SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

RECEIVED FOR FILING
OCT 13 2015
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.
Stacey Gravino, CCTC
TOWN CLERK
Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE

Maturo for Mayor 2015

2. TREASURER NAME

First	MI	Last	Suffix
Danelle	L	Feeley	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
28 Ozone Road	East Haven	CT	06512

4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER
(mm/dd/yyyy) 11/3/2015	Mayor	*(if applicable)*

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

First	MI	Last	Suffix
Joseph		Maturo	Jr.

8. TYPE OF REPORT *(Check One Box)*

- ○ January 10 filing
- ○ April 10 filing
- ○ July 10 filing
- ◉ October 10 filing
- ○ 24 Hour 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: 10/10 Filing

9. PERIOD COVERED

Beginning Date 7/1/2015 thru Ending Date 9/30/2015

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.

Danelle L Feeley
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Danelle Feeley
PRINT NAME OF SIGNER

9/9/2015
DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	41,216.34	
13. Contributions Received from Individuals (Sections A and B)	20,505.00	68,790.00
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. *Per Public Act 11-48, effective January 1, 2012 Section L2. removed*		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	1,750.00	13,725.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	22,255.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	63,471.34	82,515.00
19. Expenses Paid by Committee (Section P)	24,651.14	43,694.80
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	38,820.20	38,820.20
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	5,250.00	5250.00
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

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

B. Itemized Contributions from Individuals

Last Name: SEE ATTACHED SCHEDULE OF DONORS - TOTAL AT BOTTOM | First | MI

Residential Street Address | City | State | Zip Code

Principal Occupation | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution:
○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received | Aggregate Contributions

Last Name | First | MI

Residential Street Address | City | State | Zip Code

Principal Occupation | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution:
○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received | Aggregate Contributions

Last Name | First | MI

Residential Street Address | City | State | Zip Code

Principal Occupation | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ○ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ○ Yes ○ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution:
○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received | Aggregate Contributions

SUBTOTAL Section B — This Page	
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	20,505.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Anastasio | **First:** Andrew | **MI:**
Residential Street Address: 12 Pleasant Drive | **City:** North Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Owner/Member | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $1,275.00 | **$25.00**

Last Name: Anastasio | **First:** Salvatore | **MI:**
Residential Street Address: 55 Thompson Street, #18B | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Musician | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/21/14 | Aggregate Contributions: $40.00 | **$40.00**

Last Name: Anastasio | **First:** Lou | **MI:**
Residential Street Address: 108 Prospect Place Ext | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/1/15 | Aggregate Contributions: $100.00 | **$100.00**

SUBTOTAL Section B — This Page	**$165.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Argento | First: Michael | MI:
Residential Street Address: 726 Woodward Avenue | City: New Haven | State: CT | Zip Code: 06512
Principal Occupation: Office Manager | Name of Employer: CT Republican Party

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/1/15 | Aggregate Contributions: $165.00 | **$40.00**

Last Name: Asid | First: Marlene | MI:
Residential Street Address: 505 Golf Drive | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Supervisor | Name of Employer: AT&T

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $190.00 | **$40.00**

Last Name: Brangi | First: Robert | MI:
Residential Street Address: 161 Cosey Beach Rd, Unit 12 | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer: Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $60.00 | **$60.00**

SUBTOTAL Section B — This Page	**$140.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Cappelloni | **First:** Frank | **MI:**
Residential Street Address: 122 Allison Way | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/13/15 | Aggregate Contributions: $165.00 | **$40.00**

Last Name: Carbo | **First:** Paul | **MI:**
Residential Street Address: 10 Nicholas Drive | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Consultant | **Name of Employer:** Focus Systems Inc.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $475.00 | **$100.00**

Last Name: Carrano | **First:** Michael | **MI:**
Residential Street Address: 52 Stuyvesant Avenue | **City:** New Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Business Owner | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $700.00 | **$200.00**

SUBTOTAL Section B — This Page	**$340.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Filing

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

B. Itemized Contributions from Individuals

Last Name: Caruthers | **First:** Daniel | **MI:**
Residential Street Address: 48 Fairview Ave | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Proj. Manager | **Name of Employer:** Tangoe, Inc.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $40.00

Amount of Contribution: $40.00

Last Name: Cietanno | **First:** Toni | **MI:**
Residential Street Address: 65 Russo Ave., Unit I2 | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Unemployed | **Name of Employer:** Unemployed

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $20.00

Amount of Contribution: $20.00

Last Name: Constantinople | **First:** Paul | **MI:**
Residential Street Address: 35 Prospect Place Ext. | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/2/15 | Aggregate Contributions: $290.00

Amount of Contribution: $40.00

SUBTOTAL Section B — This Page	**$100.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Corby	Kenneth	

Residential Street Address	City	State	Zip Code
13 Clancy Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$40.00	$40.00

Last Name	First	MI
Coyle	Charles	J

Residential Street Address	City	State	Zip Code
24 Columbus Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Foreman	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$435.00	$60.00

Last Name	First	MI
Cretella	Mike	

Residential Street Address	City	State	Zip Code
91 Kimberly Ave.	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$165.00	$40.00

SUBTOTAL Section B — This Page	**$140.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Contributor 1

Last Name: Criscuolo | First: Candace | MI:
Residential Street Address: 10 Thomas Place | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Secretary | Name of Employer: Town

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/21/16 | Aggregate Contributions: $185.00

Amount of Contribution: $60.00

Contributor 2

Last Name: Criscuolo | First: Robert | MI:
Residential Street Address: 96 Sunset Hill Road | City: Branford | State: CT | Zip Code: 06512
Principal Occupation: Engineer | Name of Employer: Criscuolo Engineering, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/11/15 | Aggregate Contributions: $290.00

Amount of Contribution: $40.00

Contributor 3

Last Name: Criscuolo | First: Peter | MI:
Residential Street Address: 54 Fieldstone Court | City: North Haven | State: CT | Zip Code: 06473
Principal Occupation: State Marshal | Name of Employer: Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $50.00

Amount of Contribution: $50.00

SUBTOTAL Section B — This Page	**$150.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Criscuolo, Jr.	Anthony	

Residential Street Address	City	State	Zip Code
370 Thompson Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$850.00	$100.00

Last Name	First	MI
Cunningham	Jim	

Residential Street Address	City	State	Zip Code
299 North High Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Laborer	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/18/15	$40.00	$40.00

Last Name	First	MI
Daigle	Christian	

Residential Street Address	City	State	Zip Code
93 Robinwood	Waterbury	CT	06708

Principal Occupation	Name of Employer
Scientist	Protein Sciences

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$40.00	$40.00

SUBTOTAL Section B — This Page	**$180.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Dellacamera | First: Ann | MI:
Residential Street Address: 117 Short Beach Road | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer: Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/2/15 | Aggregate Contributions: $190.00 | $40.00

Last Name: Delucia | First: Steven | MI:
Residential Street Address: 325 Mansfield Grove Road | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Electrician | Name of Employer: Ducci

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $20.00 | $20.00

Last Name: Desorbo | First: Ann | MI:
Residential Street Address: 494 Silver Sands Road | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Journal Clerk | Name of Employer: State of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $225.00 | $100.00

SUBTOTAL Section B — This Page	**$160.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Dest	Bruce	

Residential Street Address	City	State	Zip Code
140 Thompson Street, Unit 28F	East Haven	CT	06513

Principal Occupation	Name of Employer
Unemployed	Unemployed

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$20.00	$20.00

Last Name	First	MI
Diglio	Arthrur	

Residential Street Address	City	State	Zip Code
76 Wheaton Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Auto Sales	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$20.00	$20.00

Last Name	First	MI
Diglio	Debra	

Residential Street Address	City	State	Zip Code
76 Wheaton Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Banker	Citizens Bank

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$20.00	$20.00

SUBTOTAL Section B — This Page	**$60.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Dupuis | **First:** Jessica | **MI:**
Residential Street Address: 831 North High Street | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retail Sales Mgr. | **Name of Employer:** Wolverine Worldwide

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $560.00

$60.00

Last Name: Enders | **First:** Sandra | **MI:**
Residential Street Address: 23 Oregon Avenue | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Online Faculty | **Name of Employer:** Housatonic Comm College

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/21/15 | Aggregate Contributions: $290.00

$40.00

Last Name: Falcigno | **First:** Robert | **MI:**
Residential Street Address: 29 William Street | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $20.00

$20.00

SUBTOTAL Section B — This Page	**$120.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Falcioni | **First:** Jay | **MI:**
Residential Street Address: 21 Rolling Hills Drive | **City:** North Branford | **State:** CT | **Zip Code:** 06512
Principal Occupation: Investigator | **Name of Employer:** State of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $40.00 | **$40.00**

Last Name: Farrell | **First:** Jim | **MI:**
Residential Street Address: 7 Erico Drive | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Business Mgr. | **Name of Employer:** East Haven BOE

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $415.00 | **$40.00**

Last Name: Federici | **First:** Louis | **MI:**
Residential Street Address: 47 Thistle Rock Drive | **City:** Guilford | **State:** CT | **Zip Code:** 06437
Principal Occupation: Attorney | **Name of Employer:** Parrett, Porto, Parese, & Colwell

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/14/15 | Aggregate Contributions: $320.00 | **$20.00**

SUBTOTAL Section B — This Page	**$100.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Feeley	Lisa	

Residential Street Address	City	State	Zip Code
55 Thompson Street, #1H	East Haven	CT	06513

Principal Occupation	Name of Employer
Cleaning	Self-Employed

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/18/15	$25.00	$25.00

Last Name	First	MI
Feeley	Nicole	

Residential Street Address	City	State	Zip Code
55 Thompson Street, #1H	East Haven	CT	06513

Principal Occupation	Name of Employer
Service Advisor	Milford Auto Group Inc.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/18/15	$25.00	$25.00

Last Name	First	MI
Feeley	Danelle	

Residential Street Address	City	State	Zip Code
28 Ozone Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Admin. Assistant	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$270.00	$20.00

SUBTOTAL Section B — This Page	**$70.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Ferraro	John	

Residential Street Address	City	State	Zip Code
34 Still Hill Road	Hamden	CT	06519

Principal Occupation	Name of Employer
Scientist	Protein Sciences

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$40.00	$40.00

Last Name	First	MI
Finkle	Catherine	

Residential Street Address	City	State	Zip Code
91 Angela Drive	East Haven	CT	06512

Principal Occupation	Name of Employer
Little Jackets Director	East Haven BOE

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$40.00	$40.00

Last Name	First	MI
Gagliardi	Jean	

Residential Street Address	City	State	Zip Code
21 Myrtle Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Realtor	Century 21

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$20.00	$20.00

SUBTOTAL Section B — This Page	**$100.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Gallo	Leonard	

Residential Street Address	City	State	Zip Code
7 Rance Court	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$200.00	$200.00

Last Name	First	MI
Gallo, D.D.S.	Karen	

Residential Street Address	City	State	Zip Code
35 High Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Dentist	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/6/15	$290.00	$40.00

Last Name	First	MI
Gambardella	Andrew	

Residential Street Address	City	State	Zip Code
56 Union Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$40.00	$40.00

SUBTOTAL Section B — This Page	**$280.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Garafalo	Harry	

Residential Street Address	City	State	Zip Code
24 Spice Bush Lane	Milford	CT	06461

Principal Occupation	Name of Employer
Owner	Milford Markets

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/6/15	$90.00	$40.00

Last Name	First	MI
Gaudioso	John	

Residential Street Address	City	State	Zip Code
300 Hemingway Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Realtor	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/11/15	$40.00	$40.00

Last Name	First	MI
Giordano	John	

Residential Street Address	City	State	Zip Code
71 High Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Insurance Adjuster	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/5/15	$790.00	$40.00

SUBTOTAL Section B — This Page	**$120.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Gravino	Mark	

Residential Street Address	City	State	Zip Code
218 Elaine Terrace	New Haven	CT	06512

Principal Occupation	Name of Employer
Owner	East West Productions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/5/15	$790.00	$40.00

Last Name	First	MI
Gravino	Stacy	

Residential Street Address	City	State	Zip Code
132 Vista Drive	East Haven	CT	06512

Principal Occupation	Name of Employer
Town Clerk	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/5/15	$540.00	$40.00

Last Name	First	MI
Hennessey	Thomas	

Residential Street Address	City	State	Zip Code
34 Columbus Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Manager/Owner	A.F. Forbes, Inc,

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/17/15	$790.00	$40.00

SUBTOTAL Section B — This Page	**$120.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Hennessey | First: Linda | MI:
Residential Street Address: 34 Columbus Avenue | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Manager/Owner | Name of Employer: A.F. Forbes, Inc,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/17/15 | Aggregate Contributions: $790.00
Amount of Contribution: $40.00

Last Name: Houston | First: Donald | MI: F
Residential Street Address: 145 Frog Pond Lane | City: Fairfield | State: CT | Zip Code: 06824
Principal Occupation: Attorney | Name of Employer: Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/25/15 | Aggregate Contributions: $40.00
Amount of Contribution: $40.00

Last Name: Hurley | First: Frank | MI:
Residential Street Address: 15 Ozone Road | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer: Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/8/15 | Aggregate Contributions: $165.00
Amount of Contribution: $40.00

SUBTOTAL Section B — This Page	**$120.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Illingworth	James	

Residential Street Address	City	State	Zip Code
26 Forest Court South	Hamden	CT	06518

Principal Occupation	Name of Employer
Owner	Dataprep, Inc.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$40.00	$40.00

Last Name	First	MI
Jaffe	Loria	

Residential Street Address	City	State	Zip Code
140 Mill Street, Unit 637	East Haven	CT	06512

Principal Occupation	Name of Employer
Service Rep.	Frontier

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$95.00	$20.00

Last Name	First	MI
Janer	Clay	

Residential Street Address	City	State	Zip Code
75 Main Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Broker/Owner	Realty World Clayton

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$300.00	$50.00

SUBTOTAL Section B — This Page	**$110.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Jarmie	Joseph	

Residential Street Address	City	State	Zip Code
560 Silver Sands Road, Unit 202	East Haven	CT	06512

Principal Occupation	Name of Employer
Butcher	Stop and Shop

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15

Aggregate Contributions: $40.00

$40.00

Last Name	First	MI
Johnson	Lorrie	

Residential Street Address	City	State	Zip Code
16 Hilton Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15

Aggregate Contributions: $20.00

$20.00

Last Name	First	MI
Khzaufsov	Nikolai	

Residential Street Address	City	State	Zip Code
51 Nicole Road	Branford	CT	06405

Principal Occupation	Name of Employer
Scientist	Protein Sciences

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15

Aggregate Contributions: $40.00

$40.00

SUBTOTAL Section B — This Page	**$100.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Klarman	Katherine	

Residential Street Address	City	State	Zip Code
2 Mansfield Grove Road, #265	East Haven	CT	06512

Principal Occupation	Name of Employer
Acct. Manager	Anthem

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$270.00	$20.00

Last Name	First	MI
Koelle	Paul	

Residential Street Address	City	State	Zip Code
269 Cosey Beach Ave.	East Haven	CT	06512

Principal Occupation	Name of Employer
Biotech Engineering	Protein Sciences

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$100.00	$40.00

Last Name	First	MI
Kuchar	Tom	

Residential Street Address	City	State	Zip Code
900 Mix Ave., Apt. 92	Hamden	CT	06514

Principal Occupation	Name of Employer
Scientist	Protein Sciences

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/11/15	$310.00	$60.00

SUBTOTAL Section B — This Page	**$120.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Labonte | **First:** Lisa | **MI:**
Residential Street Address: 170 South End Road, Unit 22D | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Reg. Nurse | **Name of Employer:** Yale New Haven

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $20.00

Amount of Contribution: $20.00

Last Name: Leonardi | **First:** Peter | **MI:**
Residential Street Address: 2 South Street | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/17/15 | Aggregate Contributions: $580.00

Amount of Contribution: $80.00

Last Name: Lipkin | **First:** Edward | **MI:**
Residential Street Address: 230 South Broad St., Mezzanine | **City:** Philadelphia | **State:** PA | **Zip Code:** 19102
Principal Occupation: Real Estate | **Name of Employer:** EBL&S

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/1/15 | Aggregate Contributions: $1,000.00

Amount of Contribution: $1,000.00

SUBTOTAL Section B — This Page	**$1,100.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Manna | **First:** Christopher | **MI:**
Residential Street Address: 34 MacMahon Lane | **City:** North Branford | **State:** CT | **Zip Code:** 06471
Principal Occupation: Chiropractor | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $20.00 | **Amount of Contribution:** $20.00

Last Name: Mannochi | **First:** Ralph | **MI:**
Residential Street Address: 70 Robert Drive | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/8/15 | Aggregate Contributions: $190.00 | **Amount of Contribution:** $40.00

Last Name: Massimino | **First:** Robert | **MI:**
Residential Street Address: 9531 Cypress Parkway | **City:** Boynton Beach | **State:** FL | **Zip Code:** 33472
Principal Occupation: Police Officer | **Name of Employer:** Ocean Ridge PD

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $60.00 | **Amount of Contribution:** $60.00

SUBTOTAL Section B — This Page	**$120.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Mauro	Vincent	

Residential Street Address	City	State	Zip Code
58 Vista Drive	East Haven	CT	06512

Principal Occupation	Name of Employer
Elevator Mechanic	Kone Inc.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$20.00	$20.00

Last Name	First	MI
McKay	Ken	

Residential Street Address	City	State	Zip Code
59 Sidney Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$550.00	$100.00

Last Name	First	MI
Meole	Arthur	

Residential Street Address	City	State	Zip Code
8 Martin Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	7/22/15	$40.00	$40.00

SUBTOTAL Section B — This Page	**$160.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Musco	Teddy	

Residential Street Address	City	State	Zip Code
88 Francis Street Ext	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$20.00	$20.00

Last Name	First	MI
Musco	Lori	

Residential Street Address	City	State	Zip Code
88 Francis Street Ext	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$20.00	$20.00

Last Name	First	MI
Najjar	Elias	

Residential Street Address	City	State	Zip Code
10 Deborah Lane	East Haven	CT	06512

Principal Occupation	Name of Employer
Restaurant Owner	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$290.00	$40.00

SUBTOTAL Section B — This Page	**$80.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Najjar | First: Elias | MI:
Residential Street Address: 10 Deborah Lane | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Restaurant Owner | Name of Employer: Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/7/15 | Aggregate Contributions: $0.00 | $250.00

Last Name: Nastri | First: Robert | MI:
Residential Street Address: 55 Thompson Street, #14A | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer: Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/1/15 | Aggregate Contributions: $540.00 | $40.00

Last Name: Nastri | First: Nicole | MI:
Residential Street Address: 13 Jardin Drive | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Consultant | Name of Employer: Optum Bank

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $20.00 | $20.00

SUBTOTAL Section B — This Page	**$310.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Penta | **First:** Nicole | **MI:**
Residential Street Address: 109 Hughes Street | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Loan Coordinator | **Name of Employer:** William Raveis

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $20.00 | **$20.00**

Last Name: Perno | **First:** Geraldine | **MI:**
Residential Street Address: 37 Hope Hill Road | **City:** Wallingford | **State:** CT | **Zip Code:** 06512
Principal Occupation: Educator | **Name of Employer:** Wallingford BOE

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/18/15 | Aggregate Contributions: $600.00 | **$100.00**

Last Name: Pietrosimone | **First:** Ralph | **MI:**
Residential Street Address: 44 Roses Farm Rose | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Comp Programmer | **Name of Employer:** VHC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $20.00 | **$20.00**

SUBTOTAL Section B — This Page	**$140.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Porto | **First:** Carl | **MI:**
Residential Street Address: 47 Oakwood Lane | **City:** Hamden | **State:** CT | **Zip Code:** 06518
Principal Occupation: Attorney | **Name of Employer:** Parrett, Porto, Parese, & Colwell

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/15/15 | Aggregate Contributions: $320.00 | **Amount of Contribution:** $20.00

Last Name: Porto | **First:** William | **MI:**
Residential Street Address: 265 Cosey Beach Road | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $20.00 | **Amount of Contribution:** $20.00

Last Name: Purcell | **First:** Anthony | **MI:**
Residential Street Address: 37 Palmetto Trail | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Sales | **Name of Employer:** Nestle Foods

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☒ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $20.00 | **Amount of Contribution:** $20.00

SUBTOTAL Section B — This Page	**$60.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Contribution 1

Last Name	First	MI
Purificato	Anthony	

Residential Street Address	City	State	Zip Code
111 South Main Street, Apt. 2	Branford	CT	06405

Principal Occupation	Name of Employer
Foreman	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$240.00	$40.00

Contribution 2

Last Name	First	MI
Raccio	Margaret	

Residential Street Address	City	State	Zip Code
59 Massachusetts Ave.	East Haven	CT	06512

Principal Occupation	Name of Employer
Purchasing Agent	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/8/15	$165.00	$40.00

Contribution 3

Last Name	First	MI
Raggozino	Nick	

Residential Street Address	City	State	Zip Code
737 Totoket Road	North Branford	CT	06472

Principal Occupation	Name of Employer
Recovery Advisor	Fellowship Place

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$20.00	$20.00

SUBTOTAL Section B — This Page	**$100.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Rizza	Paul	

Residential Street Address	City	State	Zip Code
212 Breakneck Hill Road	Middlebury	CT	06762

Principal Occupation	Name of Employer
Finance Director	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/11/15	$415.00	$40.00

Last Name	First	MI
Romano	James	

Residential Street Address	City	State	Zip Code
155 Salerno Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/1/15	$40.00	$40.00

Last Name	First	MI
Sand	Robert	

Residential Street Address	City	State	Zip Code
501 Thompson Street	East Haven	CT	06513

Principal Occupation	Name of Employer
Electrician	Fortin Electric

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/8/15	$165.00	$40.00

SUBTOTAL Section B — This Page	**$120.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Scasino | First: Andrew | MI:
Residential Street Address: 111 Carriage Drive | City: North Haven | State: CT | Zip Code: 06473
Principal Occupation: Retired | Name of Employer: Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $20.00
Amount of Contribution: $20.00

Last Name: Scelzo | First: John | MI:
Residential Street Address: 25 West Street | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Distrubutor | Name of Employer: Dechello Distributors
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/22/15 | Aggregate Contributions: $40.00
Amount of Contribution: $40.00

Last Name: Schlegal | First: Charles | MI:
Residential Street Address: 86 Edward Street | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Retired | Name of Employer: Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 7/30/15 | Aggregate Contributions: $100.00
Amount of Contribution: $100.00

SUBTOTAL Section B — This Page	**$160.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Sgrignari | **First:** Lawrence | **MI:**
Residential Street Address: 118 Angela Drive | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Attorney | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $700.00 | **$200.00**

Last Name: Sittnick | **First:** Judith | **MI:**
Residential Street Address: 41 Chidsey Avenue | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Carpet Cleaning | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/1/15 | Aggregate Contributions: $40.00 | **$40.00**

Last Name: Smith | **First:** Anissa Temple | **MI:**
Residential Street Address: 25 Nicole Court | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Unemployed | **Name of Employer:** Unemployed

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $100.00 | **$100.00**

SUBTOTAL Section B — This Page	**$340.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Streeto	Michael	

Residential Street Address	City	State	Zip Code
263 Concord Street	New Haven	CT	06512

Principal Occupation	Name of Employer
Grocery Clerk	Stop and Shop

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/2/15 | Aggregate Contributions: $140.00 | **Amount of Contribution**: $40.00

Last Name	First	MI
Sullivan	Brenda	

Residential Street Address	City	State	Zip Code
60 Doblin Hill Road	Higganum	CT	06441

Principal Occupation	Name of Employer
Scientist	Protein Sciences

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $100.00 | **Amount of Contribution**: $100.00

Last Name	First	MI
Torrealba	Eduardo	

Residential Street Address	City	State	Zip Code
193 Thompson Street, Unit A	East Haven	CT	06512

Principal Occupation	Name of Employer
Interpreter	State of CT Jud. Branch

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $60.00 | **Amount of Contribution**: $60.00

SUBTOTAL Section B — This Page	**$200.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name: Valentino | **First:** Aquin | **MI:**
Residential Street Address: 23 Park Street | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/6/15 | Aggregate Contributions: $420.00

Amount of Contribution: $20.00

Last Name: Vanwolvelaerd | **First:** Marcel | **MI:**
Residential Street Address: 832 Podunk Road | **City:** Guilford | **State:** CT | **Zip Code:** 06437
Principal Occupation: Owner | **Name of Employer:** Cable Comm

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/10/15 | Aggregate Contributions: $225.00

Amount of Contribution: $100.00

Last Name: Verderame | **First:** Anthony | **MI:**
Residential Street Address: 39 Valle View Drive | **City:** East Haven | **State:** CT | **Zip Code:** 06513
Principal Occupation: Athletic Director | **Name of Employer:** Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 7/22/15 | Aggregate Contributions: $100.00

Amount of Contribution: $100.00

SUBTOTAL Section B — This Page	**$220.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Vitale	Ralph	

Residential Street Address	City	State	Zip Code
59 Hilltop Road	East Haven	CT	06513

Principal Occupation	Name of Employer
Accountant	Orange and Martorelli

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/1/15	$100.00	$100.00

Last Name	First	MI
White, Jr.	Kevin	

Residential Street Address	City	State	Zip Code
6 Taylor Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Engineer	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$415.00	$40.00

Last Name	First	MI
Wilbur	James	

Residential Street Address	City	State	Zip Code
161 Cosey Beach Road, #13	East Haven	CT	06512

Principal Occupation	Name of Employer
Flooring	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$20.00	$20.00

SUBTOTAL Section B — This Page	**$160.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Filing**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Zullo	Joseph	

Residential Street Address	City	State	Zip Code
28 Ozone Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Attorney	Zullo and Jacks, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 072215a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
7/22/15	$850.00	$100.00

Last Name	First	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions

Last Name	First	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions

SUBTOTAL Section B — This Page	**$100.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Amendola	Dennis C.	

Residential Street Address	City	State	Zip Code
232 Mclay Ave.	East Haven	CT	06512

Principal Occupation	Name of Employer
Real Estate Agent	Weichert

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
8/25/15	$400.00	$150.00

Last Name	First	MI
Angelo	Chuck	

Residential Street Address	City	State	Zip Code
8 Stonewall Lane	Woodbridge	CT	06525

Principal Occupation	Name of Employer
Attorney	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$800.00	$300.00

Last Name	First	MI
Argento	Michael	

Residential Street Address	City	State	Zip Code
726 Woodward Avenue	New Haven	CT	06512

Principal Occupation	Name of Employer
Office Manager	CT Republican Party

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/3/15	$190.00	$25.00

SUBTOTAL Section B — This Page	**$475.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Brancati	Salvatore	J

Residential Street Address	City	State	Zip Code
38 Joshuas Trail	East Haven	CT	06512

Principal Occupation	Name of Employer
Sales	Foxon Park Sofda

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/18/15	$500.00	$250.00

Last Name	First	MI
Cicarella	Christy	

Residential Street Address	City	State	Zip Code
7 Kelly Court	East Haven	CT	06512

Principal Occupation	Name of Employer
Secretary	Advanced Investigations

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/19/15	$150.00	$150.00

Last Name	First	MI
Ciolciola	Christine	

Residential Street Address	City	State	Zip Code
16 Hunting Ridge Farms Road	Branford	CT	06405

Principal Occupation	Name of Employer
Attorney	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$800.00	$300.00

SUBTOTAL Section B — This Page	**$700.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Coady	James	

Residential Street Address	City	State	Zip Code
442 Thompson Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$600.00	$300.00

Last Name	First	MI
Consiglio	Vincent	

Residential Street Address	City	State	Zip Code
30 Timberland Drive	East Haven	CT	06513

Principal Occupation	Name of Employer
Maintenance	East Haven BOE

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/7/15	$550.00	$300.00

Last Name	First	MI
Consiglio	Donna	

Residential Street Address	City	State	Zip Code
24 Thomas Court	East Haven	CT	06512

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/18/15	$275.00	$275.00

SUBTOTAL Section B — This Page	**$875.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Constantinople	Paul	

Residential Street Address	City	State	Zip Code
35 Prospect Place Ext.	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/14/15	$440.00	$150.00

Last Name	First	MI
Cox	Manon	

Residential Street Address	City	State	Zip Code
160 Morgan Avenue	East Haven		

Principal Occupation	Name of Employer
President and CEO	Protein Sciences

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$1,000.00	$500.00

Last Name	First	MI
Coyle	Charles	J

Residential Street Address	City	State	Zip Code
24 Columbus Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Foreman	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$585.00	$150.00

SUBTOTAL Section B — This Page	**$800.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Cretella	Mike	

Residential Street Address	City	State	Zip Code
91 Kimberly Ave.	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	9/1/15	$315.00	$150.00

Last Name	First	MI
Crisci	Louis	

Residential Street Address	City	State	Zip Code
12 Jeffrey Road	East Haven	CT	06513

Principal Occupation	Name of Employer
Attorney	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	9/16/15	$525.00	$150.00

Last Name	First	MI
Criscuolo	Robert	

Residential Street Address	City	State	Zip Code
96 Sunset Hill Road	Branford	CT	06512

Principal Occupation	Name of Employer
Engineer	Criscuolo Engineering, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	8/23/15	$440.00	$150.00

SUBTOTAL Section B — This Page	**$450.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Criscuolo	Carol Ann	

Residential Street Address	City	State	Zip Code
54 Fieldstone Court	North Haven	CT	06473

Principal Occupation	Name of Employer
Homemaker	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$300.00	$300.00

Last Name	First	MI
Criscuolo, Jr.	Anthony	

Residential Street Address	City	State	Zip Code
370 Thompson Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/4/15	$1,000.00	$150.00

Last Name	First	MI
Delucia	Steven	

Residential Street Address	City	State	Zip Code
325 Mansfield Grove Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Electrician	Ducci

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
	$170.00	$150.00

SUBTOTAL Section B — This Page	**$600.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Contribution 1

Last Name: Enders | First: Sandra | MI:
Residential Street Address: 23 Oregon Avenue | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Online Faculty | Name of Employer: Housatonic Comm College

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No — *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No — *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 8/19/15 | Aggregate Contributions: $440.00

Amount of Contribution: $150.00

Contribution 2

Last Name: Farrell | First: Jim | MI:
Residential Street Address: 7 Erico Drive | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Business Mgr. | Name of Employer: East Haven BOE

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No — *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No — *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 9/16/15 | Aggregate Contributions: $565.00

Amount of Contribution: $150.00

Contribution 3

Last Name: Feeley | First: Danelle | MI:
Residential Street Address: 28 Ozone Road | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Admin. Assistant | Name of Employer: Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No — *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No — *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 9/16/15 | Aggregate Contributions: $370.00

Amount of Contribution: $100.00

SUBTOTAL Section B — This Page	**$400.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name: Finkle | First: John | MI:
Residential Street Address: 91 Angela Drive | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Manager | Name of Employer: JST, Inc.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/16/15 | Aggregate Contributions: $275.00 | **$150.00**

Last Name: Fiore | First: Theresa | MI:
Residential Street Address: 272 Clintonville Road | City: North Haven | State: CT | Zip Code: 06473
Principal Occupation: Secretary | Name of Employer: Quality Mechanical

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/1/15 | Aggregate Contributions: $300.00 | **$300.00**

Last Name: Giordano | First: John | MI:
Residential Street Address: 71 High Street | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Insurance Adjuster | Name of Employer: Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/14/15 | Aggregate Contributions: $940.00 | **$150.00**

SUBTOTAL Section B — This Page	**$600.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Gravino	Mark	

Residential Street Address	City	State	Zip Code
218 Elaine Terrace	New Haven	CT	06512

Principal Occupation	Name of Employer
Owner	East West Productions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/15/15	$1,000.00	$210.00

Last Name	First	MI
Gravino	Beverly	

Residential Street Address	City	State	Zip Code
132 Vista Drive	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/14/15	$300.00	$300.00

Last Name	First	MI
Hennessey	Thomas	

Residential Street Address	City	State	Zip Code
34 Columbus Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Manager/Owner	A.F. Forbes, Inc,

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/3/15	$940.00	$150.00

SUBTOTAL Section B — This Page	**$660.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name: Hennessey | First: Linda | MI:
Residential Street Address: 34 Columbus Avenue | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Manager/Owner | Name of Employer: A.F. Forbes, Inc,

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/3/15 | Aggregate Contributions: $940.00
Amount of Contribution: $150.00

Last Name: Hennessey | First: Michael | MI:
Residential Street Address: 18 Piscitelli Circle | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Driver | Name of Employer: A.F. Forbes, Inc,

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/3/15 | Aggregate Contributions: $100.00
Amount of Contribution: $100.00

Last Name: Hennessey | First: Victoria | MI:
Residential Street Address: 18 Piscitelli Circle | City: East Haven | State: CT | Zip Code: 06512
Principal Occupation: Homemaker | Name of Employer: Homemaker

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/3/15 | Aggregate Contributions: $100.00
Amount of Contribution: $100.00

SUBTOTAL Section B — This Page	**$350.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name: Hollenbeck | **First:** Joyce | **MI:**
Residential Street Address: 38 Evergreen Drive | **City:** North Branford | **State:** CT | **Zip Code:** 06471
Principal Occupation: Secretary | **Name of Employer:** Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 8/25/15 | **Aggregate Contributions:** $350.00 | **Amount of Contribution:** $100.00

Last Name: Hollenbeck | **First:** Joyce | **MI:**
Residential Street Address: 38 Evergreen Drive | **City:** North Branford | **State:** CT | **Zip Code:** 06471
Principal Occupation: Secretary | **Name of Employer:** Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9/15/15 | **Aggregate Contributions:** $450.00 | **Amount of Contribution:** $100.00

Last Name: Hurley | **First:** Frank | **MI:**
Residential Street Address: 15 Ozone Road | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9/11/15 | **Aggregate Contributions:** $315.00 | **Amount of Contribution:** $150.00

SUBTOTAL Section B — This Page	**$350.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

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

B. Itemized Contributions from Individuals

Last Name: Illingworth | **First:** James | **MI:**
Residential Street Address: 26 Forest Court South | **City:** Hamden | **State:** CT | **Zip Code:** 06518
Principal Occupation: Owner | **Name of Employer:** Dataprep, Inc.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution: $300.00
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/16/15 | Aggregate Contributions: $340.00

Last Name: St, John | **First:** Jennifer | **MI:**
Residential Street Address: 826 Quinnipiac Ave. | **City:** New Haven | **State:** CT | **Zip Code:** 06513
Principal Occupation: Homemaker | **Name of Employer:** Homemaker
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution: $300.00
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/16/15 | Aggregate Contributions: $300.00

Last Name: Jaffe | **First:** Loria | **MI:**
Residential Street Address: 140 Mill Street, Unit 637 | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Service Rep. | **Name of Employer:** Frontier
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No
Amount of Contribution: $150.00
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order
Date Received: 9/16/15 | Aggregate Contributions: $245.00

SUBTOTAL Section B — This Page	**$750.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Janer	Clay	

Residential Street Address	City	State	Zip Code
75 Main Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Broker/Owner	Realty World Clayton

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$450.00	$150.00

Last Name	First	MI
Jarmie	Joseph	

Residential Street Address	City	State	Zip Code
560 Silver Sands Road, Unit 202	East Haven	CT	06512

Principal Occupation	Name of Employer
Butcher	Stop and Shop

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$190.00	$150.00

Last Name	First	MI
Klarman	Katherine	

Residential Street Address	City	State	Zip Code
2 Mansfield Grove Road, #265	East Haven	CT	06512

Principal Occupation	Name of Employer
Acct. Manager	Anthem

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$570.00	$300.00

SUBTOTAL Section B — This Page	**$600.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Kolb	Koren	

Residential Street Address	City	State	Zip Code
49 High Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Admin. Assistant	Kolb & DiSilvestro

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$750.00	$250.00

Last Name	First	MI
Kolb, Jr.	Frank	

Residential Street Address	City	State	Zip Code
8 Erico Drive	East Haven	CT	06512

Principal Occupation	Name of Employer
Attorney	Kolb & DiSilvestro

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
8/26/15	$1,000.00	$750.00

Last Name	First	MI
Lang	Charles	

Residential Street Address	City	State	Zip Code
74 Bradley Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/14/15	$550.00	$300.00

SUBTOTAL Section B — This Page	**$1300.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Leonardi	Peter	

Residential Street Address	City	State	Zip Code
2 South Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
8/27/15	$880.00	$300.00

Last Name	First	MI
Mannochi	Ralph	

Residential Street Address	City	State	Zip Code
70 Robert Drive	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/11/15	$340.00	$150.00

Last Name	First	MI
Nastri	Robert	

Residential Street Address	City	State	Zip Code
55 Thompson Street, #14A	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
8/26/15	$690.00	$150.00

SUBTOTAL Section B — This Page	**$600.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

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

B. Itemized Contributions from Individuals

Last Name: Norman | **First:** Donna | **MI:**
Residential Street Address: 15 Clancy Street | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Retired | **Name of Employer:** Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 9/16/15 | Aggregate Contributions: $150.00

Amount of Contribution: $150.00

Last Name: Parente | **First:** Linda | **MI:**
Residential Street Address: 7 Farm River Road | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Apt. Finder | **Name of Employer:** Apt. Finder Pub

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 9/16/15 | Aggregate Contributions: $800.00

Amount of Contribution: $300.00

Last Name: Phelan | **First:** Marie | **MI:**
Residential Street Address: 19 Cedar Drive | **City:** Killingworth | **State:** CT | **Zip Code:** 06419
Principal Occupation: Attorney | **Name of Employer:** Pullman and Comley

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 9/16/15 | Aggregate Contributions: $200.00

Amount of Contribution: $200.00

SUBTOTAL Section B — This Page	**$650.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name: Pizzo | **First:** Paul | **MI:**
Residential Street Address: 64 Thompsong Street, A107 | **City:** East Haven | **State:** CT | **Zip Code:** 06513
Principal Occupation: Architect | **Name of Employer:** Landmark Architecxts

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9/16/15 | Aggregate Contributions: $275.00

Amount of Contribution: $150.00

Last Name: Pollack | **First:** Elliot | **MI:**
Residential Street Address: 87 Westerly Terrace | **City:** Hartford | **State:** CT | **Zip Code:** 06105
Principal Occupation: Attorney | **Name of Employer:** Pullman and Comley

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9/16/15 | Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name: Raccio | **First:** Margaret | **MI:**
Residential Street Address: 59 Massachusetts Ave. | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Purchasing Agent | **Name of Employer:** Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9/8/15 | Aggregate Contributions: $315.00

Amount of Contribution: $150.00

SUBTOTAL Section B — This Page	**$400.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name: Reither | **First:** Charles | **MI:**
Residential Street Address: 170 Center Road | **City:** Woodbridge | **State:** CT | **Zip Code:** 06525
Principal Occupation: Attorney | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 9/3/15 | Aggregate Contributions: $200.00

Amount of Contribution: $200.00

Last Name: Ricciardelli | **First:** Ralph | **MI:**
Residential Street Address: 7 Patten Road | **City:** North Haven | **State:** CT | **Zip Code:** 06473
Principal Occupation: Accountant/CPA | **Name of Employer:** Burzenski and Co.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 9/25/15 | Aggregate Contributions: $250.00

Amount of Contribution: $250.00

Last Name: Rizza | **First:** Paul | **MI:**
Residential Street Address: 212 Breakneck Hill Road | **City:** Middlebury | **State:** CT | **Zip Code:** 06762
Principal Occupation: Finance Director | **Name of Employer:** Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | Date Received: 9/9/15 | Aggregate Contributions: $565.00

Amount of Contribution: $150.00

SUBTOTAL Section B — This Page	**$600.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Romano	James	

Residential Street Address	City	State	Zip Code
155 Salerno Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	9/18/15	$140.00	$100.00

Last Name	First	MI
Russo	Steven	J

Residential Street Address	City	State	Zip Code
231 Silver Sands Road	East Haven	CT	06512

Principal Occupation	Name of Employer
Construction	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	9/1/15	$300.00	$300.00

Last Name	First	MI
Russo	Ferdinand	

Residential Street Address	City	State	Zip Code
213 Mclay Avenue	East Haven	CT	06512

Principal Occupation	Name of Employer
Vice Pres.	Quality Associates

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	9/1/15	$300.00	$300.00

SUBTOTAL Section B — This Page	**$700.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Sagnella	David	

Residential Street Address	City	State	Zip Code
666 North High Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Vending Mgr.	Automated Services

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$350.00	$100.00

Last Name	First	MI
Sagnella	David	

Residential Street Address	City	State	Zip Code
666 North High Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Vending Mgr.	Automated Services

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/18/15	$550.00	$200.00

Last Name	First	MI
Sgrignari	Lawrence	

Residential Street Address	City	State	Zip Code
118 Angela Drive	East Haven	CT	06512

Principal Occupation	Name of Employer
Attorney	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$1,000.00	$300.00

SUBTOTAL Section B — This Page	**$600.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**
A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$

B. Itemized Contributions from Individuals

Last Name	First	MI
Spadaro	Al	

Residential Street Address	City	State	Zip Code
100 Bradley Road	Woodbridge	CT	06525

Principal Occupation	Name of Employer
Accountant	Levitskey & Berney

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
8/20/15	$250.00	$250.00

Last Name	First	MI
Squeglia	Vincent	

Residential Street Address	City	State	Zip Code
2 Harwich Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Beach Supervisor	Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/14/15	$150.00	$150.00

Last Name	First	MI
Valentino	Aquin	

Residential Street Address	City	State	Zip Code
23 Park Street	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
	$1,000.00	$580.00

SUBTOTAL Section B — This Page	**$980.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name: Verderame | **First:** Anthony | **MI:**
Residential Street Address: 39 Valle View Drive | **City:** East Haven | **State:** CT | **Zip Code:** 06513
Principal Occupation: Athletic Director | **Name of Employer:** Town of E.H.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9/16/15 | Aggregate Contributions: $400.00

Amount of Contribution: $300.00

Last Name: Wilbur | **First:** James | **MI:**
Residential Street Address: 161 Cosey Beach Road, #13 | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Flooring | **Name of Employer:** Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9/16/15 | Aggregate Contributions: $170.00

Amount of Contribution: $150.00

Last Name: Zullo | **First:** Joseph | **MI:**
Residential Street Address: 28 Ozone Road | **City:** East Haven | **State:** CT | **Zip Code:** 06512
Principal Occupation: Attorney | **Name of Employer:** Zullo and Jacks, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No *If yes*, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 9/16/15 | Aggregate Contributions: $1,000.00

Amount of Contribution: $150.00

SUBTOTAL Section B — This Page	**$600.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

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

B. Itemized Contributions from Individuals

Last Name	First	MI
Zullo	Roseann	

Residential Street Address	City	State	Zip Code
357 Horsepond Road	Madison	CT	06443

Principal Occupation	Name of Employer
Paralegal	Zullo and Jacks, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 091615a

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
9/16/15	$500.00	$300.00

Last Name	First	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions

Last Name	First	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions

SUBTOTAL Section B — This Page	**$300.00**
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event # ______		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event # ______		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event # ______		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee		Name of Treasurer			
Address		City		State	Zip Code
Date Received	Expenditure # *(if applicable)*	Payment Type ◯ Reimbursement for shared expense ◯ Surplus Distribution		Amount of Receipt	
Description					

Name of Committee		Name of Treasurer			
Address		City		State	Zip Code
Date Received	Expenditure # *(if applicable)*	Payment Type ◯ Reimbursement for shared expense ◯ Surplus Distribution		Amount of Receipt	
Description					

SUBTOTAL Section C — This Page	
TOTAL of additional Section C Pages	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) ***(Enter total on Line 14, Column A of Summary Page Totals)***	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

D. Loans Received this Period

Name of Lender		Source of Loan: ○Bank ○ Candidate ○ Individual ○ Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ○ Yes ○ No
Name of Cosigner/Guarantor ***(if applicable)***				**Amount Received**
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: ○Bank ○ Candidate ○ Individual ○ Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ○ Yes ○ No
Name of Cosigner/Guarantor ***(if applicable)***				**Amount Received**
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: ○Bank ○ Candidate ○ Individual ○ Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ○ Yes ○ No
Name of Cosigner/Guarantor ***(if applicable)***				**Amount Received**
Street Address	City	State	Zip Code	

TOTAL SECTION D	

E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1?	**Amount**
	○ Yes ○ No *If yes*, list Event #	
	○ Yes ○ No *If yes*, list Event #	
	○ Yes ○ No *If yes*, list Event #	
	○ Yes ○ No *If yes*, list Event #	
TOTAL SECTION F		

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

Date of Receipt	Date of Receipt	Date of Receipt
Amount	**Amount**	**Amount**
TOTAL SECTION G		

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

Date of Receipt	Method of payment:	**Amount**
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
TOTAL SECTION H		

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
Total of Other Monetary Receipts (Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)*		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

L1. Event Information

Event # | Date of Event: 7/22/15 | Letter: a | Description: Beach Cookout and Convention Rally | Was this a fundraising event? (●) Yes ( ) No

Location: Street Address: 640 Silver Sands Road - Silver Sands Beach Club | City: East Haven | State: CT | Zip Code: 06512

Subpart 1: (All Committees)

Was this event hosted at a personal residence?
( ) Yes (*If yes*, go to Section L5 **In-Kind Donations not Considered Contributions Associated with a House Party** and complete required information for any purchases made by host(s) for food, beverage and invitations.)
(●) No

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?
( ) Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)
(●) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?
( ) Yes (*If yes*, enter **Total Receipts** here.) → $
(●) No

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
( ) Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** 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 with this fundraiser?
( ) Yes (*If yes*, enter **Total Receipts** here.) → $
( ) No

Event # | Date of Event: 09/16/15 | Letter: a | Description: Ad Book Fundraiser | Was this a fundraising event? (●) Yes ( ) No

Location: Street Address: 640 Silver Sands Road - Anastasio's Restaurant | City: East Haven | State: CT | Zip Code: 06512

Subpart 1: (All Committees)

Was this event hosted at a personal residence?
( ) Yes (*If yes*, go to Section L5 **In-Kind Donations not Considered Contributions Associated with a House Party** and complete required information for any purchases made by host(s) for food, beverage and invitations.)
(●) No

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?
( ) Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)
(●) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?
( ) Yes (*If yes*, enter **Total Receipts** here.) → $
(●) No

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
(●) Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** 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 with this fundraiser?
( ) Yes (*If yes*, enter **Total Receipts** here.) → $
( ) No

SUBTOTAL Section L1—Subpart 1 (*All Committees*) Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (*Town Committees ONLY*) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES *(Enter total on Line 16a, Column A of Summary Page Totals)*	

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
SEE ATTACHED SCHEDULE OF DONORS - TOTAL AT BOTTOM				
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ○ Business Entity ○ Other ○ Individual/Sole Proprietorship
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN *(Enter total on Line 16c, Column A of Summary Page Totals)*	1,750.00

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By:	Street Address	City	State	Zip Code	Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Blue Ribbon Services, Inc.	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	551 Silver Sands Road	East Haven	CT	06512	9/15/15	091615a	$250.00	$250.00	
Berchem, Moses, & Devlin, PC	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	75 Broad Street	Milford	CT	06460	9/18/15	091615a	$250.00	$250.00	
Divino Nino La Merced, LLC	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	388 Main Street	East Haven	CT	06512	9/15/15	091615a	$250.00	$250.00	
Narcisa Divino Nino, LLC	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	704 Boston Post Road	Westbrook	CT	06498	9/15/15	091615a	$250.00	$250.00	
Borruso & Company	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	61 High Street	East Haven	CT	06512	9/15/15	091615a	$250.00	$250.00	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	$1250.00
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN *(Enter total on Line 16c, Column A of Summary Page Totals)*	

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	**10/10 Report**

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By:	Street Address	City	State	Zip Code	Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Quality Associates	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	231 Silver Sands Road	East Haven	CT	06512	8/27/15	091615a	$250.00	$250.00	
Quality Mechanical	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	231 Silver Sands Road	East Haven	CT	06512	8/27/15	091615a	$250.00	$250.00	
	☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship									
	☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship									
	☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship									
	☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship									

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	$500.00
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN *(Enter total on Line 16c, Column A of Summary Page Totals)*	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

L4. In-Kind Donations Not Considered Contributions

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: ◯ Business Entity ◯ Individual ◯ Sole Proprietorship	Description of Donation				**Fair Market Value of Donation**
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: ◯ Business Entity ◯ Individual ◯ Sole Proprietorship	Description of Donation				**Fair Market Value of Donation**
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: ◯ Business Entity ◯ Individual ◯ Sole Proprietorship	Description of Donation				**Fair Market Value of Donation**
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: ◯ Business Entity ◯ Individual ◯ Sole Proprietorship	Description of Donation				**Fair Market Value of Donation**
	Date Received	Event #	Aggregate value for this Event		

SUBTOTAL Section L4 — This Page	
TOTAL of additional Section L4 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS *(Enter total on Line 21, Column A of Summary Page Totals)*	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

L5. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
Street Address		City	State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		
Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
Street Address		City	State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		
Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
Street Address		City	State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		
Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
Street Address		City	State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

SUBTOTAL Section L5 — This Page	
TOTAL of additional Section L5 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY ***(Enter total on Line 22, Column A of Summary Page Totals)***	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code

Type of contributor: ○Committee ○Individual / Sole Proprietorship ○Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○Yes ○No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○Yes ○No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? ○Yes ○No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○Yes ○No
If yes, indicate which branch or branches of government the contract is with: ○Executive ○Legislative

Name

Street Address	City	State	Zip Code

Type of contributor: ○Committee ○Individual / Sole Proprietorship ○Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○Yes ○No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○Yes ○No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? ○Yes ○No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○Yes ○No
If yes, indicate which branch or branches of government the contract is with: ○Executive ○Legislative

Name

Street Address	City	State	Zip Code

Type of contributor: ○Committee ○Individual / Sole Proprietorship ○Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○Yes ○No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○Yes ○No

Fair Market Value of this Contribution

Is this contribution associated with an event reported listed in Section L1? ○Yes ○No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○Yes ○No
If yes, indicate which branch or branches of government the contract is with: ○Executive ○Legislative

SUBTOTAL Section M — This Page	
TOTAL of additional Section M Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 23, Column A of Summary Page Totals)*	

N. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	**Amount of Deposit**

Name of Telephone Company

Street Address	City	State	Zip Code

TOTAL SECTION N *(Enter total on Line 24, Column A of Summary Page Totals)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*: Maturo for Mayor 2015

TYPE OF REPORT: 10/10 Report

P. Expenses Paid by Committee

Name of Payee: Facebook
Date of Payment: 7/1/2015
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: 1601 Willow Road
City: Menlo Park
State: CA
Zip Code: 94025
Purpose of Expenditure (by code): A-WEB
Description: Facebook Advertising
Event #:
Amount: 157.50
Expenditure # *(if applicable)*:
Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*
○ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent
○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization ○ A ○ B ○ C ○ D

Name of Payee: Staples
Date of Payment: 7/10/2015
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: 85 North Main street
City: Branford
State: CT
Zip Code: 06405
Purpose of Expenditure (by code): OFFICE
Description: Envelopes
Event #:
Amount: 68.04
Expenditure # *(if applicable)*:
Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*
○ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent
○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization ○ A ○ B ○ C ○ D

Name of Payee: U.S. Post Office - Trolley Square
Date of Payment: 7/17/15
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: 175 Main Street, Ste. 2
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): POST
Description: Postage Stamps
Event #:
Amount:
Expenditure # *(if applicable)*:
Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*
○ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent
○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization ○ A ○ B ○ C ○ D

Name of Payee: Party City
Date of Payment: 7/22/15
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: 854 West Main Street
City: Branford
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): FNDR
Description: Balloons for 7/22/15 Beach Fundraiser
Event #: 072215a
Amount: 67.61
Expenditure # *(if applicable)*:
Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*
○ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent
○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization ○ A ○ B ○ C ○ D

SUBTOTAL Section P — This Page	832.15
TOTAL of additional Section P Pages	23,818.99
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24651.14

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*: Maturo for Mayor 2015

TYPE OF REPORT: 10/10 Report

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
Facebook	8/3/2015	○ Check # ◉ Debit Card ○ EFT	1601 Willow Road	Menlo Park	CA	94025	A-WEB	Facebook Advertising		95.31		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
Facebook	8/3/2015	○ Check # ◉ Debit Card ○ EFT	1601 Willow Road	Menlo Park	CA	94025	A-WEB	Facebook Advertising		68.25		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
Staples	8/10/15	○ Check # ◉ Debit Card ○ EFT	85 North Main Street	Branford	CT	06405	FNDR	Labels, Envelopes, Business Cards - Invites for 9/22 Event	092215a	141.62		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
U.S. Post Office - Trolley Square	8/11/15	○ Check # ◉ Debit Card ○ EFT	175 Main Street - Ste. 2	East Haven	CT	06512	POST	Postage Stamps		68.60		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D

SUBTOTAL Section P — This Page	373.78
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*: Maturo for Mayor 2015

TYPE OF REPORT: 10/10 Report

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
East West Productions	8/11/15	◉ Check # 1007 ○ Debit Card ○ EFT	P.O. Box 120597	East Haven	CT	06512	FNDR	Entertainment (Nick Fradiani Sr.) for 07/21/15 Event	072115a	300.00		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
Andrew Anastasio	8/17/15	◉ Check # 1009 ○ Debit Card ○ EFT	12 Pleasant Drive	North Haven	CT	06473	REF	Refund of donation to contributor	072115a	275.00		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
The Beachside Restaurant	8/20/15	◉ Check # 1008 ○ Debit Card ○ EFT	640 Silver Sands Road	East Haven	CT	06512	FNDR	Beachside Cookout and Convention Rally Catering	072115a	4,468.35		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
Facebook.com	8/24/15	○ Check # ◉ Debit Card ○ EFT	1601 Willow Road	Menlo Park	CA	94025	A-WEB	Facebook advertising	n/a	250.00		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D

SUBTOTAL Section P — This Page	5,293.35
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*: Maturo for Mayor 2015

TYPE OF REPORT: 10/10 Report

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
Marketing 101, LLC dba Big Prints	8/27/15	◉ Check # 1012 ○ Debit Card ○ EFT	15 Baer Circle, Unit B2	East Haven	CT	06512	A-OTH	Jar Openers and Magnets		858.86		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
Taylor Rental	8/31/15	◉ Check # 1010 ○ Debit Card ○ EFT	174 Cedar Street	Branford	CT	06405	FNDR	Chairs, tables, and linens for 6/04/15 Event	060415a	888.82		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
Facebook	9/1/15	○ Check # ○ Debit Card ◉ EFT	1601 Willow Road	Menlo Park	CA	94025	A-WEB	Facebook Advertising		67.75		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
Conquest Communications Group	9/3/15	◉ Check # 1011 ○ Debit Card ○ EFT	2812 Emerywood Pky Ste. 103	Richmond	VA	23294	POLL	8/5/15 Survey		3550.00		○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D

SUBTOTAL Section P — This Page	5,365.43
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*: Maturo for Mayor 2015

TYPE OF REPORT: 10/10 Report

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
Fed-ex	9/8/15	◯ Check # ◉ Debit Card ◯ EFT	1078 West Main Street	Branford	CT	06405	POST	Overnight postage		21.50		◉ None of the below ◯ Coordinated with reimbursement sought (joint expenditure) ◯ Coordinated without reimbursement sought (in-kind contribution) ◯ Independent ◯ Organization ◯ A ◯ B ◯ C ◯ D
Bestbuy	9/8/15	◯ Check # ◉ Debit Card ◯ EFT	535 Boston Post Road	Orange	CT	06477	OVHD	Computers for HQ ($1,000 max on card - balance in other trans.)		1,000.00		◉ None of the below ◯ Coordinated with reimbursement sought (joint expenditure) ◯ Coordinated without reimbursement sought (in-kind contribution) ◯ Independent ◯ Organization ◯ A ◯ B ◯ C ◯ D
Joseph Zullo	9/8/15	◉ Check # 1013 ◯ Debit Card ◯ EFT	28 Ozone Road	East Haven	CT	06512	RCW	Balance of computers for HQ - See Sec. T for Sec. Payee Reporting		701.55		◉ None of the below ◯ Coordinated with reimbursement sought (joint expenditure) ◯ Coordinated without reimbursement sought (in-kind contribution) ◯ Independent ◯ Organization ◯ A ◯ B ◯ C ◯ D
U.S. Post Office - Trolley Square	9/8/15	◉ Check # 451.60 ◯ Debit Card ◯ EFT	175 Main Street - Ste. 2	East Haven	CT	06512	POST	Postage Stamps		451.60		◉ None of the below ◯ Coordinated with reimbursement sought (joint expenditure) ◯ Coordinated without reimbursement sought (in-kind contribution) ◯ Independent ◯ Organization ◯ A ◯ B ◯ C ◯ D

SUBTOTAL Section P — This Page	2,174.65
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*: Maturo for Mayor 2015

TYPE OF REPORT: 10/10 Report

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
AT&T - Branford Store	9/8/15	◉ Debit Card ○ Check # ○ EFT	935 West Main Street	Branford	CT	06405	OVHD	Phones for HQ (Broken in 4 transactions - 1 of 4)		96.21		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
AT&T - Branford Store	9/8/15	◉ Debit Card ○ Check # ○ EFT	935 West Main Street	Branford	CT	06405	OVHD	Phones for HQ (Broken in 4 transactions - 2 of 4)		96.21		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
AT&T - Branford Store	9/8/15	◉ Debit Card ○ Check # ○ EFT	935 West Main Street	Branford	CT	06405	OVHD	Phones for HQ (Broken in 4 transactions - 3 of 4)		96.21		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
AT&T - Branford Store	9/8/15	◉ Debit Card ○ Check # ○ EFT	935 West Main Street	Branford	CT	06405	OVHD	Phones for HQ (Broken in 4 transactions - 4 of 4)		453.97		◉ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization ○ A ○ B ○ C ○ D

SUBTOTAL Section P — This Page	742.60
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

P. Expenses Paid by Committee

Payee 1

Name of Payee	Date of Payment	Method of Payment
HCC Specialty	9/9/15	○ Check #_____ ◉ Debit Card ○ EFT

Street Address	City	State	Zip Code
401 Edgewater Place, Suite 400	Wakefield	MA	01880

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Insurance for Headquarters		366.00

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***

◉ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
○ Coordinated without reimbursement sought (in-kind contribution)

Payee 2

Name of Payee	Date of Payment	Method of Payment
Walmart	9/10/15	○ Check #_____ ◉ Debit Card ○ EFT

Street Address	City	State	Zip Code
120 Commercial Parkway	Branford	CT	06405

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Cleaning supplies/paper goods for headquarters		44.23

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***

◉ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
○ Coordinated without reimbursement sought (in-kind contribution)

Payee 3

Name of Payee	Date of Payment	Method of Payment
Party City	9/14/15	○ Check #_____ ◉ Debit Card ○ EFT

Street Address	City	State	Zip Code
854 West Main Street	Branford	CT	06405

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Decorations for Headquarters		24.38

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***

◉ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
○ Coordinated without reimbursement sought (in-kind contribution)

Payee 4

Name of Payee	Date of Payment	Method of Payment
Dollar City	9/14/15	○ Check #_____ ◉ Debit Card ○ EFT

Street Address	City	State	Zip Code
346 Hemingway Avenue	East Haven	CT	06512

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Decorations for Headquarters		20.21

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***

◉ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
○ Coordinated without reimbursement sought (in-kind contribution)

SUBTOTAL Section P — This Page	454.82
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

P. Expenses Paid by Committee

Name of Payee: The Home Depot
Date of Payment: 9/14/15
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: 75 Frontage Road
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-SIGN
Description: 7 Foot Posts, Zip ties for Large Lawn Signs
Event #:
Amount: 665.17
Expenditure # (if applicable):
Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***
◉ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
○ Coordinated without reimbursement sought (in-kind contribution)

Name of Payee: Marketing 101, LLC dba Big Prints
Date of Payment: 9/14/15
Method of Payment: ◉ Check # 1017 ○ Debit Card ○ EFT
Street Address: 15 Baer Circle, Unit B2
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-SIGN
Description: 200 Large Signs, 17 4 x 8 Signs
Event #:
Amount: 2,750.00
Expenditure # (if applicable):
Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***
◉ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
○ Coordinated without reimbursement sought (in-kind contribution)

Name of Payee: East Haven Merit Awards Committee
Date of Payment: 9/14/15
Method of Payment: ◉ Check # 1016 ○ Debit Card ○ EFT
Street Address: 250 Main Street
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-OTH
Description: Ad for Dinner Ad Book
Event #:
Amount: 100.00
Expenditure # (if applicable):
Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***
◉ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
○ Coordinated without reimbursement sought (in-kind contribution)

Name of Payee: Intuit, Inc.
Date of Payment: 9/16/15
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: P.O. Box 52044
City: Phoenix
State: AZ
Zip Code: 85072
Purpose of Expenditure (by code): WEB
Description: Web interface for phone banking used on computers
Event #:
Amount: 405.01
Expenditure # (if applicable):
Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***
◉ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○ A ○ B ○ C ○ D
○ Coordinated without reimbursement sought (in-kind contribution)

SUBTOTAL Section P — This Page	3,920.18
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*: Maturo for Mayor 2015

TYPE OF REPORT: 10/10 Report

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Expenditure # (if applicable)	Amount
Anastasio's Steakhouse	9/17/15	◉ Debit Card ○ Check # ○ EFT	640 Silver Sands Road	East Haven	CT	06512	FNDR	Catering for 9/16/15 Event	091615a		4,092.00
Party City	9/22/15	◉ Debit Card ○ Check # ○ EFT	854 West Main Street	Branford	CT	06405	FNDR	Balloons for 9/16/15 Event	091615a		67.93
VolunteerSpot.com - WePay.com	9/23/15	◉ Debit Card ○ Check # ○ EFT	380 Portage Avenue	Palo Alto	CA	94306	WEB	Monthly fee for volunteer tracking website			9.99
The Home Depot	9/28/15	◉ Debit Card ○ Check # ○ EFT	75 Frontage Road	East Haven	CT	06512	A-SIGN	7 Foot posts, Zip ties for Large Signs			298.56

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*

- ◉ None of the below
- ○ Coordinated with reimbursement sought (joint expenditure)
- ○ Coordinated without reimbursement sought (in-kind contribution)
- ○ Independent
- ○ Organization ○ A ○ B ○ C ○ D

SUBTOTAL Section P — This Page	4,468.48
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*: Maturo for Mayor 2015

TYPE OF REPORT: 10/10 Report

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Amount	Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
Staples	9/30/15	◯ Check # ◉ Debit Card ◯ EFT	85 North Main Street	Branford	CT	06405	OFFICE	Printer ink		113.89		◉ None of the below ◯ Coordinated with reimbursement sought (joint expenditure) ◯ Coordinated without reimbursement sought (in-kind contribution) ◯ Independent ◯ Organization ◯ A ◯ B ◯ C ◯ D
Minuteman Press	9/5/15	◉ Check # 1015 ◯ Debit Card ◯ EFT	330 Main Street	East Haven	CT	06512	PRNT	Brochures - Mayor (Door to door lit.)		505.73		◉ None of the below ◯ Coordinated with reimbursement sought (joint expenditure) ◯ Coordinated without reimbursement sought (in-kind contribution) ◯ Independent ◯ Organization ◯ A ◯ B ◯ C ◯ D
Minuteman Press	9/20/15	◉ Check # 1020 ◯ Debit Card ◯ EFT	330 Main Street	East Haven	CT	06512	FNDR	Ad Books for 9/16/15 Event	091615a	154.28		◉ None of the below ◯ Coordinated with reimbursement sought (joint expenditure) ◯ Coordinated without reimbursement sought (in-kind contribution) ◯ Independent ◯ Organization ◯ A ◯ B ◯ C ◯ D
SCCI, Inc.	9/16/15	◉ Check # 1018 ◯ Debit Card ◯ EFT	P.O. Box 454	North Haven	CT	06473	OVHD	Headquarters maintenance (prop. mgmt. company)		251.80		◉ None of the below ◯ Coordinated with reimbursement sought (joint expenditure) ◯ Coordinated without reimbursement sought (in-kind contribution) ◯ Independent ◯ Organization ◯ A ◯ B ◯ C ◯ D

SUBTOTAL Section P — This Page	1,025.70
TOTAL of additional Section P Pages	n/a
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	24,651.14

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Maturo for Mayor 2015	10/10 Report

Q. Campaign Expenses Paid by Candidate

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed?	
Maturo for Mayor 2015		7/1/2015	○ Yes ◉ No	
Street Address	City		State	Zip Code
28 Ozone Road	East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-SIGN	450 Sm. Signs/40 Lg sign w/stakes from prior campaigns		5,250.00	

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed?	
			○ Yes ○ No	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed?	
			○ Yes ○ No	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed?	
			○ Yes ○ No	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed?	
			○ Yes ○ No	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed?	
			○ Yes ○ No	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	

SUBTOTAL Section Q — This Page	5,250.00
TOTAL of additional Section Q Pages	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE *(Enter total on Line 26, Column A of Summary Page Totals)*	5,250.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: ○ Visa ○ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○A ○B ○C ○D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○A ○B ○C ○D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○A ○B ○C ○D			

SUBTOTAL Section R — This Page	
TOTAL of additional Section R Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD ***(Enter total on Line 27, Column A of Summary Page Totals)***	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*

TYPE OF REPORT

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

Name of Creditor | Date Incurred
Street Address | City | State | Zip Code
Purpose of Expenditure (by code) | Description | Event # | **Amount Incurred** *(Estimate or Actual)*
Expenditure # *(if applicable)* | Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)***
○ None of the below
○ Coordinated with reimbursement sought (joint expenditure)
○ Coordinated without reimbursement sought (in-kind contribution)
○ Independent
○ Organization: ○A ○B ○C ○D

Name of Creditor | Date Incurred
Street Address | City | State | Zip Code
Purpose of Expenditure (by code) | Description | Event # | **Amount Incurred** *(Estimate or Actual)*
Expenditure # *(if applicable)* | Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)***
○ None of the below
○ Coordinated with reimbursement sought (joint expenditure)
○ Coordinated without reimbursement sought (in-kind contribution)
○ Independent
○ Organization: ○A ○B ○C ○D

Name of Creditor | Date Incurred
Street Address | City | State | Zip Code
Purpose of Expenditure (by code) | Description | Event # | **Amount Incurred** *(Estimate or Actual)*
Expenditure # *(if applicable)* | Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)***
○ None of the below
○ Coordinated with reimbursement sought (joint expenditure)
○ Coordinated without reimbursement sought (in-kind contribution)
○ Independent
○ Organization: ○A ○B ○C ○D

SUBTOTAL Section S-This Page	
TOTAL of additional Section S Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 28, Column A of Summary Page Totals)*	
Previously reported Expenses Unpaid and still Outstanding	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID *(Enter total on Line 28a, Column A of Summary Page Totals)*	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Zullo	Joseph	H	9/8/15

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Bestbuy

Payment to Reimburse Committee Worker/Consultant as reported in Section P: ◉ Check # 1013 ○ Debit Card ○ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
535 Boston Post Road	Orange	CT	06477

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Balance of computers for HQ due to $1k limit on debit card		701.55

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***

○ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ ○ ○ ○
○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant

Payment to Reimburse Committee Worker/Consultant as reported in Section P: ○ Check #_____ ○ Debit Card ○ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code

Purpose of Expenditure (by code) | Description | Event # | Amount

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***

○ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ ○ ○ ○
○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant

Payment to Reimburse Committee Worker/Consultant as reported in Section P: ○ Check #_____ ○ Debit Card ○ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code

Purpose of Expenditure (by code) | Description | Event # | Amount

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***

○ None of the below
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ ○ ○ ○
○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

SUBTOTAL Section T — This Page	701.55
TOTAL of additional Section T Pages	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	701.55