

SEEC FORM 20

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



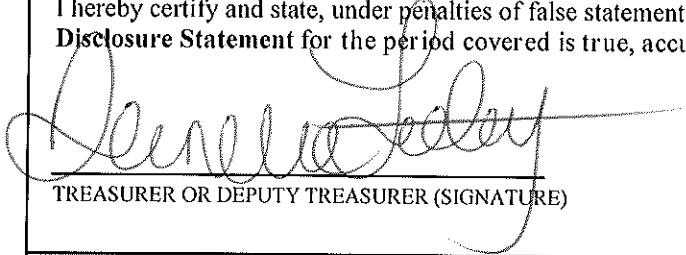

RECEIVED FOR FILING
JAN 11 2016
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Stacy Grawins, CTC

Do Not Mark in This Space For Official Use TOWN CLERK

Page 1 of 17

COVER PAGE

| | | | |
|---|---|--|--|
| 1. NAME OF COMMITTEE | | | |
| Maturato for Mayor 2015 | | | |
| 2. TREASURER NAME | | | |
| First Danelle | MI L | Last Feeley | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 28 Ozone Road | City East Haven | State CT | Zip Code 06512 |
| 4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/3/2015 | 5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor | | 6. DISTRICT NUMBER (if applicable) |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | |
| First Joseph | MI | Last Maturato | Suffix Jr. |
| 8. TYPE OF REPORT (Check One Box) | | | |
| <input checked="" type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input type="radio"/> July 10 filing | <input type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: |
| <input type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination | 1/11/16 Report |
| <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| Beginning Date 10/26/2015 | | Ending Date 12/31/2015 | |
| thru | | | |
| 10. CERTIFICATION | | | |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | |
|  TREASURER OR DEPUTY TREASURER (SIGNATURE) | |  PRINT NAME OF SIGNER | 1/11/2016 DATE (mm/dd/yyyy) |
| A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both. | | | |

SEEC FORM 20

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

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|---|-------------------------|-----------------------|
| Maturo for Mayor 2015 | 1/10/16 Report | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees | | |
| 12. Balance on hand at the beginning of Reporting Period | 22,523.91 | |
| 13. Contributions Received from Individuals (Sections A and B) | 2,825.00 | 74,035.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | | 4,250.00 |
| 15. Other Monetary Receipts (Sections D through K) | 1000.00 | 1000.00 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | | |
| 16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i> | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) | | 14,475.00 |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 3,825.00 | |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 26,348.91 | 93,760.00 |
| 19. Expenses Paid by Committee (Section P) | 25,923.28 | 93,334.37 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 425.63 | 425.63 |
| 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) | 0.00 | 5,250.00 |
| 27. Expenses Incurred on Committee Credit Card (Section R) | | |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|--|------------------|------------------------|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Report | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | \$ | |
| SUBTOTAL SECTION A | | | | | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name SEE ATTACHED SCHEDULE OF DONORS - TOTAL AT BOTTOM | | | First | | MI |
| Residential Street Address | | | City | | State Zip Code |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | Date Received | | Aggregate Contributions |
| Last Name | | | First | | MI |
| Residential Street Address | | | City | | State Zip Code |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | Date Received | | Aggregate Contributions |
| Last Name | | | First | | MI |
| Residential Street Address | | | City | | State Zip Code |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | Date Received | | Aggregate Contributions |
| SUBTOTAL Section B — This Page | | | | | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | 2,825.00 |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|---------------------------|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i> | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Angelo | | Chuck | | | |
| Residential Street Address | | City | | State | Zip Code |
| 8 Stonewall Lane | | Woodbridge | | CT | 06525 |
| Principal Occupation | | Name of Employer | | | |
| Attorney | | Self | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # <u>102915a</u> | | If yes, indicate which branch or branches of government the contract is with: | | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/27/15 | \$1,000.00 | | \$200.00 |
| Last Name | | First | | MI | |
| Angletti | | Reno Caesar | | | |
| Residential Street Address | | City | | State | Zip Code |
| 61 Vista Road | | North Haven | | CT | 06473 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | 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? | | Amount of Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # <u>102915a</u> | | If yes, indicate which branch or branches of government the contract is with: | | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/28/15 | \$145.00 | | \$20.00 |
| Last Name | | First | | MI | |
| Argento | | John | | | |
| Residential Street Address | | City | | State | Zip Code |
| 11 Robert Drive | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # <u>102915a</u> | | If yes, indicate which branch or branches of government the contract is with: | | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$100.00 | | \$100.00 |
| SUBTOTAL Section B — This Page | | | | \$320.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Asid | | Marlene | | | |
| Residential Street Address | | City | | State | Zip Code |
| 505 Golf Drive | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Supervisor | | AT&T | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>102915a</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| | | | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$210.00 | | |
| | | | | | \$20.00 |
| Last Name | | First | | MI | |
| Barucci | | Patricia Ann | | | |
| Residential Street Address | | City | | State | Zip Code |
| 26 Beachwood Road | | Branford | | CT | 06405 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>102915a</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| | | | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 11/2/15 | \$400.00 | | |
| | | | | | \$400.00 |
| Last Name | | First | | MI | |
| Cappelloni | | Frank | | | |
| Residential Street Address | | City | | State | Zip Code |
| 122 Allison Way | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>102915a</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| | | | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$185.00 | | |
| | | | | | \$20.00 |
| SUBTOTAL Section B — This Page | | | | \$440.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Carbo | | Paul | | | |
| Residential Street Address | | City | | State | Zip Code |
| 10 Nicholas Drive | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Consultant | | Focus Systems Inc. | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$575.00 | | |
| | | | | | \$100.00 |
| Last Name | | First | | MI | |
| Consiglio | | Vincent | | | |
| Residential Street Address | | City | | State | Zip Code |
| 30 Timberland Drive | | East Haven | | CT | 06513 |
| Principal Occupation | | Name of Employer | | | |
| Maintenance | | East Haven BOE | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$750.00 | | |
| | | | | | \$200.00 |
| Last Name | | First | | MI | |
| Coyle | | Charles | | J | |
| Residential Street Address | | City | | State | Zip Code |
| 24 Columbus Ave | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Foreman | | Town of E.H. | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$625.00 | | |
| | | | | | \$40.00 |
| SUBTOTAL Section B — This Page | | | | \$340.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Cretella | | Mike | | | |
| Residential Street Address | | City | | State | Zip Code |
| 91 Kimberly Ave. | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # 102915a | | If yes, indicate which branch or branches of government the contract is with: | | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/19/15 | \$335.00 | | \$20.00 |
| Last Name | | First | | MI | |
| Criscuolo | | Candace | | | |
| Residential Street Address | | City | | State | Zip Code |
| 10 Thomas Place | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Secretary | | Town | | | |
| 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # 102915a | | If yes, indicate which branch or branches of government the contract is with: | | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/28/15 | \$205.00 | | \$20.00 |
| Last Name | | First | | MI | |
| Delucia | | Steven | | | |
| Residential Street Address | | City | | State | Zip Code |
| 325 Mansfield Grove Road | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Electrician | | Ducci | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # 102915a | | If yes, indicate which branch or branches of government the contract is with: | | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$190.00 | | \$20.00 |
| SUBTOTAL Section B — This Page | | | | \$60.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|---|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Disilvestro | | Joseph | | | |
| Residential Street Address | | City | | State | Zip Code |
| 83 Boston Ave. | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Attorney | | Kolb & DiSilvestro | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| 102915a | | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$40.00 | | |
| | | | | | \$40.00 |
| Last Name | | First | | MI | |
| Farrell | | Jim | | | |
| Residential Street Address | | City | | State | Zip Code |
| 7 Erico Drive | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Business Mgr. | | East Haven BOE | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| 102915a | | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$585.00 | | |
| | | | | | \$20.00 |
| Last Name | | First | | MI | |
| Ferraro | | John | | | |
| Residential Street Address | | City | | State | Zip Code |
| 34 Still Hill Road | | Hamden | | CT | 06519 |
| Principal Occupation | | Name of Employer | | | |
| Facilities Coordinator | | Protein Sciences | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| 102915a | | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/19/15 | \$80.00 | | |
| | | | | | \$40.00 |
| SUBTOTAL Section B — This Page | | | | \$100.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Ferraiulo | | Jane | | | |
| Residential Street Address | | City | | State | Zip Code |
| 16 Summit Road | | Prospect | | CT | 06712 |
| Principal Occupation | | Name of Employer | | | |
| Merchandiser | | Stop and Shop | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | 102915a | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/17/15 | \$40.00 | | |
| | | | | | \$40.00 |
| Last Name | | First | | MI | |
| Finkle | | John | | | |
| Residential Street Address | | City | | State | Zip Code |
| 91 Angela Drive | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Manager | | JST, Inc. | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | 102915a | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$295.00 | | |
| | | | | | \$20.00 |
| Last Name | | First | | MI | |
| Gagliardi | | Jean | | | |
| Residential Street Address | | City | | State | Zip Code |
| 21 Myrtle Avenue | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Realtor | | Century 21 | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | 102915a | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$40.00 | | |
| | | | | | \$20.00 |
| SUBTOTAL Section B — This Page | | | | \$80.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Gallo | | Leonard | | | |
| Residential Street Address | | City | | State | Zip Code |
| 7 Rance Court | | North Haven | | CT | 06473 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | | | |
| 102915a | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$325.00 | | |
| | | | \$125.00 | | |
| Last Name | | First | | MI | |
| Gallo, D.D.S. | | Karen | | | |
| Residential Street Address | | City | | State | Zip Code |
| 35 High Street | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Dentist | | Self | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | | | |
| 102915a | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$310.00 | | |
| | | | \$20.00 | | |
| Last Name | | First | | MI | |
| Gaudioso | | John | | | |
| Residential Street Address | | City | | State | Zip Code |
| 300 Hemingway Avenue | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Realtor | | Self | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | | | |
| 102915a | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/26/15 | \$80.00 | | |
| | | | \$40.00 | | |
| SUBTOTAL Section B — This Page | | | | \$185.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Mature for Mayor 2015 | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | S | |
| SUBTOTAL SECTION A | | | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | |
| Gersz | | David | |
| Residential Street Address | | City | |
| 99 Forbes Place | | East Haven | |
| State | | Zip Code | |
| CT | | 06512 | |
| Principal Occupation | | Name of Employer | |
| Retired | | Retired | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 102915a | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/27/15 | |
| | | Aggregate Contributions | |
| | | \$25.00 | |
| Last Name | | First | |
| Goodwin | | Joseph | |
| Residential Street Address | | City | |
| 128 Sunset Hill Drive | | Branford | |
| State | | Zip Code | |
| CT | | 06405 | |
| Principal Occupation | | Name of Employer | |
| Realtor | | Century 21 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 102915a | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | |
| | | Aggregate Contributions | |
| | | \$20.00 | |
| Last Name | | First | |
| Hollenbeck | | Joyce | |
| Residential Street Address | | City | |
| 38 Evergreen Drive | | North Branford | |
| State | | Zip Code | |
| CT | | 06471 | |
| Principal Occupation | | Name of Employer | |
| Secretary | | Town of E.H. | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 102915a | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/28/15 | |
| | | Aggregate Contributions | |
| | | \$490.00 | |
| SUBTOTAL Section B — This Page | | \$65.00 | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|---|--|---|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name Jaffe | | First Loria | | MI | |
| Residential Street Address 140 Mill Street, Unit 637 | | City East Haven | | State CT | Zip Code 06512 |
| Principal Occupation Service Rep. | | Name of Employer Frontier | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/15 | | Aggregate Contributions \$265.00 | |
| | | | | \$20.00 | |
| Last Name Jarmie | | First Joseph | | MI | |
| Residential Street Address 560 Silver Sands Road, Unit 202 | | City East Haven | | State CT | Zip Code 06512 |
| Principal Occupation Butcher | | Name of Employer Stop and Shop | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/29/15 | | Aggregate Contributions \$210.00 | |
| | | | | \$20.00 | |
| Last Name Juliano | | First Jay | | MI | |
| Residential Street Address 747 Forest Road | | City Northford | | State CT | Zip Code 06472 |
| Principal Occupation Owner | | Name of Employer Extreme Paving and Sealing | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/15 | | Aggregate Contributions \$20.00 | |
| | | | | \$20.00 | |
| SUBTOTAL Section B — This Page | | | | \$60.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|--|-------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Koelle | | First Paul | MI |
| Residential Street Address 269 Cosey Beach Ave. | | City East Haven | State CT |
| Principal Occupation Biotech Engineering | | Name of Employer Protein Sciences | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/29/15 | Aggregate Contributions \$120.00 |
| Last Name Kolb | | First Robert | MI |
| Residential Street Address 831 North High Street | | City East Haven | State CT |
| Principal Occupation Construction | | Name of Employer Self | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/29/15 | Aggregate Contributions \$20.00 |
| Last Name Larrabee | | First Brent | MI |
| Residential Street Address 126 Morgan Avenue | | City East Haven | State CT |
| Principal Occupation Chief of Police | | Name of Employer Town of E.H. | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/15 | Aggregate Contributions \$225.00 |
| SUBTOTAL Section B — This Page | | | \$140.00 |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Manna | | Christopher | | | |
| Residential Street Address | | City | | State | Zip Code |
| 34 MacMahon Lane | | North Branford | | CT | 06471 |
| Principal Occupation | | Name of Employer | | | |
| Chiropractor | | Self | | | |
| 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 102915a | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$40.00 | | \$20.00 |
| Last Name | | First | | MI | |
| Mannochi | | Ralph | | | |
| Residential Street Address | | City | | State | Zip Code |
| 70 Robert Drive | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Beach Attendant | | Town of E.H. | | | |
| 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 102915a | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/26/15 | \$365.00 | | \$25.00 |
| Last Name | | First | | MI | |
| McKay | | Ken | | | |
| Residential Street Address | | City | | State | Zip Code |
| 59 Sidney Street | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | 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 Contribution | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 102915a | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$650.00 | | \$100.00 |
| SUBTOTAL Section B — This Page | | | | \$145.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Mikos | | David | | | |
| Residential Street Address | | City | | State | Zip Code |
| 17 Mario Court | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Maintenance Mgr. | | Hexacomb | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$40.00 | | |
| | | | \$40.00 | | |
| Last Name | | First | | MI | |
| Moniello | | Laurie | | | |
| Residential Street Address | | City | | State | Zip Code |
| 24 Roy Street | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Admin | | Franklin Construction | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$40.00 | | |
| | | | \$40.00 | | |
| Last Name | | First | | MI | |
| Norman | | Donna | | | |
| Residential Street Address | | City | | State | Zip Code |
| 15 Clancy Street | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$170.00 | | |
| | | | \$20.00 | | |
| SUBTOTAL Section B — This Page | | | | \$100.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|---|-------------------------------------|---------------------------------|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name Parente | | First Linda | | MI | |
| Residential Street Address 7 Farm River Road | | City East Haven | | State CT | Zip Code 06512 |
| Principal Occupation Apt. Finder | | Name of Employer Apt. Finder Pub | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>102915a</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/29/15 | Aggregate Contributions \$900.00 | | \$100.00 |
| Last Name Palermo | | First Larry | | MI | |
| Residential Street Address 15 Clearview Ave | | City East Haven | | State CT | Zip Code 06512 |
| Principal Occupation Retired | | Name of Employer Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>102915a</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/15 | Aggregate Contributions \$40.00 | | \$40.00 |
| Last Name Purificato | | First Anthony | | MI | |
| Residential Street Address 111 South Main Street, Apt. 2 | | City Branford | | State CT | Zip Code 06405 |
| Principal Occupation Foreman | | Name of Employer Town of E.H. | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>102915a</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/19/15 | Aggregate Contributions \$280.00 | | \$40.00 |
| SUBTOTAL Section B — This Page | | | | \$180.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Riccitelli | | Carmine | | | |
| Residential Street Address | | City | | State | Zip Code |
| 10 Allen Court | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list Event # <u>102915a</u> | |
| Is contributor a principal of a state contractor or prospective state contractor? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | Amount of Contribution | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/26/15 | \$20.00 | \$20.00 | |
| Last Name | | First | | MI | |
| Sagnella | | David | | | |
| Residential Street Address | | City | | State | Zip Code |
| 666 North High Street | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Video Game and Mach. Mgr. | | Raballs.com | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list Event # <u>102915a</u> | |
| Is contributor a principal of a state contractor or prospective state contractor? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | Amount of Contribution | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$400.00 | \$50.00 | |
| Last Name | | First | | MI | |
| Sand | | Robert | | | |
| Residential Street Address | | City | | State | Zip Code |
| 501 Thompson Street | | East Haven | | CT | 06513 |
| Principal Occupation | | Name of Employer | | | |
| Electrician | | Fortin Electric | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list Event # <u>102915a</u> | |
| Is contributor a principal of a state contractor or prospective state contractor? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | Amount of Contribution | |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/30/15 | \$205.00 | \$40.00 | |
| SUBTOTAL Section B — This Page | | | | \$110.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|--|-------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Severino | | First William | |
| Residential Street Address 56 Francis Street | | City East Haven | State CT |
| Principal Occupation Retired | | Name of Employer Retired | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/29/15 | Aggregate Contributions \$40.00 |
| Last Name Smith | | First Anissa Temple | |
| Residential Street Address 25 Nicole Court | | City East Haven | State CT |
| Principal Occupation Unemployed | | Name of Employer Unemployed | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/29/15 | Aggregate Contributions \$200.00 |
| Last Name Torrealba | | First Eduardo | |
| Residential Street Address 193 Thompson Street, Unit A | | City East Haven | State CT |
| Principal Occupation Interpreter | | Name of Employer State of CT Jud. Branch | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/29/15 | Aggregate Contributions \$100.00 |
| SUBTOTAL Section B — This Page | | \$180.00 | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturo for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Vanwolvelaerd | | Marcel | | | |
| Residential Street Address | | City | | State | Zip Code |
| 832 Podunk Road | | Guilford | | CT | 06437 |
| Principal Occupation | | Name of Employer | | | |
| Owner | | Cable Comm | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/28/15 | \$325.00 | | |
| | | | | | \$100.00 |
| Last Name | | First | | MI | |
| Velazquez | | Jose | | | |
| Residential Street Address | | City | | State | Zip Code |
| 8 Rabbit Rock Road | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$40.00 | | |
| | | | | | \$40.00 |
| Last Name | | First | | MI | |
| Vollono | | Jean | | | |
| Residential Street Address | | City | | State | Zip Code |
| 29 Clark Ave | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| If yes, list Event # | | 102915a | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$40.00 | | |
| | | | | | \$40.00 |
| SUBTOTAL Section B — This Page | | | | \$180.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Mature for Mayor 2015 | | | | 1/10/16 Filing | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Vollono | | Joan | | | |
| Residential Street Address | | City | | State | Zip Code |
| 143 Borrmann Road | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Supervisor | | Moroso Perf. Prod. | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list Event # <u>101915a</u> | |
| Is contributor a principal of a state contractor or prospective state contractor? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$20.00 | | |
| Last Name | | First | | MI | |
| Ward | | Robert | | | |
| Residential Street Address | | City | | State | Zip Code |
| 813 Totoket Road | | Northford | | CT | 06474 |
| Principal Occupation | | Name of Employer | | | |
| Auditor | | State of CT | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list Event # <u>102915a</u> | |
| Is contributor a principal of a state contractor or prospective state contractor? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/28/15 | \$100.00 | | |
| Last Name | | First | | MI | |
| West | | Joan | | | |
| Residential Street Address | | City | | State | Zip Code |
| 31 Clark Avenue | | East Haven | | CT | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Retired | | Retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list Event # <u>102915a</u> | |
| Is contributor a principal of a state contractor or prospective state contractor? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | Amount of Contribution |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/29/15 | \$20.00 | | |
| SUBTOTAL Section B — This Page | | | | \$140.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

| | | | | | | | |
|---|---|---|----------|--|-------------------|-------------------------|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | | | TYPE OF REPORT | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | | Name of Treasurer | | |
| Address | | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i> | | Amount of Contribution | |
| City | | State | Zip Code | Date Received | | Aggregate Contributions | |
| Name of Committee | | | | | Name of Treasurer | | |
| Address | | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i> | | Amount of Contribution | |
| City | | State | Zip Code | Date Received | | Aggregate Contributions | |
| Name of Committee | | | | | Name of Treasurer | | |
| Address | | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i> | | Amount of Contribution | |
| City | | State | Zip Code | Date Received | | Aggregate Contributions | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | | | |
| Name of Committee | | | | | Name of Treasurer | | |
| Address | | | | City | | State | Zip Code |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | Amount of Receipt | |
| Description | | | | | | | |
| Name of Committee | | | | | Name of Treasurer | | |
| Address | | | | City | | State | Zip Code |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | Amount of Receipt | |
| Description | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | | |
| TOTAL of additional Section C Pages | | | | | | | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals) | | | | | | | |

| | | | | | | |
|--|--|-------|--|-------------------------|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | TYPE OF REPORT | |
| D. Loans Received this Period | | | | | | |
| Name of Lender | | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt | |
| Street Address | | City | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor (if applicable) | | | | | | |
| Street Address | | City | | State | Zip Code | Amount Received |
| Name of Lender | | | | | | |
| Name of Lender | | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt | |
| Street Address | | City | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor (if applicable) | | | | | | |
| Street Address | | City | | State | Zip Code | Amount Received |
| Name of Lender | | | | | | |
| Name of Lender | | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt | |
| Street Address | | City | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor (if applicable) | | | | | | |
| Street Address | | City | | State | Zip Code | Amount Received |
| Name of Lender | | | | | | |
| TOTAL SECTION D | | | | | | |
| E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY) | | | | | | |
| Name of Entity | | | | | | |
| Street Address | | | | Date Received | | Amount Received |
| City | | State | Zip Code | Aggregate Contributions | | |
| Name of Entity | | | | | | |
| Street Address | | | | Date Received | | Amount Received |
| City | | State | Zip Code | Aggregate Contributions | | |
| Name of Entity | | | | | | |
| Street Address | | | | Date Received | | Amount Received |
| City | | State | Zip Code | Aggregate Contributions | | |
| Name of Entity | | | | | | |
| TOTAL SECTION E | | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| | |

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

| | | | |
|------------------------|--|---|--------|
| Date of Receipt | Is this transaction associated with an event reported in Section L1? | <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? | <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? | <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? | <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No | Amount |
| TOTAL SECTION F | | | |

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

| | | |
|------------------------|-----------------|-----------------|
| Date of Receipt | Date of Receipt | Date of Receipt |
| Amount | Amount | Amount |
| TOTAL SECTION G | | |

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

| | | |
|------------------------|---|--------|
| Date of Receipt | Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| TOTAL SECTION H | | |

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| | | | |

J. Interest from Deposits in Authorized Accounts

| | | | | |
|---------------------|------|---------------|----------|--------|
| Name of Institution | | Date Received | | Amount |
| Street Address | City | State | Zip Code | |
| Name of Institution | | Date Received | | Amount |
| Street Address | City | State | Zip Code | |

TOTAL SECTION J**K. Miscellaneous Monetary Receipts not Considered Contributions**

| | | | | |
|--|------------------------|---------------------------------|-------------------|---------------------------|
| Name John Porto | | Date of Transaction 11/13/15 | | Amount Received 200.00 |
| Street Address 4 Hurlburt Drive | City East Haven | State CT | Zip Code 06512 | |
| Description Sale of one (1) campaign laptop (liquidation of capital asset as required by state law) | | | | |
| Name Kenneth W. McKay | | Date of Transaction 11/6/15 | | Amount Received 200.00 |
| Street Address 59 Sidney Street | City East Haven | State CT | Zip Code 06512 | |
| Description Sale of one (1) campaign laptop (liquidation of capital asset as required by state law) | | | | |
| Name Mark Gravino | | Date of Transaction 11/6/15 | | Amount Received 200.00 |
| Street Address 218 Elaine Terrace | City New Haven | State CT | Zip Code 06512 | |
| Description Sale of one (1) campaign laptop (liquidation of capital asset as required by state law) | | | | |
| Name Joyce Hollenbeck | | Date of Transaction 11/17/15 | | Amount Received 200.00 |
| Street Address 38 Evergreen Drive | City North Branford | State CT | Zip Code 06471 | |
| Description Sale of one (1) campaign laptop (liquidation of capital asset as required by state law) | | | | |

TOTAL SECTION K

800.00 + 200.00 Add. Page

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

| | |
|---|-----------|
| Total Loans Received this Period (Section D) | |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) | + |
| Total Amount Transferred from Affiliated Business Treasury (Section F) | + |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) | + |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | + |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | + |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | + |
| Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals) | \$1000.00 |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|--|-----------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Maturo for Mayor | 1/10/16 Report |

J. Interest from Deposits in Authorized Accounts

| | | | | |
|---------------------|------|---------------|----------|--------|
| Name of Institution | | Date Received | | Amount |
| Street Address | City | State | Zip Code | |
| Name of Institution | | Date Received | | Amount |
| Street Address | City | State | Zip Code | |

TOTAL SECTION J**K. Miscellaneous Monetary Receipts not Considered Contributions**

| | | | | |
|--|--------------------|--------------------------------|-------------------|---------------------------|
| Name Deborah L. Angelo | | Date of Transaction 11/6/15 | | Amount Received 200.00 |
| Street Address 219 Hemingway Ave. | City East Haven | State CT | Zip Code 06512 | |
| Description Sale of one (1) campaign laptop (liquidation of capital asset as required by state law) | | | | |
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| TOTAL SECTION K | | 200.00 | | |

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | | | | | | | | | | | |
|--|-------------|---|--|-------------------|--------------------------|--------|-------------|--|--|--------------------------|--|------|-------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | | | | | | | | | | |
| L1. Event Information | | | | | | | | | | | | | | |
| Event # Date of Event 10/29/15 | Letter a | Description Election Rally and Buffet Dinner | Was this a fundraising event? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | |
| Location: Street Address Bistro Mediterranean - 383 Main Street | | City East Haven | State CT | Zip Code 06512 | | | | | | | | | | |
| Subpart 1: (All Committees) Was this event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No </div> | | | | | | | | | | | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No </div> | | | | | | | | | | | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No </div> <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: -20px;"></div> | | | | | | | | | | | | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No </div> | | | | | | | | | | | | | | |
| Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> No </div> <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: -20px;"></div> | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Event # Date of Event</td> <td style="width: 5%; padding: 2px;">Letter</td> <td style="width: 60%; padding: 2px;">Description</td> <td colspan="2" style="width: 20%; padding: 2px;">Was this a fundraising event? <input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Location: Street Address</td> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> </table> | | | | | Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Location: Street Address | | City | State | Zip Code |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | | | | | |
| Location: Street Address | | City | State | Zip Code | | | | | | | | | | |
| Subpart 1: (All Committees) Was this event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No </div> | | | | | | | | | | | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No </div> | | | | | | | | | | | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No </div> <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: -20px;"></div> | | | | | | | | | | | | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input checked="" type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No </div> | | | | | | | | | | | | | | |
| Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> No </div> <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: -20px;"></div> | | | | | | | | | | | | | | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | | | | | | | | | | | | |
| SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | | | | | | | | | | | | | | |
| TOTAL of additional Section L1 Pages | | | | | | | | | | | | | | |
| TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals) | | | | | | | | | | | | | | |

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

| | | | | | |
|--|---------|------------------------------------|-------------------------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| | | | | | |
| L3. Purchases of Advertising in a Program Book or on a Sign | | | | | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | |
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page | | | | | |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page | | | | | |
| TOTAL of additional Section L3 Pages | | | | | |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals) | | | | | |

II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
|--|-------------------------|---------|--------------------------------|-------------------------------|---------------------|
| L4. In-Kind Donations Not Considered Contributions | | | | | |
| Name of Donor | | | | | |
| Street Address | | | City | | State Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | | |
| Name of Donor | | | | | |
| Street Address | | | City | | State Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | | |
| Name of Donor | | | | | |
| Street Address | | | City | | State Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | | |
| Name of Donor | | | | | |
| Street Address | | | City | | State Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Date Received | Event # | Aggregate value for this Event | | |
| SUBTOTAL Section L4— This Page | | | | | |
| TOTAL of additional Section L4 Pages | | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals) | | | | | |
| | | | | | |

| | | | | | | | |
|---|---|--|---|------|--|-------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| | | | | | | | |
| L5. In-Kind Donations Not Considered Contributions Associated with a House Party | | | | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| SUBTOTAL Section L5 — This Page | | | | | | | |
| TOTAL of additional Section L5 Pages | | | | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals) | | | | | | | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
|--|---|-------------------------|-------------------------------------|--|-------------------|
| M. In-Kind Contributions | | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | |
| SUBTOTAL Section M — This Page | | | | | |
| TOTAL of additional Section M Pages | | | | | |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) | | | | | |
| N. Refundable Deposit to Telephone Company | | | | | |
| Last Name of Individual | | First | MI | Date Deposit Made | |
| Residential Street Address | | City | State | Zip Code | Amount of Deposit |
| Name of Telephone Company | | | | | |
| Street Address | | City | State | Zip Code | |
| TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals) | | | | | |

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Revised January 2015

IV. EXPENDITURES (Sections P—T)

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| | | | | | |
|---|---|-------------|-----------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturto for Mayor 2015 | | | | 1/10/16 Report | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| VolunteerSpot.com - WePay.com | | | 10/26/15 | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 380 Portage Avenue | | Palo Alto | CA | 94306 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| WEB | Monthly fee for volunteer tracking website | | 9.99 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Walmart | | | 10/26/15 | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 120 Commercial Parkway | | Branford | CT | 06405 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| A-OTH | Bags for campaign give-aways (magnets, bottle openers) | | 18.57 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Home Depot | | | 10/26/15 | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 75 Frontage Road | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| A-SIGN | Posts for large signs and cable ties | | 178.53 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| BJ's Wholesale | | | 10/26/15 | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 555 Universal Drive | | North Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| FOOD | Cookies and brownies for senior center visits | | 49.96 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | 257.05 | | |
| TOTAL of additional Section P Pages | | | 25,666.23 | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | 25,923.28 | | |

SEEC FORM 20
Revised January 2012

IV. EXPENDITURES (Sections P—T)

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| | | | | | |
|---|--|--------------------|-----------------------------|--|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturio for Mayor 2015 | | | | 1/10/16 Report | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee Dunkin Donuts | | | Date of Payment 10/26/15 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address 15 Hemingway Ave. | | City East Haven | | State CT | Zip Code 06512 |
| Purpose of Expenditure (by code) FOOD | Description Coffee for visits to senior center/condo complexes | Event # | | Amount 29.98 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Dunkin Donuts | | | Date of Payment 10/27/15 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address 320 Main Street | | City East Haven | | State CT | Zip Code 06512 |
| Purpose of Expenditure (by code) FOOD | Description Coffee for visits to senior center/condo complexes | Event # | | Amount 29.98 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Dunkin Donuts | | | Date of Payment 10/28/15 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address 15 Hemingway Ave. | | City East Haven | | State CT | Zip Code 06512 |
| Purpose of Expenditure (by code) FOOD | Description Coffee for visits to senior center/condo complexes | Event # | | Amount 33.16 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Minuteman Press | | | Date of Payment 10/27/15 | Method of Payment: <input type="radio"/> Check # 1024 <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address 330 Main Street | | City East Haven | | State CT | Zip Code 06512 |
| Purpose of Expenditure (by code) A-DM | Description Direct mailers | Event # | | Amount 7,500.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | 7,593.12 | | |
| TOTAL of additional Section P Pages | | | n/a | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

SELC FORM 20
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IV. EXPENDITURES (Sections P—T)

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| | | | | | |
|---|--|--------------------|-----------------------------|--|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Mature for Mayor 2015 | | | | 1/10/16 Report | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee Dunkin Donuts | | | Date of Payment 10/29/15 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address 15 Hemingway Ave. | | City East Haven | | State CT | Zip Code 06512 |
| Purpose of Expenditure (by code) FOOD | Description Coffee for senior center/condo complex visits | Event # | | Amount 29.98 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Party City | | | Date of Payment 10/30/15 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address 854 W. Main Street | | City Branford | | State CT | Zip Code 06405 |
| Purpose of Expenditure (by code) FNDR | Description Ballons for 10/29 Rally | Event # 102915a | | Amount 91.21 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Dollar City East Haven | | | Date of Payment 10/30/15 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address 346 Hemingway Ave. | | City East Haven | | State CT | Zip Code 06512 |
| Purpose of Expenditure (by code) FOOD | Description Containers for food for senior center visit | Event # | | Amount 9.57 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Minuteman Press | | | Date of Payment 10/30/15 | Method of Payment: <input checked="" type="radio"/> Check # 1025 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address 330 Main Street | | City East Haven | | State CT | Zip Code 06512 |
| Purpose of Expenditure (by code) A-DM | Description Balance of direct mail costs | Event # | | Amount 4,213.69 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | | 4,344.45 | |
| TOTAL of additional Section P Pages | | | | n/a | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

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IV. EXPENDITURES (Sections P—T)

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| | | | | | |
|--|--|------------|-----------------|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturio for Mayor 2015 | | | | 11/10/15 Report | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| RiteAid | | | 11/2/15 | | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| 10 Hemingway Ave. | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| OFFICE | Rulers, pens, pencils, and highlighters | | | 38.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| Staples | | | 11/2/15 | | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| 85 North Main Street | | Branford | | CT | 06405 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| OFFICE | Ink and Toner | | | 562.22 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| Facebook | | | 11/2/15 | | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| 1601 Willow Road | | Menlo Park | | CA | 94025 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| A-WEB | Facebook Advertising | | | 317.63 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| Petonito's Pastry Shop | | | 11/3/15 | | <input checked="" type="radio"/> Check # 1036 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| 190 Main Street | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| FOOD | Cookies for senior center visit | | | 162.50 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | | 1,080.35 | |
| TOTAL of additional Section P Pages | | | | n/a | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE | | | | | |
| (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

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Revised January 2015

IV. EXPENDITURES (Sections P—T)

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|--|--|------------|-----------------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Mature for Mayor 2015 | | | | 1/10/16 Report | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Bistro Mediterranean | | | 11/4/15 | <input checked="" type="radio"/> Check # 1037 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 383 Main Street | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| FNDR | Food for rally | 102915a | 4,180.00 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Bistro Mediterranean | | | 11/12/15 | <input checked="" type="radio"/> Check # 1027 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 383 Main Street | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| FNDR | Tent rental for rally | | 1,000.00 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Brianna Wiel | | | 11/13/15 | <input checked="" type="radio"/> Check # 1030 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 3 Lynwood Place | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| WAGE | Election day worker | | 60.00 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Paul Carbo | | | 11/17/15 | <input checked="" type="radio"/> Check # 1043 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 10 Nicholas Drive | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| RCW | Reimbursement for election night food | | 537.00 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | 5,777.00 | | |
| TOTAL of additional Section P Pages | | | n/a | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE | | | | | |
| (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

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Revised January 2015

IV. EXPENDITURES (Sections P—T)

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|--|--|------------|-----------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturio for Mayor 2015 | | | | 11/10/16 Report | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Paul Carbo | | | 11/17/15 | <input checked="" type="radio"/> Check # 1045 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State | Zip Code |
| 10 Nicholas Drive | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| RCW | Reimbursement for gas for election day | | | 41.37 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Paul Carbo | | | 11/17/15 | <input checked="" type="radio"/> Check # 1044 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State | Zip Code |
| 10 Nicholas Drive | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| RCW | Reimbursement for gas on election day | | | 30.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| East Haven Republican Town Committee | | | 10/19/15 | <input checked="" type="radio"/> Check # 1046 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State | Zip Code |
| c/o Paul Carbo - 10 Nicholas Drive | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| CNTRB | Contribution to E.H. RTC | | | 175.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Chris Lupoli | | | 11/20/15 | <input checked="" type="radio"/> Check # 1042 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State | Zip Code |
| 20 Chidsey Ave. | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| WAGE | Payment for election day work | | | 100.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | | 346.37 | |
| TOTAL of additional Section P Pages | | | | n/a | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE | | | | | |
| (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

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Revised January 2015**IV. EXPENDITURES (Sections P—T)**

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|---|---|------------|-----------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturio for Mayor 2015 | | | | 1/10/16 Report | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| VolunteerSpot.com - WePay.com | | | 11/23/15 | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 380 Portage Avenue | | Palo Alto | CA | 94306 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| WEB | Monthly fee for volunteer tracking website | | | 9.99 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Marketing 101, LLC dba Big Prints | | | 11/23/15 | <input checked="" type="radio"/> Check # 1026 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 15 Baer Circle, Unit B2 | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| A-SIGN | 24 x 36 Signs for Election Day | | | 210.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Eric Johnson | | | 11/24/15 | <input checked="" type="radio"/> Check # 1029 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 9 Roses Farm Road | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| WAGE | Payment for election day work | | | 120.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Ally Rivera | | | 11/30/15 | <input checked="" type="radio"/> Check # 1040 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 28 Dodge Avenue | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| WAGE | Payment for election day work | | | 60.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | | 399.99 | |
| TOTAL of additional Section P Pages | | | | n/a | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

SEEK FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

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| | | | | |
|---|--|-----------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| Maturio for Mayor 2015 | | | 1/10/16 Report | |
| P. Expenses Paid by Committee | | | | |
| Name of Payee | | Date of Payment | Method of Payment: | |
| Facebook | | 12/1/15 | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code |
| 1601 Willow Road | | Menlo Park | CA | 94025 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| A-WEB | Facebook Advertising | | 92.57 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Payee | | Date of Payment | Method of Payment: | |
| Conor Hylton | | 12/2/15 | <input checked="" type="radio"/> Check # 1048 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code |
| 1 Falcon Crest Drive | | East Haven | CT | 06513 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| WAGE | Payment for election day and sign work | | 200.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Payee | | Date of Payment | Method of Payment: | |
| Conquest Communications, Inc. | | 12/7/15 | <input checked="" type="radio"/> Check # 1050 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code |
| 2812 Emerywood Parkway | | Richmond | VA | 23294 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| POLL | Polling | | 5,450.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Payee | | Date of Payment | Method of Payment: | |
| Steven Vollero | | 12/9/15 | <input checked="" type="radio"/> Check # 1049 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code |
| c.o Notre Dame Hich School - 24 Ricardo Street | | West Haven | CT | 06516 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| WAGE | Payment for election day and sign work | | 75.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| SUBTOTAL Section P — This Page | | | 5,817.57 | |
| TOTAL of additional Section P Pages | | | n/a | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | | |

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IV. EXPENDITURES (Sections P—T)

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| | | | | | |
|--|--|------------|-----------------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturio for Mayor 2015 | | | | 1/10/16 Report | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| KT Gaskin | | | 12/11/15 | <input checked="" type="radio"/> Check # 1041 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 241 West Spring Street | | West Haven | CT | 06516 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| WAGE | Payment for election day and sign work | | 60.00 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Bistro Mediterranean | | | 12/22/15 | <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 383 Main Street | | East Haven | CT | 06512 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| FOOD | Food for election workers and staff | | 207.38 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Austin Hoag | | | 12/30/15 | <input checked="" type="radio"/> Check # 1039 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| 11 Jonathans Landing | | Madison | CT | 06405 | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| WAGE | Payment for election day work | | 40.00 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| | | | | <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | State | Zip Code | |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | Amount | | |
| | | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | 307.38 | | |
| TOTAL of additional Section P Pages | | | n/a | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE | | | | | |
| (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
|---|--|-------------|------|--|-----------------|----------------|---|
| Q. Campaign Expenses Paid by Candidate | | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| | | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| | | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| | | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| | | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| | | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| | | | | | | | |
| SUBTOTAL Section Q — This Page | | | | | | | |
| TOTAL of additional Section Q Pages | | | | | | | |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals) | | | | | | | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|---|--|---------|---|---------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| R. Expenses Incurred on Committee Credit Card | | | | | |
| Name of Issuing Institution | | | Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other: | | |
| Name of Vendor, Person or Entity | | | | Date of Transaction | |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Vendor, Person or Entity | | | | Date of Transaction | |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Vendor, Person or Entity | | | | Date of Transaction | |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Vendor, Person or Entity | | | | Date of Transaction | |
| Street Address | | City | | State | Zip Code |
| SUBTOTAL Section R — This Page | | | | | |
| TOTAL of additional Section R Pages | | | | | |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals) | | | | | |

IV. EXPENDITURES (Sections P—T)

| | | | | |
|---|---|---------|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | |
| S. Expenses Incurred by Committee but Not Paid During this Period | | | | |
| Name of Creditor | | | Date Incurred | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount Incurred (Estimate or Actual) | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | |
| Name of Creditor | | | Date Incurred | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount Incurred (Estimate or Actual) | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | |
| Name of Creditor | | | Date Incurred | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount Incurred (Estimate or Actual) | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | |
| Name of Creditor | | | Date Incurred | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount Incurred (Estimate or Actual) | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | |
| SUBTOTAL Section S-This Page | | | | |
| TOTAL of additional Section S Pages | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i> | | | | |
| Previously reported Expenses Unpaid and still Outstanding | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i> | | | | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|--|------------|--|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Maturio for Mayor 2015 | | | | 1/10/16 Report | |
| T. Itemization of Reimbursements and Secondary Payees | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date of Payment to Vendor, Person or Entity |
| Carbo | | Paul | | | 11/17/15 |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: | |
| Bistro Mediterranean | | | | <input checked="" type="radio"/> Check # 1043 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | City | | State | Zip Code |
| 383 Main Street | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| FOOD | Election day night food | | | 537.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date of Payment to Vendor, Person or Entity |
| Carbo | | Paul | | | 11/17/15 |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: | |
| Citgo Food Mart | | | | <input checked="" type="radio"/> Check # 1045 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | City | | State | Zip Code |
| 925 Foxon Road | | East Haven | | CT | 06513 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| MISC | Gas for vehicles of volunteers on election day | | | 41.37 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date of Payment to Vendor, Person or Entity |
| Carbo | | Paul | | | 11/17/15 |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: | |
| Forbes Premium Fuel | | | | <input type="radio"/> Check # 1044 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | City | | State | Zip Code |
| 863 North High Street | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| MISC | Gas for vehicles of volunteers on election day | | | 30.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section T — This Page | | | | 608.37 | |
| TOTAL of additional Section T Pages | | | | | |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | 608.37 | |