTAL of additional Section Q Pages			\$0.00								
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)			\$0.00								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Maturo for Mayor 2011	10/10/2011

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other

Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description		Event #	\$0.00

Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description		Event #	\$0.00

Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description		Event #	\$0.00

Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description		Event #	\$0.00

Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description		Event #	\$0.00

Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description		Event #	\$0.00

Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description		Event #	\$0.00

Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description		Event #	\$0.00

SUBTOTAL Section R-This Page					\$0.00
TOTAL of additional Section R Pages					\$0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Mature for Mayor 2011	10/10/2011

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description				

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description				

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description				

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description				

SUBTOTAL Section S-This Page				\$0.00
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TOTAL of additional Section S Pages				\$0.00
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TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page)</i>				\$0.00
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Previously reported Expenses Unpaid and still Outstanding				\$0.00
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TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page)</i>				\$0.00
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IV. EXPENDITURES

NAME OF COMMITTEE Maturio for Mayor 2011	FILING DUE DATE 10/10/2011
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T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Carbo	Paul		08/16/2011	<input checked="" type="radio"/> Check # 1013 <input type="radio"/> Debit Card	
Secondary Payee BJ's			Purpose of Expenditure (by code) A-OTH		
Street Address 555 Universal Drive		City North Haven	State CT	Zip Code	
Description Chips for give away at senior day					
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="radio"/> Supported <input type="radio"/> Opposed
\$ 991.51					
Carbo	Paul		08/16/2011	<input checked="" type="radio"/> Check # 1005 <input type="radio"/> Debit Card	
Secondary Payee Perfect Party			Purpose of Expenditure (by code) A-OTH		
Street Address 854 WEST MAIN STREET		City Branford	State CT	Zip Code 06405	
Description BALLOONS AND GAS FOR GIVE AWAY AT SENIOR DAY					
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="radio"/> Supported <input type="radio"/> Opposed
\$ 44.65					
ANANIA	RICH		09/13/2011	<input checked="" type="radio"/> Check # <input type="radio"/> Debit Card	
Secondary Payee N&D SPORTS			Purpose of Expenditure (by code) A-OTH		
Street Address		City BRANFORD	State CT	Zip Code 06405	
Description PRINT SETUP FOR SHIRTS					
Type of Expenditure (if applicable): <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="radio"/> Supported <input type="radio"/> Opposed
\$ 40.00					
DESORBO	ANN		09/13/2011	<input type="radio"/> Check # <input type="radio"/> Debit Card	
Secondary Payee VARIOUS			Purpose of Expenditure (by code)		
Street Address		City	State	Zip Code	
Description GIFTS AND WRAP FOR RAFFLE					
Type of Expenditure (if applicable): <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="radio"/> Supported <input type="radio"/> Opposed
\$ 995.22					
SUBTOTAL Section T-This Page					\$271.38
TOTAL of additional Section T Pages					\$0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					\$271.38