SEEC FORM 20

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

RECEIVED FOR FILING APP 1 2 2015 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

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Do Not Mark in This Space For Official Case Bally CLERK

COVER PAGE

1. NAME OF COMMITTEE											
Maturo for Mayor 2015											
2. TREASURER NAME			e Propi	N. N. N. N.							
First		МІ	L	ast					Suffix		
Danelle		L	F	eeley							
3. TREASURER ADDRESS				<u>History</u>							
Street Address			City				State	Zip C			
28 Ozone Road			East I	Haven		****	СТ	065	512		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only if (Candidat	: Committee)			Carle Collaborations	RICT NUMBER		
(mm/dd/yyyy) 11/3/2015	Mayor		(if opplicable)								
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)									
First		MI	I.	ast					Suffix		
Joseph	:			Matur)				Jr		
8. TYPE OF REPORT (Check One Box)											
O January 10 filing	O7th day preced	ding primar	y	O7th	day preceding referendum		initial Cont PACs ONLY		r Disbursement		
April 10 filing	○30 days follow	ving primar	ary 045 days following referendum Amendment to								
OJuly 10 filing	O7th day preced	ling electio	ection ODeficit Type of Report:								
October 10 filing	O12th day preceding election (State Central Committees Only)			ection Termination							
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n						·		
9, PERIOD COVERED											
	Beginning Da	te			Ending Date						
	1/22/2015		t	thru	3/31/2015	<u>_</u>					
I hereby certify and state, under p Disclosure Statement for the pe						his Itei	mized Cai	mpaign F	inance		
DOODORS	teelly		Danell	le L. Fe	eley			4/6/15			
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	•	PRINT ì	NAME	OF SIGNER		-	DATE	(mm/dd/yyyy)		
A person who is	found to have kn	owingly <i>ก</i> า	nd willf	îdly vi	olated any provisions of th	ne cam	paign find	ince stati	ites		
1= F 0. 33.1 1.110 ta,					mprisonment or both.	7	J V				

Page 1 of 17

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	April 10 Filing						
	COLUMN A This Period	COLUMN B Aggregate					
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00					
12. Balance on hand at the beginning of Reporting Period	0.00						
13. Contributions Received from Individuals (Sections A and B)	31,950.00	31,950.00					
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)	8,925.00	8,925.00					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	40,875.00	40,875.00					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	40,875.00	40,875.00					
19. Expenses Paid by Committee (Section P)	6,515.78	6,515.78					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	34,359.22	34,359.22					
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)							
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)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maturo for Mayor 2015			April 10 Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$					
B. Itemized Co	ntrib	utions from Indivi	duals					
Last Name	Fi	rst				МГ		
See attached schedule of donors. Total at bottom of page.	_			1	f			
Residential Street Address	City			State	Zip (lode		
Principal Occupation		Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality Oyes ONo				Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches _	e contractor? Yes OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions					
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order							
Last Name	Fin	rst		··· •		МІ		
Residential Street Address	City			State	Zip C	ode		
Principal Occupation		Name of Employer			J			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of	Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a Ifyes, indicate which bra of government the contra	nch or	branches	e contractor? Yes					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order							
Last Name	Fir	rst				MI		
Residential Street Address	City	# * * * * * * * * * * * * * * * * * * *		State	Zip C	lode		
Principal Occupation	l	Name of Employer		<u> </u>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or l	branches	OLegislative ONo					
Method of Contribution:	0.1	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order				• • • • • • • • • • • • • • • • • • • •			
SUBTOTAL Section B — This Page								
TOTAI	L of ac	lditional Section B P	ages					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 31,950.00							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015	***		April 10 Fi	Filing MI State Zip Code CT 06512			
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor)	ed th	his Period ONLY OTAL SECTION A	\$				
						W. C.	
B. Itemized Co	atrib	outions from Individ	Iuals				
Last Name	F	inst				MI	
Adams		Daniel					
Residential Street Address	City				1 -		
160 Morgan Avenue		East Haven		СТ	00	5512	
Principal Occupation		Name of Employer					
Executive Chairman		Protein Sciences					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive pelated with have a contract	c officer of a municipality with said municipality	, Amo	iunt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a section L1? Is contributor a principal of a section L1? If yes, indicate which branch of government the contract	nch or	branches	contractor?				
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	r 3/5/15	\$1,000.00			\$1,000.00	
Lost Name		rirst			···········	MI	
Amendola		Dennis C.					
	City			State	Zip (
232 Mclay Ave.		East Haven		СТ	00	6512	
Principal Occupation		Name of Employer					
Real Estate Agent		Weichert					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business ho/she is associated with have a contract with said municipality					f Contribution	
Is this contribution associated with an event reported in Section L1?	nch or	r branches vith:	Logislative				
Method of Contribution:		Date Received	Aggregate Contributions			ተግሮስ ሰብ	
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$250.00			\$250.00	
Last Name	Į.	First				MI	
Anastasio		Andrew		I State	7in	Code	
Residential Street Address	City	North Haven		State CT	1 -	6473	
12 Pleasant Ave	<u></u>		w				
Principal Occupation		Name of Employer Self					
Trucker					Macon -	A.A. (11 . 1)	
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	ociated with have a contract Yes X No	with said municipality	y, Am	ount o	of Contribution	
Is this contribution associated with an overt reported in Section L1?	nch or	r branches vith:	Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	ŀ		h#^^	
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	3/25/15	\$500.00			\$500.00	
SUB	тот	AL Section B — This	Page			\$1,750.00	
TOTA	Lofa	additional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM	M INI 13, Ca	DIVIDUALS (Sections A Column A of Summary Page	A + B) Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			April 10 F	April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$				
					**************************************	5003393 341	
B. Itemized Co	ntrib	outions from Indivi	duals				
Last Name	F	írst				MI	
Angelo		Chuck					
Residential Street Address	City			State		Code	
8 Stonewall Lane		Woodbridge		СТ	0	6525	
Principal Occupation		Name of Employer					
Attorney		Self					
	Do a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No				f Contribution		
Is this contribution associated with an event reported in Section L1? Solution No Section L1?	nch or	branches	e contractor?				
If yes, list Event #032515a of government the contract Method of Contribution:	CLIS WI	Date Received	Aggregate Contributions	_			
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	u Order		\$250.00			\$250.00	
		irst	ΨΒ50100			мі	
Lost Name Anglotti	r1	Reno Caesar				MI	
Angletti	lo:	Reno Caesar		l 0	7: (0-4-	
Residential Street Address 61 Vista Road	City	North Haven		State CT	_	^{Code} 6473	
Principal Occupation		Name of Employer		<u> </u>			
Retired Retired							
	🖾 No does contributor or business he/she is associated with have a contract with said municipality					f Contribution	
Is this contribution associated with an vent reported in Section L1? Solution In Section L1? Solution In Section L1? Solution In Section L1? Solution In Section L1. Solution	nch or	branches	e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash	Order (3/5/15	\$125.00			\$125.00	
Last Name	Fi	rst				MI	
Argento		Michael					
Residential Street Address	City			State	Zip (Code	
726 Woodward Avenue		New Haven		СТ	06	6512	
Principal Occupation	i	Name of Employer					
Office Manager		CT Republican P	arty				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Yes Is contributor a principal of a subject of government the contract of government the government the contract of government the government of government the government of government the government of government the government of government of government the government of govern	nch or 1	branches th: DExecutive	□ Legislative]			
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$125.00	<u> </u>		\$125.00	
SUBT	ГОТА	L Section B — This	Page			\$500.00	
TOTAL	ofac	dditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page T				***************************************	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			April 10 F	State Zip Code CT 06512		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
				N. 10. 11. 1	,	
B. Itemized Co.	ntrib	utions from Indivi	duals			
Last Name	Fi	írst				MI
Arpino	İ	Vincent				
Residential Street Address	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State	Zip	Code
33 Hartman Ave		East Haven		CT	0	6512
Principal Occupation		Name of Employer	<u></u>	omenomicaciones	-do-	and the state of t
Mason		UPG				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				unt c	of Contribution	
Is this contribution associated with an event reported in Section L1? Solution No Section L1.	nch or	branches	e contractor?			
If yes, list Event #		Date Received	Aggregate Contributions	-		
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$75.00		\$75.00	
Last Name		irst .				Mi
Asid		Marlene				
	City			State	Zip	1 Code
505 Golf Drive	•	East Haven		СТ	0	6512
Principal Occupation		Name of Employer		<u>i</u>		
Supervisor AT&T						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					f Contribution	
Is this contribution associated with an event reported in Section L1? Solution Is section Is section L1? Solution Is section	nch or	branches	e contractor? Yes X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$150.00			\$150.00
Last Name	Fi	rst				MI
Azzolina		Mark				
	City			State	1 1	Code
77 Minor Road		East Haven		СТ	0	6512
Principal Occupation		Name of Employer				
Graphic Design		Marketing 101				
Is contributor a lobbylst, spouse, or dependent child of a lobbyist?	to a car is assoc	ndidate for a chief executive ciated with have a contract \[Yes \] No	e officer of a municipality with said municipality	/, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution in Section L1.	ich or l	branches	c contractor? Yes XI No Legislative			
Method of Contribution: Date Received Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$100.00			\$100.00
SUBT	OTA	L Section B — This	Page			\$325.00
TOTAL	of ac	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPÉ OF REPORT			
Maturo for Mayor 2015			April 10 F	iling	no monomina	, 1800-1840 180
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
			Sanda survey amount movement of the survey o		-	
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fi	rst				MI
Barbarotta		Al				
Residential Street Address	City			State	1 -	Code
28 Unity Drive	'	Trumbull		СТ	0	6611
Principal Occupation		Name of Employer				
Facilities Management		AFB Management				
Is contributor a lobbylst, spouse, or dependent child of a lobbylst? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Ame	unt o	f Contribution
Is this contribution associated with an cvent reported in Section L1? If yes, indicate which branches, list Ewent # 032515a Is contributor a principal of a figure of government the contraction.	nch or b	branches	e contractor?			
Method of Contribution:	J. 13 1711	Date Received	Aggregate Contributions	-		
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/10/15	\$250.00			\$250.00
Lost Name	Fir	1				мі
Brancati		Salvatore				
Residential Street Address	City			State	Zip (Code
58 Vista Terrace	ì	New Haven		СТ	0	6515
Principal Occupation		Name of Employer			l.—.—	
Dir. Of Administration		Town of E.H.				
	Amount of Contri Sho is associated with have a contract with said municipality Tes No				Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or i	branches	e contractor? Yes X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash 图 Personal Cheek ☐ Credit/Debit Catd ☐ Payroll Deduction ☐ Money	Order	2/3/15	\$1,000.00		;	\$1,000.00
Lost Name	Fin	st				MI
Brancati		Tracey San Ango	elo			
Residential Street Address 58 Vista Terrace	City]	New Haven		State CT	Zip C	² ode 6515
Principal Occupation		Name of Employer			i	
VP of Commercial Lending		People's Bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Yes Is contributor a principal of a significant which branches of government the contract	nch or b	oranches	contractor? Yes XI No Legislative			:
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/9/15	\$500.00			\$500,00
SUBT	OTA	L Section B — This	Page			\$1,750.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Iditional Section B P				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page T				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maturo for Mayor 2015				April 10 F	April 10 Filing			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			his Period ONLY OTAL SECTION A	\$				
						200000		
B. Item	ized Co	atrib	outions from Indivi	duals				
Last Name		F	irst	,			MI	
Brancati		İ	Salvatore				J	
Residential Street Address		City			State	1 -	Code	
38 Joshuas Trail			East Haven		CT)6512	
Principal Occupation			Name of Employer					
Sales			Foxon Park Sofda					
	ness he/she		indidate for a chief executive colated with have a contract ☐ Yes ☑ No		y, Ame	unt	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, indicate of government 032515a	which bran	ich or	ontractor or prospective stat branches th:	e contractor?				
Method of Contribution:	uio somias	. 15 (11	Date Received	Aggregate Contributions				
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction	□Money	Order	3/25/15	\$250.00			\$250.00	
Last Name	***************************************		irst		<u> </u>		мі	
Brandt			Michael					
Residential Street Address	1.	City	1,11,011,01		State	Zio	Code	
25 Cella Terrace	ĺ		North Haven		СТ	1 -	6473	
Principal Occupation	J.		Name of Employer		<u> </u>	1		
Judge of Probate State of CT								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Section L1? Is contributor a principle of government of governme	which bran	ich or		e contractor? Yes X No Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money	Order	3/25/15	\$250.00			\$250.00	
Last Name		Fi	irs1				MI	
Burlakoff			Ronald					
Residential Street Address	ĺ	City			State	1 '	Code	
57 Scenic Road			Madison	- AMAREE	СТ	0	6405	
Principal Occupation Printer			Name of Employer Self					
	iess he/she i		ndidate for a chief executive ciated with have a contract		, Amo	unt c	of Contribution	
Is this contribution associated with an event reported in Section L1?	which bran	ch or		c contractor? Yes XI No	:			
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash	□Money	Order	3/25/15	\$250.00			\$250.00	
	SUBT	OTA	L Section B — This	Page			\$750.00	
	TOTAL	of a	dditional Section B P	ages			i	
TOTAL OF ALL CONTRIBUTION (Enter tota			IVIDUALS (Sections A lumn A of Summary Page T					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	PE OF REPORT			
Maturo for Mayor 2015				April 10 F	April 10 Filing		
A. Total Contributions from Sn (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	S			
	B. Itemized Con	atrib	utions from Indivi	duals			
Last Name		Fir	rst		***************************************	**************************************	MI
Cappelloni			Frank				
Residential Street Address	A CONTRACTOR OF THE CONTRACTOR	City			State	1 '	Code
122 Allison Way]	East Haven		CT	0	6512
Principal Occupation			Name of Employer		4	nitramento.	
Retired			Retired				
	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/i Ame	unt o	f Contribution
	Yes is contributor a principal of a s No if yes, indicate which bran of government the contrac	ich or b	oranches	e contractor?			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Ca	rd Payroll Deduction Money	Order	2/10/15	\$125.00			\$125.00
Lost Name		Fire	st				МІ
Carbo			Paul				
Residential Street Address		<u>l</u> City			State	Zio (Code
10 Nicholas Drive		•	East Haven		СТ		6512
Principal Occupation Name of Employer							
Consultant Focus Systems Inc.							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					Contribution		
Is this contribution associated with an event reported in Section L1? \(\subseteq \text{No.} \) If yes, list Event # \(\text{032515a} \)		ich or b	oranches	e contractor?			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash	rd Payroll Deduction Moncy	Order	3/25/15	\$125.00			\$125.00
Lest Name	·	Firs	st				MI
Carocci			Al				
Residential Street Address		ity			State	Zip C	
816 Woodwad Avenue		N	New Haven		СТ	06	5512
Principal Occupation			Name of Employer				
Attorney			Self				
or dependent child of a lobbyist? 🔯 No 📗	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?	o a cano s associ	didate for a chief executive lated with have a contract of Yes 🗷 No	officer of a municipality with said municipality	, Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? Styres, list Event #032515a		ch or b	ranches	XI No			
Method of Contribution:				Aggregate Contributions	7		
☐ Cash 🖾 Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money	Order	3/25/15	\$250.00			\$250.00
e and manufacture and a second and a second and a second and a second and a second and a second and a second a	SUBT	OTAI	L Section B — This	Page			\$500.00
	TOTAL	of ad	ditional Section B P	ages			
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 1:		VIDUALS (Sections A mn A of Summary Page T				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015				April 10 Filing			
A. Total Contributions from Small Contributors-Receiv	ed th	nis Period ONLY OTAL SECTION A	\$		WELLOW WITH CHANGE		
				ur			
B. Itemized Co.	ntrib	utions from Indivi	duals				
Last Name	Fí	irst		*****		MI	
Carrano		Michael					
	City			State	Zip (Code	
52 Stuyvesant		New Haven		СТ	06	6512	
Principal Occupation		Name of Employer	- Commission - Com	i de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela c			
Business Owner		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive to the contract	e officer of a municipality with said municipality	's Amo	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, indicate which branches, list Event # 032515a Is contributor a principal of a second reported in Section L1? If yes, indicate which branches, in the contract of government the government the contract of government the government the government the government of government the government the government the government the government the government of government the government of government the government of government the government of gove	nch or	branches	e contractor?				
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$500.00			\$500.00	
Lost Name	Fi	irst			-	MI	
Ciolciola		Christine					
Residential Street Address	City			State	Zip (
16 Hunting Ridge Farms Road	·	Branford		СТ	0	6405	
Principal Occupation		Name of Employer			<u></u>		
Attorney		Self					
le contributor a lobbuist sponse. Nes If contribution is in excess of \$400	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					f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a	nch or	branches	☐ Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$500.00			\$500.00	
Last Name	F	irs!				MI	
Coady		James		Т	Les	<u></u>	
Residential Street Address 442 Thompson Ave	City	East Haven		State CT	١,	Code 6512	
Principal Occupation	<u> </u>	Name of Employer			_		
ļ · · ·		Retired					
Retired Is contributor a lobbyist, spouse,	40.000	undidata for a chief evecutiv	a officer of a municipality	V Am	unt o	f Contribution	
or dependent child of a lobbyist?	is asso	ciated with have a contract Yes X No	with said municipality		, anc o	Commo	
Is this contribution associated with an event reported in Section L1? Yes	nch or	branches ith: Executive	Legislative				
Method of Contribution:	. ^ .	Date Received	Aggregate Contributions			# 200 00	
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Urder	2/23/15	\$300.00			\$300.00	
SUB'	rot/	AL Section B — This	Page			\$1300.00	
TOTAL	Lofa	dditional Section B l	?ages				
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A					
1							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			April 10 F	April 10 Filing			
A. Total Contributions from Small Contributors-Receive	ed th	is Period ONLY OTAL SECTION A	\$		777000474.04400.44		
P. Itamizad Cas	atelb	utions from Indivi	duals				
Last Name	Fir		uoms		MI		
Constantinople		Paul					
	City			State	Zip Code		
35 Prospect Place Ext.		East Haven		CT	06512		
Principal Occupation		Name of Employer			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Description: If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive clated with have a contract	with said municipality		unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brane of government the contract	ich or l	branches	e contractor?				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash	Order	3/9/15	\$250.00		\$250.00		
Last Name	Fir	rst			МІ		
Cox		Manon					
Residential Street Address 160 Morgan Avenue	City	East Haven		State	Zip Code		
Principal Oscupation		Name of Employer					
President and CEO		Protein Sciences					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assox	ndidate for a chief executive clated with have a contract	e officer of a municipalit with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes	nch or	branches	☐ Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/9/15	\$500.00		\$500.00		
Last Name	Fü	rst			MI		
Coyle		Charles		1_	1=: 0.1		
1	City	East Haven		State CT	Zip Code 06512		
24 Columbus Ave		Name of Employer			00012		
Principal Occupation		Town of E.H.					
Foreman Is contributor a lobbylst, spouse,	4		a officer of a municipalit	v I Ano	unt of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	eiated with have a contract Yes X No	with said municipality	y, Amo	ant or Communication		
Is this contribution associated with an event reported in Section L1? If yes, list Event #032515a	nch or i	branches th:	Legislative				
Method of Contribution:	د. ۸	Date Received	Aggregate Contributions		#405.00		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$125.00		\$125.00		
SUBT	OTA	L Section B — This	Page		\$875.00		
TOTAL	of a	dditional Section B l	ages 'ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line).	1 IND 13, Col	IVIDUALS (Sections A lumn A of Summary Page	A + B) Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	PE OF REPORT			
Maturo for Mayor 2015			April 10 F	April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed th	is Period ONLY OTAL SECTION A	\$				
B. Itemized Con	atrib	utions from Indivi	duals				
Last Name	Fir				MI		
Cretella		Mike		T	1		
	City	Dark Harran		State CT	Zip Code 06512		
91 Kimberly Ave.		East Haven	yoonaannaanaanaanaanaanaanaanaanaanaanaan	U1	00312		
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a car is assoc	ndidate for a chief executive clated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a second reported in Section L1? If yes, indicate which brane of government the contract	ich or i	branches	XI No				
Method of Contribution:		Date Received	Aggregate Contributions	_			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/23/15	\$125.00		\$125.00		
Lost Name	Fir		<u> </u>		Mi		
Crisci		Louis					
	L City			State	Zip Code		
12 Jeffrey Road		East Haven		СТ	06513		
Principal Occupation		Name of Employer		L			
Attorney		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?	nch or	branches	te contractor? Yes [X] No Legislative				
Method of Contribution:		Date Received	Aggregate Centributions	7			
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$125.00		\$125.00		
Last Name	Fi	ısı		******	MI		
Criscuolo		Robert					
	City	_		State	Zip Code		
96 Sunset Hill Road		Branford		СТ	06512		
Principal Occupation		Name of Employer					
Engineer		Criscuolo Engine			NAMES AND ADDRESS OF THE PARTY		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive ciated with have a contract \[\sum \text{Yes} \] \[\text{No} \]	e officer of a municipalit with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes	nch or l	branches th:	Legislative				
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	***************************************		\$250.00		\$250.00		
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line is		IVIDUALS (Sections / lumn A of Summary Page					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Maturo for Mayor 2015			Aı	April 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$					
B. Itemized Cor	atribi	itions from Individ	duals					
Last Name	Fin	st				MI		
Criscuolo		Candace						
	City				State	Zip Code		
10 Thomas Place	ŀ	East Haven			СТ	06512		
Principal Occupation		Name of Employer						
Secretary		Town						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a can is essoc	didate for a chief executive intended with have a contract Yes No	e officer of a with said m	municipality, inicipality	Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0.32515a Is contributor a principal of a section L1? If yes, indicate which bran of government the contraction of government the contraction.	ich or b	ranches	contractor?	XI No				
Method of Contribution:		Date Received	Aggregate Co		7			
□ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order	3/5/15	\$125.0	0		\$125.00		
Lost Name	Firs	<u>l</u>				МІ		
Criscuolo, Jr.		Anthony						
-	l City				State	Zip Code		
370 Thompson Avenue	·	East Haven			СТ	06512		
Principal Occupation		Name of Employer		<u> </u>				
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a cand is assoc	didate for a chief executive intention in the contract of the	officer of a with said mu	municipality, nicipality	Amou	ant of Contribution		
Is this contribution associated with an countributor a principal of a second reported in Section L1? If yes, indicate which branch of government the contract of government the government of government the government the government of government the government of government the government of government the government of government o	nch or b	pranches	_	X No				
Method of Contribution:		Date Received	Aggregate Co	ntributions	1			
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Last Name	Fùr	1				MI		
Davia		Carl						
	City				State	Zip Code		
180 Morgan Avenue	<u></u>	Bast Haven			СТ	06512		
Principal Occupation Real Estate		Name of Employer Self						
Is contributor a lobbyist, spouse,	to a can	I didate for a chief executive	e officer of a	municipality,	Amoi	unt of Contribution		
or dependent child of a lobbyist?	is assoc	iated with have a contract Yes X No	with said m	nicipality	_			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or b	ranches :	☐ Legislat	IXI No ive				
Method of Contribution: Date Received Aggregate Contributions								
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDI 13, Colu	VIDUALS (Sections A mn A of Summary Page 1	(+ B) Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maturo for Mayor 2015	April 10 F	April 10 Filing					
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)		ois Period ONLY OTAL SECTION A	s				
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fi	rst				MI	
Dellacamera	İ	Ann					
Residential Street Address	City	michiel de la company de la co		State	Zip	Code	
117 Short Beach Road		East Haven		СТ	0	6512	
Principal Occupation		Name of Employer		- 	eternésistativaricati	<i>x</i> /	
Retired		Retired					
Is contributor a lobbylst, spouse, or dependent child of a lobbylst? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount o	f Contribution	
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☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$150.00			\$150.00	
Last Name	Fir	1				МІ	
Demaio	ļ	Louis					
Residential Street Address	City			State	Zip	Code	
130 Talcott Road	•	Guilford		СТ	1 -	6437	
Principal Occupation		Name of Employer					
Accountant Borruro Co.							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IN No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				/, Am	ount of	f Contribution	
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Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/10/15	\$500.00			\$500.00	
Last Name	Fire	st				MI	
Desorbo		Ann					
	City			State	Zip C		
494 Silver Sands Road	F	East Haven		СТ	06	6512	
Principal Occupation		Name of Employer					
Journal Clerk		State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?				Ame	ount of	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Section L1? No Is contributor a principal of a st five, indicate which bran of government the contract	ch or b	ranches	contractor? Yes XI No Legislative				
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (Order	3/25/15	\$125.00			\$125.00	
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TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I:		VIDUALS (Sections A mn A of Summary Page T					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maturo for Mayor 2015		April 10 Filing					
A. Total Contributions from Small Contributors-Receiv	ed this Period ONLY SUBTOTAL SECTION A	S					
B. Itemized Con	ntributions from Indivi	duals					
Last Name	First			MI			
Dilungo	Mark						
	City			Zip Code			
516 Totoket Road	North Branford	ekinisteri kikinish ishakish musaan masaan taraan taraan sa sa sa sa sa sa sa sa sa sa sa sa sa	СТ	06471			
Principal Occupation	Name of Employer						
Electrician	Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Amoun	at of Contribution			
Is this contribution associated with an creat reported in Section L1? Solution L1? If yes, indicate which bran of government the contract of government the contract states.		e contractor? Yes X No Legislative					
Method of Contribution:	Date Received	Aggregate Contributions	1				
□ Cash 🖾 Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order 3/1/15	\$500.00		\$500.00			
Last Name	First		1	M1			
Enders	Sandra						
	City			ip Code			
23 Oregon Avenue	East Haven		СТ	06512			
Principal Occupation	Name of Employer						
Online Faculty	Housatonic Comm	College					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract \[\sum \text{Yes} \] No	e officer of a municipality, with said municipality	Amount	t of Contribution			
Is this contribution associated with an event reported in Section L1? Solution No Section L1? Solution in Section L1? Solution No Section L1? Solution No Section L1? Solution No Section N		e contractor? Yes X No Legislative					
Method of Contribution:	Date Received	Aggregate Contributions					
☐ Cash	Order 3/1/15	\$250.00		\$250.00			
Lost Name	First			MI			
Farrell	Jim						
Residential Street Address 7 Erico Drive	City East Haven	1		ip Code 06512			
Principal Occupation	Name of Employer			00312			
СЕО	New Haven Cour	nty Credit Union					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount	t of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a st If yes, indicate which brane of government the contract		contractor? Yes XI No					
Method of Contribution: Date Received Aggregate Contributions							
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SUBT	OTAL Section B — This	Page	·	\$875.00			
TOTAL	of additional Section B P	ages					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A B, Column A of Summary Page T						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Maturo for Mayor 2015			April 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)	ed th	otal section a	\$		200000000000000000000000000000000000000	
	··········		The state of the s			,
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fi	irst				Mi
Fasano		Len				
Residential Street Address	City	A CONTRACTOR OF THE CONTRACTOR		State	Zip C	
7 Sycamore Lane		North Haven		СТ	06	6473
Principal Occupation	w	Name of Employer				
Attorney		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Description: Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is esso	ndidate for a chief executive clated with have a contract	e officer of a municipality with said municipality	/. Amo	unt of	f Contribution
Is this contribution associated with an cvent reported in Section L1?	nch or	branches	e contractor? Yes X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$375.00			\$375.00
Last Name		irst				МІ
Federici		Louis				
	City			State	Zip C	Code
47 Thistle Rock Drive	٧	Guilford		СТ	06	6437
Principal Occupation		Name of Employer				
Attorney		Parrett, Porto, Par	ese, & Colwell			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IN No does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes X No	e officer of a municipality with said municipality	/, Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	te contractor? Yes [X] No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$300.00			\$300.00
Lost Name	Fi	irst				MI
Feeley		Danelle				
Residential Street Address	City			State	1 "	Code
28 Ozone Road		East Haven		CT	00	6512
Principal Occupation		Name of Employer				
Admin, Assistant		Town of E.H.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	indidate for a chief executive to the contract with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	ount o	f Contribution
Is this contribution associated with an cvent reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a fyes, indicate which bra of government the contraction.	nch or	branches ith: Executive	Legislative			
Method of Contribution: Date Received Aggregate Contributions						
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/6/15	\$250.00		· · · · · · · · · · · · · · · · · · ·	\$250.00
SUBT	TOT!	AL Section B — This	Page	·····		\$925.00
TOTAL	Lofa	dditional Section B l	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM	M IND 13, Co	DIVIDUALS (Sections A	A + B) Totals)			
· · · · · · · · · · · · · · · · · · ·			i			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maturo for Mayor 2015			April 10 Filing				
A. Total Contributions from Small Contributors-Receivise (See instructions for definition of Small Contributor)		is Period ONLY	\$	60 <i>1123-1113-1113</i>	niimenta 222 kuud kuusoka ka kiikika tiin 2000 kuusoo oo oo tu koo o		
			<u> </u>	***************************************			
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fir				Mi		
 Ferrucci		Arthur					
Residential Street Address	City	***************************************		State	Zip Code		
19 Monte Circle		East Haven		СТ	06512		
Principal Occupation		Name of Employer		<u></u>			
Crane operator		Operating Engine	ers Union				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contributio		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a	ınch or t	ntractor or prospective stat oranches	e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	3/25/15	\$100.00		\$100.00		
Lost Name	Fir	st	[MI		
Finkle		John			ļ		
Residential Street Address	City			State	Zip Code		
91 Angela Drive	1	East Haven		СТ	06512		
Principal Occupation	1	Name of Employer			1		
Manager		JST, Inc.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				', Amor	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Secuributor a principal of a figure, indicate which bra of government the contra	ınch or t	oranches	e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Centributions				
☐ Cash	Order (3/25/15	\$125.00		\$125.00		
Last Name	Fig	st			MI		
Foster		Carolyn					
	City			State	Zip Code		
43 Hallmark Hill Drive	V	Wallingford		CT	06492		
Principal Occupation		Name of Employer					
Admin. Assistant		CHIA					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # _032515a_ Section L1? If yes, list Event # _032515a_ Section L1?	nch or b	ranches	XI No				
Method of Contribution: Date Received Aggregate Contributions							
□ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 3/25/15 \$500.00 \$500.00							
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TOTAL	of ad	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A mn A of Summary Page 1					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maturo for Mayor 2015			April 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	S	11/00000000000000000000000000000000000	un/ac-microstatikkin kirjoseda az Assatisticerus zela abaza.		
				**************************************	STATE OF THE STATE		
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fi	irst	·		MI		
Freda, First Selectman		Michael					
Residential Street Address	City			State	Zip Code		
90 Highland Park Road		North Haven		СТ	06473		
Principal Occupation		Name of Employer					
First Selectman		Town of North Ha	ven				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? We No does contributor or business he/she valued at more than \$5,000?				/. Ame	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Yes Is contributor a principal of a figure If yes, indicate which bra of government the contrar	nch or l	branches	e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	-			
☐ Cash	Order	3/25/15	\$125.00		\$125.00		
Last Name	Fir	rst			МІ		
Freedman		Lauren					
	City			State	Zip Code		
159 Watch Hill Road		Branford		СТ	06405		
Principal Occupation		Name of Employer			·		
Realtor Coldwell Banker							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Section L2 Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash	Order	2/11/15	\$125.00		\$125.00		
Last Name	Fir	rst			М		
Galligan		James					
	City		·	State	Zip Code		
193 White Hollow Road		Northford		СТ	06471		
Principal Occupation		Name of Employer					
Engineer		Nafis and Young					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a solution of government the contraction of government the contraction.	ich or b	oranches	contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 3/25/15 \$1,000.00 \$1,000.00							
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TOTAL	of ad	lditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line i		(VIDUALS (Sections A umn A of Summary Page T					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maturo for Mayor 2015			April 10 F	April 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$					
B. Itemized Co	—— ntrib	outions from Indivi	duals					
Last Name	F	irst				MI		
Galligan		Marlene						
Residential Street Address	City	and the second s		State CT	1 -	Code		
193 White Hollow Road Northford					0)6471		
Principal Occupation	tomeracovioletica.	Name of Employer						
Is contributor a lobbylst, spouse, or dependent child of a lobbylst? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					of Cantribution			
is this contribution associated with an cvent reported in Section L1?	nch or	branches	e contractor?					
Method of Contribution:	77.53			1				
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$1,000.00			\$1,000.00		
Last Name		irst				MI		
Garafalo		Harry						
Residential Street Address	City			State	Zip	Code		
24 Spice Bush Lane	•	Milford		СТ	0)6461		
Principal Occupation Name of Employer								
Owner Milford Markets								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contributor or business he/she valued at more than \$5,000?	to a cai	ndidate for a chief executive clated with have a contract \[Yes \] No	e officer of a municipalit with said municipality	y, Amo	ount o	of Contribution		
Is this contribution associated with an event reported in Section L1?	nch or	branches	e contractor? Yes X No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/3/15	\$50.00			\$50.00		
Last Name	F	irst				MI		
Gentilesco		Gail						
Residential Street Address	City			State	1 '	Code		
195 Country Hill Drive		West Haven		СТ	0	6516		
Principal Occupation		Name of Employer						
Customer Serv. Supervisor		GNHWPCA						
Is contributor a lebbyist, spouse, or dependent child of a lebbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	indidate for a chief executive selated with have a contract Yes X No	e officer of a municipalit with said municipality	y, Amo	ount c	of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brain of government the contraction.	nch or	branches th:	Legislative					
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/5/15	\$1,000.00			\$1,000.00		
SUBT	i'OTA	AL Section B — This	Page	, , , , , , , , , , , , , , , , , , , 		\$2,050.00		
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A lumn A of Summary Page !						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maturo for Mayor 2015				April 10 Filing			
A. Total Contributions from Sn (See Instructions for definition of Small Co		ed th	is Period ONLY OTAL SECTION A	S		· · · · · · · · · · · · · · · · · · ·	
	B. Itemized Co.		utions from Indivi	duals			
Last Name		Fir	rs1			MI	
Gentilesco, Jr.			Frank				
Residential Street Address		City			State	Zip Code	
195 Country Hill Drive		,	West Haven		CT	06516	
Principal Occupation			Name of Employer				
Asst. Director of Admin. And Mgr			Town of E.H.				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? W No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract 口 Yes 図 No	with said municipality	Amo	unt of Contribution	
to this education that the same	Yes Is contributor a principal of a service of government the contract	ich or l	branches	LXI No			
Method of Contribution: Date Received				Aggregate Contributions			
☐ Cash ☑ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	2/5/15	\$1,000.00		\$1,000.00	
Last Name		Fi	ret	<u> </u>		МІ	
Gesmonde			John				
Residential Street Address		City			State	Zip Code	
2 Maltby Lane		-	Northford		СТ	06472	
Principal Occupation			Name of Employer				
Attorney			Self				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? X No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	Amo	ount of Contribution	
	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	☐ Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
□ Cash 图 Personal Check □ Credit/Debit Ca	ard 🗆 Payroll Deduction 🗆 Money	Order	3/25/15	\$250.00		\$250.00	
Lest Name		Fi	irst			MI	
Giordano			John				
Residential Street Address		City			State	Zip Code	
71 High Street			East Haven		СТ	06512	
Principal Occupation	AA9***		Name of Employer				
Insurance Adjuster			Self				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? 😾 No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cal	ndidate for a chief executiv sciated with have a contract Yes X No	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash 图 Personal Cheek ☐ Credit/Debit C	ard Payroll Deduction Money	/ Order	2/27/15	\$250.00		\$250.00	
	SUB	TOTA	AL Section B — This	Page		\$1,500.00	
	TOTA	Lofa	dditional Section B I	Pages			
TOTAL OF A	LL CONTRIBUTIONS FROM	M IND 13, Col	DIVIDUALS (Sections A lumn A of Summary Page	A + B) Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Maturo for Mayor 2015			April 10 Fi	April 10 Filing				
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor)	ed thi	is Period ONLY OTAL SECTION A	\$					
B. Itemized Cor	atribi	utions from Individ	duals					
Last Name	Firs	* !				MI		
Goodman		Norman						
Residential Street Address	City			State	Zip (
377 Main Street	Į	West Haven		СТ	0	6516		
Principal Occupation	-	Name of Employer						
Advanced Appraisals		Self						
Is contributor a lobbylst, spouse, or dependent child of a lobbylst? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					unt o	f Contribution		
Is this contribution associated with an E Yes Is contributor a principal of a second reported in Section L1? If yes, indicate which brane of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the contract of government the government of government the government the government of government the government of government the government of government the government of government of government the government of governme	ich or b	ranches	e contractor?					
Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/23/15	\$250.00			\$250.00		
Last Name	Firs	<u> </u> ≤1				мі		
Gravino		Mark						
	l City			State	Zip (
218 Elaine Terrace	í	New Haven		СТ	0	6512		
Principal Occupation		Name of Employer						
Owner East West Productions								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executive stated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a lf yes, indicate which brain of government the contract	nch or t	branches h: 🔲 Executive	Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/15/15	\$250.00			\$250.00		
Last Name	Fir	tz				MI		
Gravino		Stacy			1			
	City	C t II		State CT		Code 6512		
132 Vista Drive	1	East Haven		CI		UJ12		
Principal Occupation		Name of Employer						
Town Clerk		Town of E.H.				was a second sec		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	adidate for a chief executive clated with have a contract Yes X No	e officer of a municipality with said municipality	/, Amo	unt o	f Contribution		
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Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/26/15	\$250.00			\$250.00		
SUBT	ГОТА	L 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)								
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Maturo for Mayor 2015					April 10 F	iling	waren was	**************************************
A. Total Contributions from Small Contributors-Reco			is Period ONLY OTAL SECTION A	s				
B. Itemized (Contr	rlbu	ıtions from Indivi	duals				
Last Name		Firs	61		. , ,			MI
Guerra			Steven					
Residential Street Address	City	-				State	- I	p Code
7 Miles Avenue		I	Woodbirdge			СТ	1	06525
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?						/i Ame	ount	of Contribution
Is this contribution associated with an event reported in Section L1? Solution is the section L1? Solution in the section L1? Solution is the section L1? Solution in the section is the section L1? Solution is the section L1? Solution in the section is the section in the section is the section in the section is the section in the section in the section in the section is the section in the secti	branch	or b	ranches		X No			
Method of Contribution:	1140113	172,12	Date Received	~	e Contributions	-		
☑ Cash ☐ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ncy Or	der	3/25/15	\$10	0.00			\$100.00
Last Name		Firs		<u> </u>				МІ
Hennessey			Linda					
Residential Street Address	City	<u> </u>				State	Zig	Code
34 Columbus Avenue			East Haven			СТ	1 1	06512
Principal Occupation Name of Employer								
Manager/Owner A.F. Forbes, Inc,								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?						, Amo	unt	of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of If yes, indicate which is a section L1? If yes, list Event # 032515a Is Event # 032515a	branch	or b	ranches		[X] No			
Method of Contribution:			Date Received	· · · · · · · · · · · · · · · · · · ·	Contributions			
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ncy Ord	der	3/13/15	\$25	0.00			\$250.00
Lost Name		Firs	t			-1		MI
Hennessey			Thomas					
Residential Street Address	City	,				State	1 1	Code
34 Columbus Avenue		E	last Haven			СТ	(06512
Principal Occupation			Name of Employer					
Manager/Owner		ĺ	A.F. Forbes, Inc,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						Amo	unt	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a If yes, list Event # 032515a If yes, list Event # 032515a	ranch :	or br	ranches	_	XX No			
Method of Contribution: Date Received Aggregate Contributions								
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тота	AL of	ado	ditional Section B P	ages		<u>.</u>		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin			VIDUALS (Sections A mn A of Summary Page I					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maturo for Mayor 2015	April 10 Filing						
A. Total Contributions from Small Contributors-Recei		this Period ONLY TOTAL SECTION A	\$				
				ROCCOCCOCCHARLE.	~~~~~~		
B. Itemized Co	ontri	lbutions from Indivi	duals			,,, .	
Last Name		First	,			MI	
Hollenbeck		Joyce					
Residential Street Address	City			State	- 1	p Code	
38 Evergreen Drive		North Branford		СТ		06471	
Principal Occupation		Name of Employer					
Secretary		Town of E.H.					
is contributor a lobbylst, spouse,				y, Am	ount	of Contribution	
Is this contribution associated with an event reported in Section L1? Solution a principal of a cyent reported in Section L1? No Solution in Section L1? No Solution in Section L1? No Solution in Section L1? No Solution in Section L1? No Solution in Section L1? No Solution in Section L1?	anch o	or branches	e contractor?				
Method of Contribution: Method of Contribution: O32515a Of government the contribution:	ac(15 Y	Date Received	Aggregate Contributions	\dashv			
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ev Orda		\$150.00			\$150.00	
Last Name		First			**********	Тмі	
Hurley		Frank				MII	
Residential Street Address	City	riank		State	776	Code	
15 Ozone Road	City	East Haven		CT	1 -	06512	
Principal Occupation Name of Employer							
Retired Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes IN No						of Contribution	
ls this contribution associated with an event reported in Section L1? Yes Is contribution a principal of a section L1? No If yes, indicate which be of government the contribution of government the contrib	anch o		e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
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Last Name	[1	First				MI	
Illingworth		William					
Residential Street Address	City			State	Zip	Code	
175 South End Road, C-21		East Haven		СТ		06512	
Principal Occupation	•	Name of Employer					
State Marshal		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a lf yes, indicate which bree of government the contra	mch ö	r branches	contractor? Yes XI No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
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SUB	TOT	AL Section B — This	Page			\$775.00	
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A					
Example Country of Management	~ J, W						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maturo for Mayor 2015				April 10 F	April 10 Filing			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$				
R Itemiz	zed Conf	hriba	utions from Indivi	duale				
Last Name	zeu Com	Fir		· ·			MI	
Iovanne			William					
Residential Street Address	[Ci	ity	7 * 411100111		State	Zip	Code	
61 Pasture Lane]	Branford		СТ	1 -	6405	
Principal Occupation			Name of Employer	ONE KANDONIONO ONO INCINIONI INVINIONI PEROPETATORI ONI ONI ONI ONI ONI ONI ONI ONI ONI ON	отпинестини		KATOSISI DISSOTANI SENOTI NOSIMINISSI DO SA	
Funeral Director			Iovanne Funeral	Home, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ess he/she is				y, Amo	unt c	of Cantribution	
Is this contribution associated with an event reported in Section L1?	which brancl	h or b		e contractor? Yes				
Method of Contribution:	no contract i	3 47111	Date Received	Aggregate Contributions	-			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐Money O	rder	2/27/15	\$1,000.00			\$1,000.00	
Lost Name	200711211107	Firs	1	7 -/ -/		***********	М	
Jaffe		'	Loria					
Residential Street Address	Cit	10	DOTA		State	Zio	 Code	
140 Mill Street, Unit 637	"	•	East Haven		СТ		6512	
Principal Occupation Name of Employer								
Service Rep. Frontier								
Is contributor a lobbyist, spouse, If contribution is in excess or dependent child of a lobbyist? IN does contributor or busines valued at more than \$5,000	ss he/she is				Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a prince of If yes, indicate we will be a contributor of government the	vhich branci	h or b		e contractor? Yes X No Legislative				
Method of Contribution:	no continuo i	1711	Date Received	Aggregate Contributions	-			
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction [☐Money O	rder	3/25/15	\$75.00			\$75.00	
Lost Name		Füs		7.0.0			MI	
Janer			Clay					
Residential Street Address	Cit	L Y			State	Zip	Code	
75 Main Street		Е	East Haven		СТ	0	6512	
Principal Occupation			Name of Employer		<u> </u>	<u> </u>		
Broker/Owner			Realty World Cla	nyton				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is a				', Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Is contributor a principal of government the section of government the se	hich branch	ı or bı		c contractor? Yes XI No Legislative				
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroli Deduction [□Money Or	rder	3/25/15	\$250.00			\$250.00	
	SUBTO	TAI	L Section B — This	Page			\$1,325.00	
П	TOTAL of additional Section B Pages				······			
TOTAL OF ALL CONTRIBUTIONS			VIDUALS (Sections A mn A of Summary Page 1					
THISE WINE	ore with the	-V(H)	er oj pramanty ruge i					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			April 10 Filing			
A. Total Contributions from Small Contributors-Receivise Instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
				. , , , , , , , , , , , , , , , , , , ,		
R Itemized Co	ntrihi	utions from Indivi	duals		-	
Last Name	Fir		54 KA FA ZA		MI	
Johnson		Arthur				
Residential Street Address	City	54-2-X-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		State	Zip Code	
18 Vineyard Road		Branford		СТ	06405	
Principal Occupation		Name of Employer		//////////////////////////////////////		
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	e is assoc	ciated with have a contract	with said municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which brace of government the contract of government the contract of the section of government the contract of the section of government the contract of the section of government the contract of the section of government the contract of the section of government the contract of the section of government the contract of the section of the secti	anch or i	branches	Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		*400.00	
IX Cash ☐ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	3/25/15	\$100.00		\$100.00	
Last Name	Fir				MI	
Keefe		Hugh				
Residential Street Address 52 Trumbull Street	City	New Haven		State CT	Zip Code 06510	
Principal Occupation		Name of Employer				
Attorney		Lynch, Traub, Kee	efe, and Errante			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a can c is assoc	ndidate for a chief executive clated with have a contract Yes 🔼 No	e officer of a municipality with said municipality	Amo	unt of Contribution	
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Method of Contribution:		Date Received	Aggregate Contributions			
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Last Name	Fù				MI	
Klarman		Katherine		T	I a a	
Residential Street Address	City	East Harren		State CT	Zip Code 06512	
2 Mansfield Grove Road, #265		East Haven				
Principal Occupation		Name of Employer Anthem				
Acct. Manager			CN C I I		unt of Contribution	
Is contributor a lobbyist, spouse, If contribution is in excess of \$400 or dependent child of a lobbyist? If contributor or business he/sh valued at more than \$5,000?	0 to a car ic is asso	ndidate for a chief executive ciated with have a contract \[\sum_{\text{Yes}} \sum_{\text{No}} \]	with said municipality	y, Amo	ant of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a	anch or	branches	Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	3/25/15	\$250.00		\$250.00	
SUB	втота	L Section B — This	Page		\$1,350.00	
TOTA	L of a	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND e 13, Col	IVIDUALS (Sections A lumn A of Summary Page	A + B) Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maturo for Mayor 2015			April 10 Filing					
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor)	ved tl SUBT	his Period ONLY TOTAL SECTION A	\$					
B. Itemized Co		butions from Individ	duals			T- 22		
Last Name	F	First				Mi		
Kolb		Suzanne L		T _	т			
Residential Street Address	City	0 116 1		State CT	1 -	^{Code} 6437		
357 Old Whitfield Street		Guilford		L L I	10	U497		
Principal Occupation		Name of Employer						
Floring Sales		Red-Thread						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/site valued at more than \$5,000?) to a ca e is asse	andidate for a chief executive ociated with have a contract 口 Yes 区 No	c officer of a municipality with said municipality	/, Amo	unt o	f Contribution		
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Method of Contribution:		Date Received	Aggregate Contributions	7				
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	r 3/10/15	\$500.00			\$500.00		
Last Name	F	Pirst			A	MI		
Dupuis		Jessica				-		
Residential Street Address	City			State	Zip	Code		
831 North High Street	'	East Haven		СТ	0	6512		
Principal Occupation	J	Name of Employer		I				
Retail Sales Mgr.		Wolverine Worlds	wide					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a ca	andidate for a chief executive octated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Section L1? Is contributor a principal of a section L1? If yes, indicate which be of government the contributor of government the contributor of government the contributor apprincipal of a section L1?	anch o	r branches	☐ Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
□ Cash 图 Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone	y Orđe	r 3/9/15	\$500.00			\$500.00		
Last Name	I	First				MI		
Kolb, III		Frank						
Residential Street Address	City			State	1 '	Code		
357 Old Whitfield Street		Guilford		СТ	L	6437		
Principal Occupation		Name of Employer						
VP of Sales		Raveis Mortgage	e					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a c c is ass	andidate for a chief executive contract Yes No	e officer of a municipality with said municipality	y, Amo	ount o	of Contribution		
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Method of Contribution:		Date Received	Aggregate Contributions			سنسو		
☐ Cash 図 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mono	ey Orde	²⁷ 3/5/15	\$500.00			\$500.00		
SUB	TOT	AL Section B — This	Page			\$1500.00		
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M IN	DIVIDUALS (Sections A of Summary Page	A + B) Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Maturo for Mayor 2015		April 10 Fi	April 10 Filing			
A. Total Contributions from Small Contributors-Receive	ed this Period ONLY UBTOTAL SECTION A	\$				
		- Cathleson Cath				
B. Itemized Cor	tributions from Indi	viduals				
Last Name	First			Мі		
Kolb, Jr.	Frank					
	City		l I	Zip Code		
8 Erico Drive	East Haven		СТ	06512		
Principal Occupation	Name of Employer					
Attorney	Kolb & DiSilves					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief execusis associated with have a control Yes \ \times\ \times\	act with said municipality	/, Amou	nt of Contribution		
Is this contribution associated with an	ch or branches	state contractor? \(\sum \) Yes \(\sum \) No \(\text{Ve} \) Legislative				
7 year, nace well 0323138	Date Received	Aggregate Contributions				
Method of Contribution: □ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order 3/4/15	\$250.00		\$250.00		
Last Name	First			мі		
Lang	Charles					
	City			Zip Code		
74 Bradley Avenue	East Haven		СТ	06512		
Principal Occupation	Name of Employer		. <u></u>			
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive associated with have a control Yes 🖾 ?	act with said municipality	y, Ameu	nt of Contribution		
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Method of Contribution:	Date Received	Aggregate Contributions				
□ Cash 図 Personal Cheek □ Credit/Debit Card □ Payroll Deduction □ Money	Order 3/3/15	\$250.00		\$250.00		
Last Name	First			MI		
Larrabee	Brent					
Residential Street Address 126 Morgan Avenue	^{City} East Haven		State CT	Zip Code 06512		
Principal Occupation	Name of Employer	and a "	<u> </u>			
, ,	Town of E.H.					
Chief of Police Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400		utive officer of a municipalit	v. Amoi	ant of Contribution		
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with have a cont	ract with said municipality Yo				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a	nch or branches et is with:	state contractor?				
Method of Contribution:	Date Received			\$125.00		
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$125.00	<u> </u>			
SUBT	FOTAL Section B — T	his Page	·····	\$625.00		
	of additional Section					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Section 13, Column A of Summary P	ns A + B) age Totals)				

			TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							
Maturo for Mayor 2015			April 10 Filing				
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor)	ved tl SUBT	his Period ONLY OTAL SECTION A	\$				
				Westing and a sold			
B. Itemized Co	ntrib	outions from Individ	luals				
Last Name	F	irst				Mi	
Laurello		Clem					
Residential Street Address	City			State CT	Zip C	Code 5471	
429 Sea Hill Road		North Branford	ooni '''''''''''''''''''''''''''''''''''	U I	_ 00	J4/ I	
Principal Occupation		Name of Employer					
Owner		SCS Systems	officer of a municipality	, Amo	unt of	f Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a ca e is asso	ociated with have a contract Yes No	with said municipality	Amo	unt a	(Callathanon	
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If yes, list Event # 032515a of government the contra	act is w		Legislative Aggregate Contributions	-			
Method of Contribution:	Wethod of Contribution:					\$1,000.00	
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Leonardi	`	Peter					
Residential Street Address	City			State	Zip (Code	
2 South Street East Haven C					00	6512	
Principal Occupation		Name of Employer					
Retired		Retired			1.74		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						f Contribution	
Is this contribution associated with an	anch o	r branches	e contractor?				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	3/2/15	\$250.00			\$250.00	
Last Name	Ţ	First				MI	
Longobardi		Aniello		Contr	7in	Code	
Residential Street Address	City	Hamden		State CT	1	6518	
70 Centerbrook Road		Name of Employer		L.,,	L		
Principal Occupation Process Server		Self					
	0 to a c		e officer of a municipalit	y, Amo	unto	f Contribution	
or dependent child of a lobbyist?	ic is ass	sociated with have a contract Yes X No	with said municipality				
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Method of Contribution:		Data Received	Aggregate Contributions				
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SUE	втот	'AL Section B — This	Page			\$1,500.00	
тота	L of	additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FRO)M IN e 13. O	DIVIDUALS (Sections A	A + B) Totals)				
(Thier total on Lin	~ ~~, ~						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			April 10 Fi	April 10 Filing			
A. Total Contributions from Small Contributors-Receive	ed thi	s Period ONLY TAL SECTION A	\$				
B. Itemized Con	ntribu	itions from Individ	luals	*			
Last Name	Firs	it .				MI	
Mannochi		Ralph			····		
Residential Street Address	City			State		Code	
70 Robert Drive	F	East Haven		СТ	U	6512	
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a cano is assoc	didate for a chief executive iated with have a contract \[\Pi \text{Yes} \] No	officer of a municipality	Amo	unt o	f Contribution	
is this contribution associated with an	nch or b	ranches	contractor? Yes Xi No Legislative				
Method of Contribution:			Aggregate Contributions	_			
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/18/15	\$150.00			\$150.00	
Last Name	Firs	L		_L		МІ	
Marchetti		Augustus				-	
	City			State	1 1	Code	
21 Conifer Drive	F	Branford		СТ	0	6405	
Principal Occupation		Name of Employer					
Insurance		Marchetti, Brown,	and Bishop				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executive lated with have a contract Yes No	officer of a municipality with said municipality	, Amo	unt o	f Contribution	
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Method of Contribution:			Aggregate Contributions				
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/9/15	\$250.00			\$250.00	
Last Nome	Fice	st				MI	
Massaro		Thomas					
Residential Street Address	City			State	1 '	Code	
53 High Hill Road	<u> </u>	Wallingford		СТ	10	6492	
Principal Occupation		Name of Employer					
Engineer		Innovative Engir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can- is assoc	didate for a chief executive iated with have a contract \square \text{X} No	e officer of a municipality with said municipality	y, Ama	unto	of Contribution	
Is this contribution associated with an event reported in Section L1?	nch or b	oranches h:	Legislative				
Method of Contribution:	0 1	Date Received	Aggregate Contributions			ተፈባሮ ዕዕ	
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	***************************************	3/25/15	\$125.00			\$125.00	
		L Section B — This				\$525.00	
	entra de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la co	lditional Section B F					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	M INDI 13, Coli	IVIDUALS (Sections F umn A of Summary Page	A + B) Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maturo for Mayor 2015				April 10 Filing				
A. Total Contributions from S. (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	s				
	B. Itemized Co	ntril	butions from Indivi	duals				
Last Name		I	First				MI	
Mattie			Carol					
Residential Street Address		City			State	1 -	Code	
87 Allison Way		İ	East Haven		СТ	0	06512	
Principal Occupation			Name of Employer					
Retired			Retired					
ls contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? So No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	iunt c	of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which brai of government the contract	nch or	r branches	XI No				
Method of Contribution:	or government die sondan		Date Received	Aggregate Contributions	-			
☐ Cash ☑ Personal Cheek ☐ Credit/Debit C	ard Payroll Deduction Money	Orde.	r 2/13/15	1 2 2			\$100.00	
Lost Name			Pirst				мі	
McDermott			Dave					
Residential Street Address		City			State	Zic	Code	
53 Foxboro Point Road		,	Essex		СТ	1 '	6426	
Principal Occupation			Name of Employer		<u> </u>	<u> </u>		
Car Dealership Owner			Self					
Is contributor a lobbyist, spouse,		10 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality 1 Yes No					f Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes X No Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	1			
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Lost Name		F	irst				М	
МсКау			Ken					
Residential Street Address		City			State	1 -	Code	
59 Sidney Street			East Haven		СТ	0	6512	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brain of government the contract	ich or	branches	contractor? Yes X) No Legislative				
Method of Contribution:	Addition to the second		Date Received	Aggregate Contributions	7			
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	SUBT	OTA	AL Section B — This	Page			\$550.00	
	TOTAL	ofa	dditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

			TYPE OF REPO	RT			·
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							
Maturo for Mayor 2015			April 10 Filing				
A. Total Contributions from Small Contributors-Received (See Instructions for definition of Small Contributor)	d thi	is Period ONLY OTAL SECTION A	\$				
R. Itemized Con	trib	utions from Individ	luals				
Last Name	Fir						MI
McMahon		Linda					
	City			3	i	Zip C	
14 Hhurulingham Drive	(Greenwich			CT	06	831
Principal Occupation		Name of Employer					
Executive		Self-Employed					
is contributor a lobbylst, spouse, or dependent child of a lobbylst?	o a can is assoc	ndidate for a chief executive clated with have a contract \to Yes \textbf{X}\text{No}	officer of a mun with said municip	icipality, ality	Ameu	nt of	Contribution
Is this contribution associated with an week reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brane	ch or t	branches	contractor?	Yes Xi No			
Hyes, list Event# 032515a of government the contract	r 12 Mil	Date Received	Aggregate Contribu	tions	1		
Method of Contribution: ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/16/15	\$250.00				\$250.00
Lost Name	Fir						MI
Nastri		Robert					
	City				State	Zip C	
55 Thompson Street, #14A		East Haven	_		СТ	06	5512
Principal Occupation		Name of Employer					
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? If yes IN No							Contribution
Is this contribution associated with an vent reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a section L1? If yes, list Event # 032515a	nch or	branches	e contractor?	□ Yes M No			
Method of Contribution:		Date Received	Aggregate Contribu	itions			•
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	2/26/15	\$250.00				\$250.00
Lost Name	Fi	rst					MI
Parente		Robert				Zip (Pada .
Registering Silver Address	City	East Haven			State CT	1 -	5512
7 Farm River Road		Name of Employer			-	l	
Principal Occupation		Town of E.H.					
Superintended of Operations Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to e ee		e officer of a mur	icipality.	Amo	unto	f Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes X No	with said munici	pality			
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Method of Contribution:	A-4	Date Received					\$1,000.00
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		AL Section B — This					\$1,500.00
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	1 INE 13, Co	DIVIDUALS (Sections . iumn A of Summary Page	A + B) Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			April 10 Fi	April 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed th	nis Period ONLY OTAL SECTION A	\$				

B. Itemized Co.	ntrib	utions from Indivi	duals				
Last Name	Fi	irs!			MI		
Parlato		Fred					
Residential Street Address	City			State	Zip Code		
146 Tyler Street		East Haven	· · · · · · · · · · · · · · · · · · ·	СТ	06512		
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a car is asso	ndidate for a chief executive clated with have a contract \(\sum \colon \text{Yes} \) \(\text{X}\) No	e officer of a municipality with said municipality	', Amo	unt of Contribution		
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Meand of Controllor: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$100.00		\$100.00		
Last Name	ini-io- passe	ırst			Імі		
Perno		Geraldine					
	City			State	Zip Code		
37 Hope Hill Road		Wallingford		CT	06512		
Principal Occupation	L	Name of Employer					
Educator		Wallingford BOE					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive clated with have a contract \[Yes \] No	e officer of a municipality with said municipality	Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L17	nch or	branches	e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/10/15	\$250.00		\$250.00		
Last Name	Fi	irs1		XII	Mt		
Pizzo		Paul					
Residential Street Address	City			State	Zin Code		
64 Thompsong Street, A107		East Haven		СТ	06513		
Principal Occupation		Name of Employer					
Architect		Landmark Archi	tecxts				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400	to a car is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?	nch or	branches	c contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$125.00		\$125.00		
SUBT	COTA	AL Section B — This	Page		\$475.00		
тоты	Lofa	dditional Section B F	ages				
TOTAL OF ALL CONTRIBUTIONS FROM							
(Enter total on Line	13, COI	lumn A of Summary Page	z ucurs)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			April 10 F	iling		
A. Total Contributions from Small Contributors-Receive	ed thi	s Period ONLY OTAL SECTION A	S			
	************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
B. Itemized Cor	atribu	itions from Individ	duals		·	
Last Name	Firs	The state of the s				MI
Porto		Carl				
Residential Street Address	City			State	1 '	Code
47 Oakwood Lane	F	Hamden		CT	0	6518
Principal Occupation		Name of Employer	Section 1997			
Attorney		Parrett, Porto, Par				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executive lated with have a contract \[\sum_{Yes} \] Yes	e officer of a municipality with said municipality	y, Amo	unt o	f Contribution
Is this contribution associated with an	ich or b	ranches	e contractor?			
If yes, list Event # 032515a of government the contract Method of Contribution:	171111	Date Received	Aggregate Contributions			
Method of Contribution: □ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order	3/16/15	\$300.00			\$300.00
Last Name	Firs	<u>1</u>	I			мі
Purificato		Anthony				
	City E	East Haven		State CT	1 "	Code 6512
Principal Occupation		Name of Employer		.1		
Animal Control Officer		Town of E.H.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executive lated with have a contract \sum Yes \sum No	e officer of a municipality with sald municipality	y, Amo	ount c	f Contribution
Is this contribution associated with an event reported in Section L1? So Is contributor a principal of a If yes, list Event # 032515a Is contributor a principal of a If yes, list Event # 032515a	nch or t	branches	te contractor? Ye X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$200.00			\$200.00
Last Name	Fir					MI
Raccio		Margaret		-	T=:	
Residential Street Address 59 Massachusetts Ave.	City I	East Haven		State CT	1 1	Code 16512
Principal Occupation		Name of Employer		L		
Purchasing Agent		Town of E.H.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	I didate for a chief executive ciated with have a contract Yes X No	e officer of a municipality	ty, Am	ount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list livent # 032515a	nch or b	ntractor or prospective states transhes h: Executive	Legislative			
Method of Contribution:	٠.	Data Received	Aggregate Contributions			ተ4 ዓመ ዓመ
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	***************************************	2/11/15	\$125.00			\$125.00
SUBT	FOTA	L Section B — This	Page			\$625.00
		dditional Section B I	****			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IND	IVIDUALS (Sections A umn A of Summary Page	A + B) Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			April 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	NATION OF THE PARTY OF THE PART		
				personieno antiko antiko de servicio		
B. Itemized Co	ntrib	outions from Indivi	duals			* ** *
Last Name	F	irst				MI
Rizza		Paul				
Residential Street Address	City			State	1 '	Code
212 Breakneck Hill Road		Middlebury		СТ	10)6762
Principal Occupation		Name of Employer	un anti- Caracita nestra de l'Accessor de l'	rotocomecumorroroca	ord-oron	
Finance Director		Town of E.H.				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a ca is asso	ndidate for a chief executive to the contract with have a contract	with said municipality		Amount of Contribution	
Is this contribution associated with an count reported in Section L1? If yes, list Event # 032515a Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	nch or	branches	e contractor?			
If yes, list Event # 032515a of government the contract Method of Contribution:	2f 12 A4	Date Received	Aggregate Contributions	-		
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order		\$125.00			\$125.00
Last Name		irst			_	Тмі
Sagnella	1.	David				""
	City	Davia		State	Zin	Code
666 North High Street	•	East Haven		СТ	1 -	06512
Principal Occupation Name of Employer						
	r dependent child of a lobbyist? 🔯 No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1? Solution Is a section L1?	nch or	branches	e contractor? Yes X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	٦		
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$250.00			\$250.00
Last Name	Fi	rst				Mi
Sand		Robert				
Residential Street Address	City			State	1 -	Code
501 Thompson Street		East Haven		CT	0	6513
Principal Occupation		Name of Employer				
Electrician		Fortin Electric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes X No	officer of a municipalit with said municipality	y, Ame	unt o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #032515a Use contributor a principal of a section L1? If yes, list Event #032515a Use contributor a principal of a section L1? If yes, list Event #032515a Use contributor a principal of a section L1?	ich or	branches	c contractor? Yes XI No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$125.00			\$125.00
SUBT	OTA	L Section B — This	Page			\$500.00
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page 1				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maturo for Mayor 2015			April 10 Fi	April 10 Filing				
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor)	ed thi	is Period ONLY OTAL SECTION A	\$					
B. Itemized Con	atribı	utions from Individ	luals					
Last Name	Fin	rst			MI			
Sgrignari		Lawrence						
	City			State	Zip Code			
118 Angela Drive]	East Haven		СТ	06512			
Principal Occupation		Name of Employer Self						
Attorney								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a can is assoc	ndidate for a chief executive ciated with have a contract Dyes No.	officer of a municipality	/, Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, indicate which brane of government the contract of government the government the government of government the government that government the government the government that government the	nch or b	branches	contractor?					
If yes, list Event # 032515a of government the contract Method of Contribution:	2 41811	Date Received	Aggregate Contributions	7				
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$250.00		\$250.00			
Last Name	Fir	rst			МІ			
Streeto		Michael]			
Residential Street Address 263 Concord Street	City]	New Haven		State CT	Zip Code 06512			
Principal Occupation		Name of Employer		<u> </u>				
Grocery Clerk		Stop and Shop						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract \(\sum_{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\tex{\tex	officer of a municipality with said municipality	/, Anto	unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Section L1? Section L1? If yes, indicate which brain of government the contract	nch or i	branches	e contractor? Yes X No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions	7				
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$100.00		\$100.00			
Last Nome	Fic	rst			Mt			
Torello		Nicholas						
11-2 (deal) in 1 - (ne - 1 mar van	City	D ()		State CT	Zip Code 06405			
43 Hotchkiss Grove Road		Branford		CI	00403			
Principal Occupation		Name of Employer						
Torello Tire	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	President		·/	**************************************			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract Yes X No	e officer of a municipality with said municipality	y, Amo	unt of Contribution			
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Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash	Order	3/16/15	\$250.00		\$250.00			
SUBT	ATOI	L Section B — This	Page		\$600.00			
TOTAL	ofac	dditional Section B P	ages					
TOTAL OF ALL CONTRIBUTIONS FROM	A IND	IVIDUALS (Sections A umn A of Summary Page !	(A + B)					
(Anta total di tatio	,							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Maturo for Mayor 2015					April 10 Filing				
A. Total Contributions from Small Contributors-Recei			Period ONLY	\$		THE PROPERTY OF THE PARTY OF TH			
B. Itemized C	ontr	ibu	tions from Indivi	duals					
Last Name		First						MI	
Valentino			Aquin						
Residential Street Address	City	y Y	arian maran mandri di Sirico e e e e e e e e e e e e e e e e e e e			State	Zip	Code	
23 Park Street		E	ast Haven			CT	0)6512	
Principal Occupation			Name of Employer	Section of the second section of the second second second second second second second second second second sec		and the second second second			
Retired			Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	O to a	cand	ldate for a chief executive ated with have a contract ☐ Yes No	e officer with said	of a municipality i municipality	Am-	ount (of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a Section L1? Is contributor a principal of the section L1? If yes, list Event # 032515a Section L1?	anch (or br	anches		XI No				
Method of Contribution:			Date Received		e Contributions	7			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon-	cy Ord	der	2/17/15	\$15	0.00			\$150.00	
Last Name		First		L				Mi	
Vanwolvelaerd			Marcel						
Residential Street Address	City	, ,				State	Zip	Code	
832 Podunk Road			uilford			СТ	(6437	
Principal Occupation	L		Name of Employer						
Owner			Cable Comm						
Is contributor a lobbyist, spouse,	O to a cic is as	candi ssocia	idate for a chief executive ated with have a contract \[\sum \cdot \cd	e officer with said	of a municipality I municipality	, Am	ount (of Contribution	
Is this contribution associated with an with an event reported in Section L1? Is contributor a principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by the principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, indicate which is a principal of If yes, i	ranch	or br	anches		IX No				
Method of Contribution:			Date Received	Aggregat	e Contributions				
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	cy Ord	der	3/25/15	\$12	5.00		\$125		
Last Name		First		·				MI	
Varca			Gabriel						
Residential Street Address	City	. I				State	1 "	Code	
40 Hillside View Road		N	orthford			CT	0	6512	
Principal Occupation	i		Name of Employer					- · · · · ·	
Director of Finance/Admin			GNHWPCA						
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?	0 to a	candi ssocia	idate for a chief executive atcd with have a contract Yes No	e officer with said	of a municipality I municipality	, Am	ount	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032515a	anch (or br	anches		XI No				
Method of Contribution:			Date Received	Aggrega	e Contributions				
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon-	ey Ord	der	3/25/15	\$12	5.00			\$125.00	
SUE	TO	TAL	Section B — This	Page				\$400.00	
TOTAL of additional Section B Pages									
TOTAL OF ALL CONTRIBUTIONS FRO			VIDUALS (Sections A nn A of Summary Page					,	
			· · · · · · · · ·						

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maturo for Mayor 2015			April 10 Fi	lling	×-110	
A. Total Contributions from Small Contributors-Received (See Instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized Con	atribu	itions from Individ	duals			
Last Name	Fire	\$1			·	MI
White, Jr.		Kevin	_			
	City			State	Zip C	
6 Taylor Avenue	I	East Haven		СТ	06	6512
Principal Occupation	- Company	Name of Employer		<u> </u>		
Engineer		Town of E.H.				
is contributor a lobbyist, spouse,	to a can is assoc	didate for a chief executive stated with have a contract	e officer of a municipality with said municipality	Amo	unt of	f Contribution
valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a s	tate cor		e contractor?			
event reported in Section L1?	ich er b	ranches	☐ Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/25/15	\$125.00			\$125.00
Last Name	Fir	st			****	мі
Zullo		Alfred				
	City			State	Zip C	
357 Horsepond Road	·	Madison		CT	06	6443
Principal Occupation		Name of Employer			<u> </u>	
Attorney		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive stated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of	Contribution
Is this contribution associated with an countributor a principal of a countributor aprincipal of a section L1? If yes, list Event # 032515a Is contributor a principal of a section L1? If yes, list Event # 032515a Is contributor a principal of a section L1?	nch or l	branches	e contractor? Yes X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	3/7/15	\$500.00			\$500.00
Last Name	Fir	21				MI
Zullo		Joseph			·	
	City	East Haven		State CT	Zip (Code 6512
28 Ozone Road				<u> </u>		
Principal Occupation		Name of Employer Zullo and Jacks,	II C			
Attorney						f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ndidate for a chief executive elated with have a contract Yes 🖾 No	with said municipality	y, Amo	unt o	r Commonuon
Is this contribution associated with an event reported in Section L1? Yes Section L1? No Is contributed a principal of a state contractor or prospective state contractor? Yes Yes Is contributed a principal of a state contractor or prospective state contractor? Yes Yes Is contributed a principal of a state contractor or prospective state contractor? Yes Yes Is contributed branch or branches No Is contributed branch or branches Is contributed branch Is contributed branches Is contribute						
Method of Contribution:	Aggregate Contributions			ቀንደለ ለሳ		
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	1/25/15	\$250.00			\$250.00	
SUBT	COTA	L Section B — This	Page			\$875.00
TOTAL	L of a	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line).	A IND 13, Col	IVIDUALS (Sections I umn A of Summary Page	A + B) Totals)			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMM	MITTEE (Provide Comple	te Name as Registered w	ith Filing Reposi	itory)			TYPE OF REPORT		
					Suom Od	her Comn	uitteas		
Name of Committee		C1, C	ontributio	JIIS I	rom Ot	Name of Treas		The second secon	* ***
rame of Commune									
Address			- W	İs	this contri	bution associate	ed with an Oyes ONo	Amount o	f Contribution
				ev	ent reporte	ed in Section L1 If yes, 1	? ist Event #		
City		State	Zip Code		Date Recei	ved	Aggregate Contributions		
							<u></u>		
Name of Committee			_1			Name of Treas	urer		
Address	···			İs	this contri	bution associated in Section L	ed with an Yes No	Amount o	f Contribution
				·	ent report	If yes, 1	ist Event#		
City		State	Zip Code	•	Date Rece	ved	Aggregate Contributions		
Name of Committee						Name of Treas	urer		
Address	<u></u> • • • • • • • • • • • • • • • • • •	1-11-1		ls	this contri	bution associated in Section L	ed with an Yes No	Amount o	f Contribution
				,		If yes, 1	ist Event #	<u>. </u>	
City		State	Zip Code		Date Rece	ived	Aggregate Contributions		
	C2.]	Reimbursemen	ts or Surp	lus]	Distrib		other Committees		
Name of Committee						Name of Treat	surer		
	1.00				Low		····	State	Zip Code
Address					City				
D . D . J . J	Expenditure #	Payment Type				<u>.</u>		Amoun	t of Receipt
Date Received	(If applicable)	OReimbursen	ent for shared	exper	ise Os	urplus Distribu	tion	7 Timoun.	., 0. 2
Description	<u></u> .				-				
Description							_		
Name of Committee						Name of Trea	surer		
Address		· ···	- 11 1114		City			State	Zip Code
Date Received	Expenditure # (If opplicable)	Payment Type						Amour	it of Receipt
		Reimburs	ement for share	ed exp	pense C	Surplus Distri	bution		
Description									
processors and a second second second second second second second second second second second second second se									· · · · · · · · · · · · · · · · · · ·
			SUBT	OTA	L Section	on C — Thi	s Page		
			TOTAL	ofa	ddition	al Section C	Pages		
	TOTAL O	FALL COMMIT	TEE CON	TRII	BUTION	S AND REC	EIPTS		
	(Sectio	ns C1 + C2) (Enter	total on Line	14, Ca	olumn A oj	Summary Pag	e Totals)		

I. MONETARY RECEIPTS (Sections A—K)

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT			
		D.	-1 43.4- D2-3						
· · · · · · · · · · · · · · · · · · ·	U. Loans	Keceiv	ed this Period	3	***		Date of Receipt		
Name of Lender			OBank O Cal			Committee	•		
Street Address	City			Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)	- 1112711						Amount Received		
Street Address	City			St	tate	Zip Code			
Name of Lender			Source of Loan: OBank OCa	ındidate 🔘 İn	dividual	Other	Date of Receipt		
Street Address	City		I	Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)	1			I		1	Amount Received		
Street Address	City	<u></u>		Sı	tate	Zip Code			
Name of Lender			Source of Loan: OBank OCa	andidate O In	diviđua	Other Committee	Date of Receipt		
Street Address	City		1	St	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No		
Name of Cosigner/Guarantor (If applicable)				L		1	Amount Received		
Street Address	City			S	tate	Zip Code			
			TOTAL SEC	TION D					
E. Receipts from Entities other th	ıan Indiv	viduals	or Other Con	nmittees <i>(1</i>	Referen	ıdum Committe	es ONLY)		
Name of Entity									
Street Address			30 co v	Date Reco	eived		Amount Received		
City		State	Zip Code	Aggregat	te Contrit	outions			
Name of Entity	······································	1							
Street Address				Date Reco	eived		Amount Received		
City		State	Zip Code	Aggregat	te Contrit	outions			
Name of Entity	<u> </u>	<u> </u>		<u> </u>	<u> </u>				
Street Address				Date Rec-	eived		Amount Received		
City		State	Zip Code	Aggregat	te Contril	butions			
			TOTAL SEC	TION E					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing Repository)		TYPE OF REPORT
	. Amount Transferred f	rom Affiliated Rusine	ss Treasury (Rusha	ess Entity Committees ONLY)
Date of Receipt	Is this transaction associat event reported in Section I	ed with an OYes If ye	s, list Event #	Amount
Date of Receipt	Is this transaction associat event reported in Section I	₩	s, list Event#	Amount
Date of Receipt	Is this transaction associate event reported in Section 1	9	s, list Event#	Amount
Date of Receipt	Is this transaction associat event reported in Section I		s, list Event #	Amount
			TOTAL SECTION	F
Production (
G. Amount T	ransferred from Affiliate	d Labor Union or Ot	her Organization	Treasury (Organization Committees ONLY)
Date of Receipt		ate of Receipt		Date of Receipt
Ā	Amount	Amoun	t	Amount
		${f r}$	OTAL SECTION C] 3
	H. Personal Funds of t	re Candidate Receive	d this Period <i>(Can</i>	didate Committees ONLY)
Date of Receipt	Method of payment;			Amount
	OCash	O Personal Check	Credit/Debit C	'ard
Date of Receipt	Method of payment:			Amount
	OCash	O Personal Check	O Credit/Debit C	ard
Date of Receipt	Method of payment:			Amount
	OCash	O Personal Check	O Credit/Debit C	ard
Date of Receipt	Method of payment:			Amount
	O Cash	O Personal Check	O Credit/Debit C	ard
			TOTAL SECTIO	N.H.
		I. Anonymous Co	ntributions	
am	Per Public Act 11-48, Anount. If a committee reimmediately remit the o	eceives an anonymou	s contribution, the ate Elections Enfo	e campaign treasurer shall

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete No	nme as Registered with Filing Repository)	TYPEC	OF REPORT	
	J. Interest from Deposits in Autho	rized Accounts		
Name of Institution		Date Re-	ceived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Re-	ceived	Amount
Halic of Institutor			1	
Street Address	City	State	Zip Code	
	Т0	TAL SECTION J		
K. Mi	scellaneous Monetary Receipts not C	onsidered Contribu	ıtions	
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		<u></u>		
Name			ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Duridin				
Description				
	TOTAL	SECTION K		
SUMMA	RY OF OTHER MONETARY RECE	EIPTS (Sections D t	hrough K)	
Total Loans Received this Period (Sec	tion D)			<u> </u>
Total Receipts from Entities other than	n Individuals or Other Committees (Section E	E) +		
Total Amount Transferred from Affili	w	+		
	ated Labor Union or Other Organization Tre			
Total Amount of Personal Funds of th	e Candidate Received this Period (Section H)) +		
Total Amount of Interest from Deposi	ts in Authorized Accounts (Section J)	+		,
Total Miscellaneous Monetary Receip	ts not Considered Contributions (Section K)	+	orani di salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah	
(Add	Total of Ot Sections D through K) (Enter total on Line 15, Co	ther Monetary Rece olumn A of Summary Page 1	ipts Fotals)	

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT	eta ki basa ki ti in sanga	
Maturo for Mayor 201	5		April 10 Filing		
	Li. Evel	nt Information	and the property of the property of the		
Event # Date of Event Letter	Description	** Or and the second se		Was this a fur	ndraising event?
3/25/15 a	Kick-Off Ad Book Fundraiser			● Yes	ONo
Location: Street Address		City		State	Zip Code
383 Main Street		East Haven		СТ	06512
Subpart 1: (All Committee	ees)				1
Was this event hosted at	a personal residence?	Yes (If yes, go to Section 1.5 Associated with a Hou purchases made by host No	se Party and complete	e required infor	
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required i No		ot Considered (Contributions
Was this fundraiser a tag	ripts here.)				
with purchases from an individual of up to \$100?					
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Com. advertising space in a program book or on a fundraiser?	mittees other than Exploratory (Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti		Program Book
Subpart 3: (Town Conn.	nittees ONLY)			***	
	food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rece	ripts here.)	\$	
		⊙ _{No}			
Event#	Description	Activities of the second of th			1
Date of Event Letter	•		i	O Yes	draising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committe	ees)				
Was this event hosted at a		Yes (If yes, go to Section L5 Associated with a House purchases made by host(No	e Party and complete	required inform	
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required in		ot Considered C	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items	Yes (If yes, enter Total Rece		\$	
p vinoco nom tat in		O N₀	-	Ψ	<u> </u>
Subpart 2: (Party Comm Were there purchases of a sign associated with this t	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a undraiscr?	nittees other than Exploratory C Yes (If yes, go to Section L3 or on a Sign and compl No	Purchases of Advertis		Program Book
Subpart 3: (Town Comm					
Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Recei	pts here.)	\$	
QUIRTOTAL Socie	1 L1—Subpart 1 (All Committees) Total Receipts fr	ONo			
BOBIOTAL SCORO	Support 1 (Su Commutees) 1 of the receipts if	om oaie of Donaieu Heigs — I	110 1 185		
		on L1—Subpart 3 <i>(Town Committe</i> ipts from Food Purchases — T			
		TOTAL of additional Section	L1 Pages		
		IPTS FROM SMALL PUR Line 16a, Column A of Summary I			

Pe indiv	er Public Act 11-48, idual purchases fror	effective January 1 m a committee tag s	, 2012 comn ale, auction,	nittees are no longer rec or a sale of donated item	uired S	to itemize ection L2.	small removed
314) (5 05 00) 5 7	TEE Provide Complete Name of	ne Darrictorod with Filium Donorite))	TYPE OF REP	ORT		
Maturo for Mayor		энгодэл унил инж мэтэнхээл сь		April 10 Fili			
Wilder Of Wildy Of		rchases of Advertisin	ng in a Progr	am Book or on a Sign			
Name of Purchaser	133, I W	VILLED OF LEGITAL FIGURE		3.1	Purcha	ise Made By:	
	dula of husiness dans	rs. Total at hottom of r	nage.		1 -	usiness Entity	Other
See attached sche	edule of business donor	is. Total at pottom of p	,aye,		Oin	dividual/Sole P	
Street Address	1000	-	City			State	Zip Code
		•					
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Program Ad Puro	hase	Amount of Sig	gn Purchase
Name of Purchaser					Purch	ise Made By:	
Or a projected					1 -	usiness Entity	Other
						dividual/Sole P	
Street Address			City			State	Zip Code
				_			
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purc	chase	Amount of Sig	gn Purchase
Name of Purchaser					Purch	ase Made By:	
					1 -	usiness Entity	Other
		- IM-			OI	ndividual/Sole P	
Street Address			City		_	State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Pure	chase	Amount of Si	gn Purchase
Name of Purchaser					Purch	ase Made By:	<u> </u>
THAIRS OF FUNCTIONS					, –	tusiness Entity	Other
					Oı	ndividual/Sole P	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Program Ad Pur	chase	Amount of Si	gn Purchase
Name of Burshager		11			Purch	ase Made By:	
Name of Purchaser					- 1	Business Entity	Other
					O	ndividual/Sole F	-
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	es for All Events	Amount of Program Ad Pur	chase	Amount of Si	ign Purchase
	SURTOTAL Soot	ion L3 Total Purchases o	f Advertising in	 Program Book — This Page			
				rtising on a Sign — This Page	·		<u> </u>
				f additional Section L3 Pages			
1	TOTAL OF ALL PURCI	IASES OF ADVERTISE	NG IN A PROC	GRAM BOOK or ON A SIGN om A of Summary Page Totals)	\$8,92	5,00	<u> </u>

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 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) **April 10 Filing** Maturo for Mayor 2015 L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Name of Purchaser Other X Business Entity A.F. Forbes ☐ Individual/Sole Proprietorship Zip Code Street Address City CT 06512 East Haven 34 Columbus Avenue Amount of Sign Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase \$250.00 032515a \$250.00 3/13/15 Purchase Made By: Name of Purchaser Dusiness Entity ☐ Other Advanced Appraisal Associates, LLC ☐ Individual/Sole Proprietorship Zip Code State City Street Address CT06516 377 Main Street West Haven Amount of Sign Purchase Aggregate Purchases for All Events Amount of Program Ad Purchase Date Received Event # \$250.00 032515a \$250.00 2/18/15 Purchase Made By: Name of Purchaser ☐ Other X Business Entity AFB Management ☐ Individual/Sole Proprietorship Zip Code State City Street Address CT 06605 Bridgeport 622 Clinton Avenue Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Date Received Event# \$250.00 \$250.00 3/24/15 032515a Purchase Made By: Name of Purchaser M Business Entity □ Other Antollino & Angelo ☐ Individual/Sole Proprietorship Zip Code State City Street Address 06512 East Haven 274 Hemingway Avenue Amount of Program Ad Purchase Amount of Sign Purchase Aggregate Purchases for All Events Date Received Event# \$250.00 032515a \$250.00 3/6/15 Purchase Made By: Name of Purchaser ☐ Business Entity ☐ Other Attorney Christine Ciociola Individual/Sole Proprietorship Zip Code State City Street Address 06405 CTBranford 150 West Main Street Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Date Received Event# \$50.00 032515a \$50.00 3/25/15 \$1050.00 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)

NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	(ניזי		TYPE OF REPO				
Maturo for Ma					April	10 Fi	ling		
	L3. Purchase	s of Advertisi	ig in a Prograi	m Book or o	n a Sign			way distance to the same and th	
Name of Purchaser							Made By:	☐ Other	
Baxter Properties							iness Entity ividual/Sole Pi		
Street Address			City				State	Zip Code	
83 Main Street			East Haven	ì			СТ	06512	
Date Received	Event#	Aggregate Purchases			gram Ad Purcha	se /	l Amount of Sig	n Purchase	
2/16/15	032515a	\$250.00	100		\$250.00				
Name of Purchaser		i Marana ana ana ana ana ana ana ana ana an		Microsoph Constitution of the Constitution of	**************************************	Purchase	: Made By:		
Big Prints - Mark Azz	zolina						iness Entity ividual/Sole Pi	Other coprietorship	
Street Address			City				State	Zip Code	
15 Baer Circle, Unit E	32		East Haver	1			СТ	06512	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ise A	Amount of Sig	n Purchase	
3/18/15	032515a	\$50.00		:	\$50.00				
Name of Purchaser						Purchase	e Made By:		
Cherry Hill Construc	tion					_	iness Entity	Other	
			City			☐ Ina	ividual/Sole P. State	Zip Code	
Street Address 51 Ciro Road			North Bran	nford			СТ	06471	
		Aggregate Purchases			gram Ad Purch	B F O	Amount of Sig	n Purchase	
Date Received	Event#		IOI AU EVERS	Amount of Pro	\$250.00	134	THUULING OF BI		
3/6/15	032515a	\$250.00			\$230.00	D	e Made By:		
Name of Purchaser							iness Entity	☐ Other	
City Carting							ividual/Sole P		
Street Address			City				State	Zip Code	
8 Viaduct Road			Stamford				CT	06907	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase /	Amount of Sig	ın Purchase	
3/18/15	032515a	\$250.00			\$250.00				
Name of Purchaser					·	Purchas	e Made By:		
Coldwell Banker - La	uren Freedman					1	siness Entity	☐ Other	
			East			[X] Ind	ividual/Sole P	roprietorship Zip Code	
Street Address			City				State	Zip Code	
1064 Main Street			Branford	1			CT	06405	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase 1	Amount of Si	in Purchase	
2/10/15	032515a	\$50.00	· · · · · · · · · · · · · · · · · · ·	- AAAAN AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	\$50.00	20			
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in P	rogram Book -	— This Page			\$850.00	
	SUBTOTAL Secti	on L3 Total Purc	chases of Advertis	ing on a Sign -	— This Page				
			TOTAL of a	dditional Secti	on L3 Pages	Commence Colored		n initia su	
ТОТА	AL OF ALL PURCHASES C	F ADVERTISIN	IG IN A PROGRA Line 16c, Column	AM BOOK or	ON A SIGN Page Totals)				
		fraction there ou	MILION ANNI PARRIETT						

	(Provide Complete Name as Register	ed with Filing Reposite	ory)		TYPE OF REPO		1.	
Maturo for May						10 Fi	ling	
***************************************	L3. Purchase	s of Advertisi	ng in a Progra	m Book or o	on a Sign	T		
Name of Purchaser						i	e Made By:	☐ Other
Country Disposal Serv	vices, LLC						siness Entity ividual/Sole F	_
Street Address			City	· · · · · · · · · · · · · · · · · · ·			State	Zip Code
P.O. Box 2009			North Have	on.			CT	06473
		1				<u>-</u>	L	
Date Received 3/18/15	Event # 032515a	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch: \$125.00	ase A	Amount of Si	gn Purchase
Name of Purchaser						Purchase	e Made By:	
Country Portables, LL	.C				:	l	siness Entity ividual/Sole P	☐ Other roprictorship
Street Address			City			F-man-	State	Zip Code
P.O. Box 2009			North Have	en			СТ	06473
Date Received	Eyent #	for All Events	Amount of Pro	gram Ad Purchi	ase A	L Amount of Sig	ın Purchase	
3/18/15	032515a	\$250.00			\$250.00			
Name of Purchaser			Purchase	e Made By:				
						⊠ Business Entity □ Other		
McDermott Auto Grou	ıp					☐ Indi	ividual/Sole P	roprietorship
Street Address	Walio 110000 New 11000 Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia	, , , , , , , , , , , , , , , , , , , ,	City	er enementer kommenter enementer dette blank blank blank blank blank blank blank blank blank blank blank blank			State	Zip Code
655 Main St reet			East Haven	ı			СТ	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ise A	Amount of Si	in Purchase
2/5/15	032515a	\$250.00			\$250.00			
Name of Purchaser							: Made By:	
DFG Electric						1	iness Entity ividual/Sole P	☐ Other roprietorship
Street Address			City				State	Zip Code
218 Foxon Road			East Haven	l			СТ	06513
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	mount of Si	n Purchase
3/6/15	032515a	\$250.00			\$250.00			
Name of Purchaser						Purchase	Made By:	
	ton, Hodgson & Cortese-C	Poeto.				⊠ Bus	iness Entity	☐ Other
Durant, Menois, nous	ton, nougson & cortese-c	Justa				🗆 Indi	vidual/Sole P	roprietorship
Street Address			City				State	Zip Code
1057 Broad Street			Bridgeport				СТ	06607
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	amount of Sig	n Purchase
3/13/15	032515a	\$250.00			\$250.00			
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book –	– This Page	com la come	einom cocarocomiano, <u>e </u>	\$1125.00
	SUBTOTAL Section	on L3 Total Purc	hases of Advertisi	ng on a Sign –	– This Page			
			TOTAL of ad	lditional Section	on L3 Pages	B-00-01202000000000000000000000000000000		
TOTAI	L OF ALL PURCHASES O		G IN A PROGRA Line 16c, Column A			<u> </u>	·	

NAME OF COMMITTEE	(Provide Complete Name as Registere	ed with Filing Reposito	ory)		TYPE OF REPO	RT		
Maturo for May					April	10 Fi	ling	
		s of Advertisin	ng in a Prograi	n Book or o	n a Sign			
Name of Purchaser						1	e Made By:	
East West Production.	S					_	iness Entity	☐ Other
Street Address			City			□ ma	ividual/Sole P. State	Zip Code
			East Haven	•			СТ	06512
P.O. Box 120597		T					l	
Date Received 2/15/15	Event # 032515a	Aggregate Purchases \$250.00	for All Events	Amount of Pro	gram Ad Purcha \$250.00	156 A	Amount of Sig	iu karcuase
Name of Purchaser			000-30-4			Purchase	Made By:	SANCE COMMENTATION OF THE PARTY
Extreme Paving & Sea	ling, LLC						iness Entity ividual/Sole P	Other Oprictorship
Street Address			City				State	Zip Code
P.O. Box 120545			East Haven	1			ст	06512
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise A	Amount of Sig	n Purchase
3/25/15	032515a	\$250.00			\$250.00			
Name of Purchaser							e Made By:	D 04
Gesmonde, Pietrosimo	one, & Sgrignari, LLC						ilness Entity ividual/Sole P	Other
Street Address	**************************************		City			шим	State	Zip Code
3127 Whitney Avenue	2		Hamden				СТ	06518
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purch	sse /	L Amount of Sig	n Purchase
3/6/15	032515a	\$250.00		74	\$250.00		•	
Name of Purchaser						Purchase	Made By:	
Hardware Boys, LLC							iiness Entity ividual/Sole P	☐ Other coprictorship
Street Address			City			l. ,	State	Zip Code
540 Main Street			East Haven	l			СТ	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	Amount of Sig	n Purchase
3/6/15	032515a	\$250.00			\$250.00			
Name of Purchaser						Purchase	Made By:	
Iovanne Funeral Hom	e Inc					🗵 Bus	iness Entity	☐ Other
10vamie i unerui from	0, 11101					☐ Indi	ividual/Sole P	
Street Address			City				State	Zip Code
11 Wooster Place			New Haver	1			СТ	06511
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	Amount of Sig	n Purchase
2/5/15	032515a	\$250.00			\$250.00			
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book -	— This Page			\$1250.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SUBTOTAL Section	on L3 Total Purc	hases of Advertisi	ing on a Sign -	— This Page			
			TOTAL of ac	lditional Secti	on L3 Pages			
TOTA	L OF ALL PURCHASES O	F ADVERTISIN (Enter total on .	G IN A PROGRA Line 16c, Column 2	M BOOK or A of Summary	ON A SIGN Page Totals)			

NAME OF COMMITTEE	Provide Complete Name as Registere	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE					OF REPORT		
Maturo for May					April	10 Fi	ing		
		of Advertish	ig in a Prograi	n Book or c	on a Sign				
Name of Purchaser							Made By:	FT 04	
J.M.G & L.C.S. Whitney	Management Co.						iness Entity vidual/Sole Pi	Other	
Street Address			City			ing:	State State	Zip Code	
			Hamden			:	СТ	06518	
3127 Whtiney Avenue		Aggregate Purchases		I mount of Dv	gram Ad Purcha	150	amount of Sig	n Purchase	
Date Received 3/6/15	Event # 032515a	\$250.00	IOI All Evens	Amount of Pr	\$250.00	ise F	are to magner	in I di Cinasc	
Name of Purchaser							Made By:		
Kolb & Associates							iness Entity vidual/Sole Pi		
Street Address			City				State	Zip Code	
49 High Street			East Haven				СТ	06512	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	mount of Sig	in Purchase	
2/4/15	032515a	\$250.00			\$250.00				
Name of Purchaser							Made By: iness Entity	□ Other	
Landmark Architects,	PC					i —	iniess Entity ividual/Sole Pi		
Street Address			City				State	Zip Code	
64 Thompsong Street, A107			East Haven	1			СТ	06513	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise A	l Amount of Sig	ın Purchase	
3/6/15	032515a	\$175.00			\$175.00		•		
Name of Purchaser							Made By:		
Levitsky & Berney						_	iness Entity	Other	
			City			Lima	vidual/Sole Pi	Zip Code	
Street Address			_				СТ	06525	
100 Bradley Road		A As Dissalance	Woodbridg		ogram Ad Purcha	3.50 /	Amount of Sig	00020	
Date Received	Event# 032515a	Aggregate Purchases \$250.00	IOF AH EVENIS	Amount of Pr	\$250.00	130 7	rmount or mi	in I or chart	
3/5/15	032313a	Ψ230.00				Durchae	Made By:		
Name of Purchaser							iness Entity	Other	
Loughlin Fitzgerald						☐ Ind	ividual/Sole P	roprictorship	
Street Address			City				State	Zìp Code	
150 South Main Stree	t		Wallingfor	d			СТ	06492	
Date Received	Event #	Aggregate Purchases			ogram Ad Purch	ase 2	Amount of Sig	ın Purchase	
2/24/15	032515a	\$250.00			\$250.00				
The second secon	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pa	ogram Book -	— This Page			\$1175.00	
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign	— This Page				
			TOTAL of a	dditional Sect	lon L3 Pages		VA - und to the united and Addition of the		
TOTA	L OF ALL PURCHASES O	F ADVERTISIN (Enter total on	G IN A PROGRA Line 16c, Columna	AM BOOK or A of Summary	ON A SIGN Page Totals)				

			·······					
	(Provide Complete Name as Register	red with Filing Reposite	ory)		TYPE OF REPO		12	
Maturo for Ma				The all and		10 Fi	iing	
Name of Purchaser	L3, Furchase	s of Advertish	ng in a Progra	m Book or (m a Sign	Purchas	e Made By:	
						ł	siness Entity	☐ Other
LouMark, LLC						1	ividual/Sole F	
Street Address			City			L	State	Zip Code
218 Foxon Road			East Have	n			СТ	06513
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ase /	Amount of Si	gn Purchase
3/6/15	032515a	\$250.00			\$250.00			
Name of Purchaser				Account to the second s		Purchase	e Made By:	
Luchs Consulting Eng	ineers					I	siness Entity ividual/Sole P	Other
Street Address			City				State	Zip Code
89 Colony Street			Meriden				СТ	06451
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise /	 Amount of Sig	n Purchase
3/12/15	032515a	\$250.00			\$250.00			,
Name of Purchaser	0525154	\$250.00		<u> </u>	Ψ230.00	Parchasi	e Made By:	
							iness Entity	☐ Other
Lynch, Traub, Keefe, &	& Errante					l	ividual/Sole P	
Street Address			City	***************************************	***************************************		State	Zip Code
52 Trumbull Street			New Haver	a			СТ	06510
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	Amount of Si	gn Purchase
3/16/15	032515a	\$250.00			\$250.00			
Name of Purchaser				Interconnection of the Control of th		Purchase	Made By:	
Minuteman Press					:		iness Entity vidual/Sole P	Other
Street Address			City				State	Zip Code
330 Main Street			East Haven	1			СТ	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	l Amount of Sig	ın Purchase
3/20/15	032515a	\$250.00			\$250.00			
Name of Purchaser	<u> </u>	1				Purchase	Made By:	
Mona 6, LLC d/b/a Th	ie Rib House					X Busi	iness Entity	☐ Other
						☐ Indi	vidual/Sole P	
Street Address			City				State	Zip Code
16 Main Street			East Haven	<u> </u>			CT	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	mount of Sig	n Purchase
3/25/15	032515a	\$250.00			\$250.00			
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book –	- This Page			\$1250.00
	SUBTOTAL Section	on L3 Total Purcl	hases of Advertisi	ng on a Sign –	This Page			
		0.0000000000000000000000000000000000000	TOTAL of ac	lditional Sectio	n L3 Pages			
TOTA	L OF ALL PURCHASES O	F ADVERTISING				<u></u>		
			Line 16c, Column A					

NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	yy)		TYPE OF REPO	TYPE OF REPORT			
Maturo for Ma	yor 2015				April	10 Fi	ling		
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or c	n a Sign				
Name of Purchaser							e Made By:		
P&R Insurance Conce	epts						siness Entity	☐ Other	
			Fat.			L Ind	ividual/Sole P	Zip Code	
Street Address			City				State	1 1	
4133 Whitney Avenu	ie		Hamden				СТ	06518	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase A	Amount of Sig	gn Purchase	
3/19/15	032515a	\$250.00			\$250.00				
Name of Purchaser					ameniamosimientos de la composição de la composição de la composição de la composição de la composição de la c	1	e Made By:		
Pullman and Comley						l	siness Entity lyidual/Sole P	Other	
Street Address		With the second	City				State	Zip Code	
90 State House Squar	re, #13		Hartford				СТ	06103	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ase A	l Amount of Sig	i In Purchase	
2/19/15	032515a	\$250.00			\$250.00				
Name of Purchaser						Purchase	e Made By:		
Dealth Would Clariton						🛛 🖾 Bus	iness Entity	☐ Other	
Realty World Clayton	1					□ind	ividual/Sole P		
Street Address			City				State	Zip Code	
75 Main Street			East Haven				CT	06512	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ase /	Amount of Sig	gn Purchase	
2/20/15	032515a	\$175.00			\$175.00				
Name of Purchaser						Purchase	e Made By:		
Silver Sands Beach a	nd Tennis Club					_	iness Entity	☐ Other	
			1			☐ Indi	ividual/Sole P		
Street Address			City				State	Zip Code	
640 Silver Sands Roa	d		East Haven				CT	06512	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ise A	Amount of Sig	ın Purchase	
3/12/15	032515a	\$250.00			\$250.00				
Name of Purchaser		,I.				Purchase	Made By:		
State Marshal Willian	n Illingworth					□ Bus	iness Entity	☐ Other	
			r			X Indi	ividual/Sole Pi	,	
Street Address			City				State	Zip Code	
175 South End Road,	C-21	_	East Haven				CT	06512	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	Amount of Sig	in Purchase	
3/11/15	032515a	\$50.00		_	\$50.00				
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book –	— This Page			\$975.00	
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertisi	ng on a Sign -	This Page				
		NO STEMPOS STATE OF THE STATE O	TOTAL of a	iditional Secti	on L3 Pages	- Victoria de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya de la Comp	innin ili kui atrona muunaa oo		
TOTA	L OF ALL PURCHASES O		G IN A PROGRA Line 16c, Column /						
		(Purier total off.	THE YOU PRINKING	у ыннинин у .	a	***************************************			

						hh +++		
	(Provide Complete Name as Registere	ed with Filing Reposito	ry)		TYPE OF REPO		lino	
Maturo for May		of Advocation	a in a Duageas	m Rock or s		TOTI	ung	
Name of Purchaser	L3. Furchases	ou Auverusii	ig in a Prograi	III DUUK OI' (ni a sign	Purchase	Made By:	
							iness Entity	☐ Other
Total Plumbing and H	eating					☐ indi	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
117 Old Foxon Road			East Haven			·····	СТ	06513
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ase /	Amount of Sig	in Purchase
3/3/15	032515a	\$250.00			\$250.00			
Name of Purchaser			Version Vallendo Versione de l'Administrative		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	į.	: Made By:	
Trash Master, LLC						I	iness Entity	Other
		***	To:t		:	∐ Indi	vidual/Sole P	Zip Code
Street Address			City				СТ	06512
P.O. Box 120628		1 .	East Haver					
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	sse A	Amount of Sig	in Karcuase
2/17/15	032515a	\$250.00			\$250.00			
Name of Purchaser							Made By:	
East Haven Food Ente	rprises, Inc. d/b/a Twin I	Pines					iiness Entity ividual/Sole P	Other
			Cin			L ma	State	Zip Code
Street Address			City East Haven	1			CT	06512
34 Main Street		1				T		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	egram Ad Purcha	15e <i>F</i>	Amount of Sig	in Purchase
3/5/15	032515a	\$250.00			\$250.00			
Name of Purchaser	Simple management of the second secon					ļ.	Made By:	E 04
W.J. Dornfeld Co., Inc.						l .	ilness Entity ividual/Sole P	Other
Street Address	**************************************		City			LJ IIIG	State	Zip Code
			'	_			CT	06512
78 Saltonstall Parkwa		1	East Haven		ogram Ad Purchs	250 /	Amount of Si	
Date Received	Event#	Aggregate Purchases	for All Events	Antount of Pr	\$250.00	136 1	Amount or pu	du I michare
3/11/15	032515a	\$250.00			\$250.00			
Name of Purchaser						1	e Made By: siness Entity	☐ Other
Zullo and Jacks, LLC							ividual/Sole P	
Street Address			City				State	Zip Code
83 Main Street			East Haver	1			СТ	06512
Date Received	Event #	Aggregate Purchases	1		ogram Ad Purch	ase A	Amount of Sig	gn Purchase
2/16/15	032515a	\$250.00			\$250.00			
- Till to the state of the stat	SUBTOTAL Section L3 To	etal Burahasas of	Advertising in D	rogram Rook	. This Page			\$1250.00
	assertance		i					
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	ing on a Sign	— This Page			
			TOTAL of a	dditional Sect	ion L3 Pages			
TOTA	L OF ALL PURCHASES O	F ADVERTISIN	IG IN A PROGRA Ling 16c, Column	AM BOOK or	ON A SIGN Page Totals)			
		frames min on	THE TAIL CAME IN	. J wanted	a			

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Reposite	(ימי		TYPE OF REPOR	T		
		-						
	L4	. In-Kind Donation	s Not Consi	dered Contribu	tions			
Name of Donor	311							
Street Address			City				State	Zip Cođe
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
Business Entity						_		
O Individual	Date Received	Event#		Aggregate Value for	r this Event			
O Sole Proprietorship								
Name of Donor								
							·	Let 6 1
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	larket Val	ue of Donation
OBusiness Entity								
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for	r this Event			
Name of Donor								
Street Address			City				State	Zip Code
Succi Addicss								,
	I Describe and Describe			· · · · · · · · · · · · · · · · · · ·		F-1-1		ue of Donation
Donation Given By: OBusiness Entity	Description of Donation					Fair	vjarket vai	ne or Donation
Olndividual	Date Received	Event#		Aggregate Value for this Event				
OSole Proprietorship	Date itterive	2,44,7						
Name of Donor							·····	
Name of Bonor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation	** Juliu ***		·		Fair N	l Iarket Val	ue of Donation
O Business Entity								
O Individual	Date Received	Event #	- Land Trans	Aggregate value for	this Event			
O Sole Proprietorship								
		SIII	TOTAL Sect	ion L4 — This Page				
		TOT	'AL of additio	nal Section L4 Page	S			
ТО1	TAL OF ALL IN-KINI	D DONATIONS NOT C (Enter total on Line 21,	ONSIDERED	CONTRIBUTION ummary Page Total	S s)			
ages and reserve to the configuration with		······································						

NAME OF COMMITTEE Pro	vide Complete Name as Registered with Filing Repost	iltory)			TYPE OF REI	PORT	
111111111111111111111111111111111111111							
L5. I	n-Kind Donations Not Consider	ed Co	ntributions Associat	ed with a H	louse Part	y	
Name of Host				Is this event s committee? (upporting mo	ore than or	ne candidate or
Street Address		C	lity		-	State	Zip Code
Description of Donation					Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Aggre	egate Value of all Events— <i>this ho</i> .				
Name of Host				committee? (upporting mo Yes O No mplete Itemiza)	e candidate or
Street Address		С	City			State	Zip Code
Description of Donation					Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Aggre	egate Value of all Events—this ho.	st/candidate			
Name of Host				committee? (upporting mo Yes O No mplete Itemiza)	ne candidate or lendum L5
Street Address		C	Sity			State	Zip Code
Description of Donation		*			Fair Mar	ket Value o	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggre	gate Value of all Events—this ho				
Name of Host					upporting mo Yes ONo mplete Itemiza		ne candidate or lendum L5
Street Address		С	City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggre	egate Value of all Events— <i>this ho</i>	st/candidate			
		SUBT	OTAL Section L5 —	This Page			
			of additional Section				
TOTAL OF ASSOCIATED WITH A	FALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on L	T CON Line 22,	NSIDERED CONTRII Column A of Summary I	BUTIONS Page Totals)			
					i-		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Regisi	tered with I	Filing Repositor	y The state of the	40 (2) 2 42 74	Variable and asset	TYPE O	REPORT		Section Section 2	
			M. In-K	ind Cont	ribu	tions					
Name											
					<u></u>				State	Zip Code	
Street Address					City				State	Zip Code	
Type of contributor: Committee	Date Received	1	Aggregate Con	tributions	De	scription of In-Kind (Contribution				
OIndividual / Sole Proprietorship Oother								<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contri valued at n	ibutor or b nore than	ousiness he/she \$5,000?	is associate	ate for a chief executive officer of a municipality, and with have a contract with said municipality Yes No			nicipality	Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes, i	tor a principal indicate which rnment the cor	i branch or t	branch	r or prospective states Executive (O _{No}			
Name											
Street Address					City				State	Zip Code	
Type of contributor: Ocommittee	Date Received	i	Aggregate Con	tributions	De	scription of In-Kind (Contribution				
OIndividual / Sole Proprietorship Oother						******					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves valued at more than \$5,000? Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No No No No No No No No No No No											
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Security											
Name											
Street Address					City				State	Zip Code	
Type of contributor: OCommittee	Date Received	d	Aggregate Con	tributions	De	scription of In-Kind (Contribution				
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont	ution is in ributor or more than	business he/sh	0 to a candid te is associat	date for led with O	a chief executive on have a contract we Yes No	officer of a	municipality, unicipality		Market Value Contribution	
Is this contribution associated with an event reported listed in Section L1?	8 Yes Is	If yes, i	tor a principal indicate which	branch or b	branch	r or prospective states Executive (O _{No}			
If yes, list Event #		or gover	aere eterroeuwww.	vices (25%)	e Partitude	ACCESSAGE OF THE PROPERTY OF	nies I				
			Su	STUTALS	sectio	n M — This Pag	9 ,333				
			TOTA	\L of addi	tional	Section M Page	S	<u></u>			
TOTAL OF ALL IN-KIND CON	TRIBUTI	ONS (E	nter total on L	ine 23, Colun	ин А од	Summary Page To	tals)				
	N	Refund	lable Den	osit to Te	elenl	one Compan	v				
Last Name of Individual	ng nan Ing a 100 12		more zep	First	· · · · ·	- Maria - Andrews II - Andr		MI 1	Date Deposi	t Made	
Last raint of marriage.											
Residential Street Address			City		<u> </u>		State	Zip Code		Amount of	
,										Deposit	
Name of Telephone Company								<u> </u>	_		
,											
Street Address			City	·			State	Zip Code			
	DOMEST -							<u> </u>		····	
TOTAL SI	ECTION !	N (Enter t	total on Line 2	24, Column 2	A of Si	ımmary Page Tota	(S)				

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Revised January 2015						
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	And Advertising the Control of the C	TYPE OF REPORT			
Maturo for Mayor	r 2015		April 10 Filing			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:		
Joseph Zullo			2/21/15	© Check # 1003		
		Lav		O Debit Card OEFT State Zip Code		
Street Address		City		'		
28 Ozone Road		East Haven		CT 06512		
Purpose of Expenditure	Description		Event #	Amount		
(by code) RCW	Reimbursement to comm. worker - Website		n/a	143.88		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)			
19 477	O None of the below	•	•			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	re) Indepen	ationOAOBOCOD			
Name of Payee	O Cooldinated without felimousement sought (at this cont	Organiza	Date of Payment	Method of Payment:		
			2/21/15	Oheck # 1001		
Joseph Zullo			2/21/13	O Debit Card OEFT		
Street Address		City		State Zip Code		
28 Ozone Road		East Haven		CT 06512		
Purpose of Expenditure	Description		Eyent #	Amount		
(by code) RCW	RCW Reimbursement to comm. worker - Stamps n/a					
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	iless "None of the below" is	checked)			
(if applicable)	O None of the below	•				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	e) Independ				
Name of Payee	O Coordinated without reinformsement soright (in-kind cont.	oddon) Organiza	Date of Payment	Method of Payment:		
rune or rayee				Oheck # 1002		
Joseph Zullo			2/21/15	O Debit Card OEFT		
Street Address		City		State Zip Code		
28 Ozone Road		East Haven		CT 06512		
Purpose of Expenditure	Description		Event #	Amount		
(by code) RCW	Reimbursement to comm. worker - Paper, En	velopes, Ink	n/a	201.98		
F 1'4 II			T alcohad)	- 2011,50		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	miess "Ivone of the below" i	s enecken)			
	None of the below Coordinated with reimbursement sought (joint expenditu					
	Coordinated without reimbursement sought (in-kind cont	tribution) Organiz	zatior OAOBOCO I)		
Name of Payee			Date of Payment	Method of Payment:		
Big Prints - Marke	eting 101, LLC		3/25/15	O Check #		
Street Address		City		O Debit Card EFT State Zip Code		
		East Haven		CT 06512		
15 Baer Circle		cast naven		Ç1 00312		
Purpose of Expenditure	Description		Event #	Amount		
(by code) A-SIGN	Promotional signs as decoration for 3/25/15	fundraiser	32515a	260.56		
Expenditure #	Type of Expenditure (Hemization in Addendum P Required in	nless "None of the below" is	checked)			
(if applicable)	None of the below	•	•			
	O Coordinated with reimbursement sought (joint expenditure		ndent			
	O Coordinated without reimbursement sought (in-kind control	ribution) Organiz	ation OA OB OC OD			
		SUBTOTAL Section P -	- This Page 749.92			
	TO	TAL of additional Secti	on P Pages 5,765.88			
	TOTAL OF ALL EXPE (Enter total on Lin	ENSES PAID BY CON e 19, Column A of Summar				

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maturo for Mayor			April 10 Filing				
		Paid by Committee					
Name of Payee	•	· · · · · · · · · · · · · · · · · · ·	Date of Payment	Method of Payment:			
Minuteman Press			3/25/15	O Check #			
		City		O Debit Card OEFT State Zip Code			
Street Address		East Haven		CT 06512			
330 Main Street		cast naven		C1 00312			
Purpose of Expenditure	Description		Event#	Amount			
(by code) PRNT	Ad Book Printing for 3/15/15 event		32515a	369.20			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	uless "None of the below" is	checked)	-			
(if applicable)	None of the below	••••	,				
	Coordinated with reimbursement sought (joint expenditur	re) Q Independ					
	Coordinated without reimbursement sought (in-kind contr	ribution) Organiza	Date of Payment	Method of Payment:			
Name of Payee				Check #			
Party City			3/24/15	Debit Card OEFT			
Street Address	A A A A A A A A A A A A A A A A A A A	City		State Zip Code			
854 West Main St	reet	Branford		CT 06405			
Purpose of Expenditure	Description		Event#	Amount			
(by code) FNDR	Balloons for fundraiser		32515a	67.61			
		1 (Al Ed Laboutt la		67.61			
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	uess "Ivone of the below" is c	:нескеи)				
None of the below Coordinated with reimbursement sought (joint expenditure) Independent							
	Coordinated without reimbursement sought (in-kind contr	ibution) Organizat	Date of Payment				
Name of Payee	Method of Payment: Check #_1004						
Bistro Mediterranean			3/26/15	O Debit Card OEFT			
Street Address		City		State Zip Code			
383 Main Street		East Haven		CT 06512			
D C. Channelling	Description		Event#	Amount			
Purpose of Expenditure (by code) FNDR	•		32515a				
	Catering for 3/25/15 event	14.00		5,299.07			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the below" is	checked)				
	None of the below Coordinated with reimbursement sought (joint expenditu						
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	re) Ondepen tribution) Organiza	atior OAOBOCOD				
Name of Payee			Date of Payment	Method of Payment:			
Citizens Bank - D	eluxe Checks		2/10/15	O Check #			
Street Address		City		O Debit Card O EFT State Zip Code			
İ	Avenue	East Haven		CT 06512			
263 Hemingway	Avertue	Lastriaven					
Purpose of Expenditure (by code)	Description		Event #	Amount			
BNK	Bank fees - for account (checks)		n/a	27.25			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us	nless "None of the below" is	checked)	7			
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expenditu						
	Coordinated without reinfoursement sought (iii-kind cont	Organiza	tion ()A ()B ()C () D	<u> </u>			
	•	SUBTOTAL Section P —	- This Page 5763.13				
	TC	OTAL of additional Section	on P Pages 2.73				
	TOTAL OF ALL EXPE	ENSES PAID BY COM	1MITTEE 6,515.78				
	(Enter total on Lin	e 19, Column A of Summary	Page Totals)				

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Maturo for Mayor			April 10 Filing	
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
Facebook.com			3/30/15	O Check # Debit Card OEFT
Street Address		City		Debit Card DEFT State Zip Code
1 Hacker Way		Menlo Park		CA 94025
Purpose of Expenditure	Description		Event#	Amount
(by code) A-WEB	Test promotional boost of posting	****	n/a	2.73
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ	lent tionOAOBOCOD	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ	đent -	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re)		
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card O EFT
Street Address		City East Haven		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contents)	e) Indepen		
	S	SUBTOTAL Section P -	- This Page 2,73	
	то	TAL of additional Secti	on P Pages 0,00	
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COM	MMITTEE 6,515.78 Page Totals)	

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered wi	TYPE OF REPORT	TYPE OF REPORT				
	Q. Ca	mpaign Expenses Paid by	Candidate				
Name of Payee (Name of 1	endor, Person or Entity who candidate paid direct		Date of Payment	Is rein	nbursement claimed?		
					Yes O No		
Gr		Texa					
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description	11.00	Event #		Amount		
(by code)							
A		4.	Date of Payment	Y	ibursement claimed?		
Name of Payee (Name of 1	endor, Person or Entity who candidate paid direc	ary)	Date of Fayment		_		
					Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event#		Amount		
(by code)	Description		Digit,"		Timount		
Name of Payee (Name of !	endor, Person or Entity who caudidate paid direc	etly)	Date of Payment	Is rein	abursement claimed?		
					Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
(0) (040)							
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid direc	dy)	Date of Payment	Is rein	ibursement claimed?		
	· · · · · · · · · · · · · · · · · · ·				Yes O No		
		To.	- 144 AMM 100				
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description	*	Event #		Amount		
(by code)							
No CD (No CI	Zuda Barra Kuta aka majida aka di Bar	47.5	Date of Payment	Date of Dayment Laurinham			
Name of Payee (Name of V	endor, Person or Entity who candidate paid direc	(t) ⁽)	Date of Fayment	_	abursement claimed?		
				0	Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description	L	Eyent#		Amount		
(by code)							
Name of Payee (Name of V	endor, Person or Entity who candidate paid direc	tly)	Date of Payment	Is reim	bursement claimed?		
					Yes O No		
Street Address		City	va	State	Zip Code		
			I				
Purpose of Expenditure (by code)	Description		Event #		Amount		
, ,							
		SUBTOTAL Sec	tion Q — This Page				
			alocales Operation				
		TOTAL of addition	ar Section Q Pages				
	TOTALO	OF ALL EXPENSES PAID	BY CANDIDATE				
	\widetilde{a}	nter total on Line 26, Column A of	Summary Page Totals)				

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TY	PE OF REPORT		
	R. Expenses Incurred	l on Committe	e Credit Caro	1		
Name of Issuing Insti	tution	Type of Credit Card		Discover OAmeric	an Express	s OOther:
Name of Vendor, Person o	or Entity				Date of T	Fransaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event #			Amount
Expenditure # (If opplicable)	Type of Expenditure (Itemization in Addendum R Required to None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbur	ure)	Independent	Ов Ос Ор		
Name of Vendor, Person of	or Entity				Date of T	Transaction
Street Address		City	1.300		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#			Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum R Required to None of the below Coordinated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind control of the c	ure)) Independent	Ов Ос Ор		
Name of Vendor, Person of	or Entity				Date of T	Fransaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event#	· · · · · · · · · · · · · · · · · · ·		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R Required to None of the below Coordinated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind compared to the coordinated with reimbursement sought (in-kind compared to the coordinated with reimbursement sought (in-kind compared to the coordinated with reimbursement sought (in-kind compared to the coordinated with reimbursement sought (in-kind compared to the coordinated with reimbursement sought (in-kind compared to the coordinated with reimbursement sought (in-kind compared to the coordinated with reimbursement sought (in-kind compared to the coordinated to the coordinated to the coordinated with reimbursement sought (in-kind compared to the coordinated to	ure)	Independent	Ов Ос Ор		
	SUI	BTOTAL Section	R — This Page			
	TOTA	AL of additional S	Section R Pages			
то	TAL OF ALL EXPENSES INCURRED ON C (Enter total on Line					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with	n Filing Repository)	TYPE OF REP	ORT	
	S. Expenses Incurr	ed by Committee but Not	Paid During this Peri	od	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # Af applicable)	Type of Expenditure (Itemization in Adden-	Ight (joint expenditure)	below" Is checked) Independent Organization: \(\rightarrow \rightarrow \ \rightarrow \ \rightarrow \ \rightarrow \ \rightarrow \rightarrow \ \rightarrow \rightarrow \ \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \ \rightarrow \rig	с Ор	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addenoted None of the below Coordinated with reimbursement sour Coordinated without reimbursement	ight (joint expenditure)	below" is checked) Independent Organization \(\begin{array}{ccc} \beg	с Ов	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	I	Event #	I	nount Incurred stimate or Actual)
Expenditure # (f opplicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sour Coordinated without reimbursement	ight (joint expenditure)	below" is checked) Independent Organization: \(\begin{array}{c}	с Ор	
		SUBTOTAL S	ection S-This Page		
		TOTAL of addition	nal Section S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMM	HTTEE DURING THIS PERIO (Enter total on Line 28, Column A of			
	Previously	reported Expenses Unpaid and	still Outstanding		
		S INCURRED BY COMMITTE Inter total on Line 28a, Column A of			
			1		

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	(כב		ТҮ	PE OF RE	PORT		
	T. Itemization of Reimb	bui	rsements and Secon	dary Pa	yees			
Last Name of Worker/Cons	ultant	Fir	rst			MI	Date of P Person or	ayment to Vendor, r Entity
Zullo		Jo	oseph			Н	2/21/	•
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						Committee V	Worker/Consultant as
Yahoo Webhostin	g				نث ا	n Section P: ck #_1000	O Del	bit Card OEFT
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
701 First Ave	, ,		Sunnyvale				CA	94089
Purpose of Expenditure	Description			Event #			Amount	
(by code) WEB	1 Year of Hosting for Site, and Domain			n/a			143.88	3
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum T Require	ed i	unless "None of the below".	is checked)				
	None of the below Coordinated with reimbursement sought (joint expe							
Last Name of Worker/Cons	ultant	Fiı	rst			MI	Date of P Person or	ayment to Vendor,
Zullo Joseph					Н	2/2/2	-	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					o Reimburse n Section P;	Committee V	Worker/Consultant as
U.S. Post Office					• Chec	bit Card OEFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City						State	Zip Code	
Trolley Square Station East Haven			East Haven				СТ	06512
Purpose of Expenditure	Description			Event #				Amount
(by code) POST	Postage			n/a			143.50)
Expenditure # (f opplicable)	Type of Expenditure (Hemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind	ndit	ture) O Indepe		0 0) О		
Last Name of Worker/Cons	ultant	Fi	rst			MI	Date of P Person or	ayment to Vendor, r Entity
Zullo		J,	oseph		Н	2/1/15		
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant	re				n Section P:	Committee Worker/Consultant as	
i i	Person or Entity Paid by Committee Worker/Consultant		City		Chec	ck # <u>1002</u>	State	bit Card OEFT
85 North Main Stre			Branford				СТ	06405
			Diamora	Event#				
Purpose of Expenditure (by code) OFFICE	Description							Amount
	Paper, Ink, Envelopes		···	n/a		 	201.98	,
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) Coordinated without reimbursement sought (in-kind contribution) Organization: o A					О C овс) O		
		•	SUBTOTAL Section T -	— This Pa	ge 489	.36		
		T(OTAL of additional Sect	ion T Pag	ges 0.0	0		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	V(ORKERS AND CONS	ULTAN'	TS 489	 9.36		
		***** —						