



Stacy Gravano, CTC

TOWN CLERK

SEEC FORM 1
 STATE ELECTIONS ENFORCEMENT COMMISSION
Registration by Candidate
 Revised January 2014

REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER <i>(If applicable)</i>
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment	11/3/2015	Mayor	

4. PARTY AFFILIATION

Republican Democratic Other *(Specify)* _____

5. CANDIDATE NAME:

First Name	MI	Last Name	Suffix
Joseph		Maturo	Jr.

6. CANDIDATE RESIDENCE ADDRESS			7. CANDIDATE MAILING ADDRESS (If different)		
Street Address			Address		
315 North High Street			315 North High Street		
City	State	Zip Code	City	State	Zip Code
East Haven	CT	06512	East Haven	CT	06512

8. CANDIDATE TELEPHONE <i>(Include Area Code)</i>	9. CANDIDATE EMAIL ADDRESS
203 627 6500	joe.maturo@snet.net

10. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(Check one)

A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.

Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.

Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised January 2014



REGISTRATION TYPE		CANDIDATE NAME			
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment		Joseph Maturo, Jr.			
11. COMMITTEE NAME					
Maturo for Mayor 2015					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 28 Ozone Road			Email Address maturo2015@gmail.com		
City East Haven	State CT	Zip Code 06512	Website http://www.maturo2015.com		
15. TREASURER NAME					
First Name Danelle	MI L	Last Name Feeley		Suffix	
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (if different)		
Street Address 28 Ozone Road			Address -Same-		
City East Haven	State CT	Zip Code 06512	City	State	Zip Code
18. TREASURER TELEPHONE			19. TREASURER EMAIL ADDRESS		
(Include Area Code) 203 464 1047			feeleyd1@yahoo.com		
20. DEPUTY TREASURER NAME					
First Name Ann	MI	Last Name Desorbo		Suffix	
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address 494 Silver Sands Road			Address -Same-		
City East Haven	State CT	Zip Code 06512	City	State	Zip Code
23. DEPUTY TREASURER TELEPHONE			24. DEPUTY TREASURER EMAIL ADDRESS		
(Include Area Code) 203 468 6865					
25. DEPOSITORY INSTITUTION NAME					
Citizens Bank					
26. DEPOSITORY INSTITUTION ADDRESS					
Address 263 Hemingway Avenue			City East Haven	State CT	Zip Code 06512

REGISTRATION TYPE	CANDIDATE NAME
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment	Joseph Maturo, Jr.

27. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.



 CANDIDATE SIGNATURE

3/25/15

 DATE (mm/dd/yyyy)

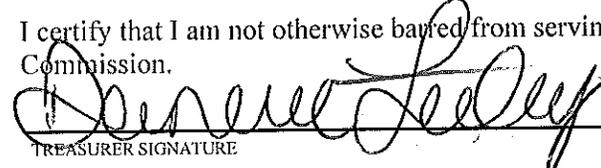
Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.



 TREASURER SIGNATURE

3/25/15

 DATE (mm/dd/yyyy)

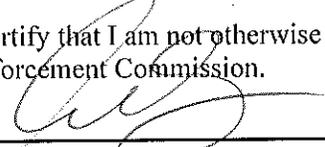
Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.



 DEPUTY TREASURER SIGNATURE

3/25/15

 DATE (mm/dd/yyyy)