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

RECEIVED FOR FILING
JAN 1 1 2016
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Story

Do Not Mark in This Space For OfficiaTOWN CLERK

COVER PAGE

1. NAME OF COMMITTEE									
Maturo for Mayor 2015				2 100		*	<u> </u>	- 12-12-12-12-12-12-12-12-12-12-12-12-12-1	<u> Almadian manggara sa sa</u>
2. TREASURER NAME									
First Danelle		MI L	***************************************	Last Feeley	y			, in the second	Suffix
3. TREASURER ADDRESS									
Street Address 28 Ozone Road			City Eas	st Haven	1		State CT	Zip C 065	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only	if Candide	sto Committee)			K. DIST	RICT NUMBEI
(mm/dd/yyyy) 11/3/2015	Mayor	Alternative Charles Augusta		<u> Mitteltoriopper</u>		2215	<u> 1848 - Arthur Garage</u>	(if applicable	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)	,						
First Joseph		MI		Last Matur	70			<u> </u>	Suffix Jr.
8. TYPE OF REPORT (Check One Box)									
● January 10 filing	7th day preced	ding primar	y	O7tl	n day preceding referendum	Oi	nitial Cont	ribution o	r Disbursement
OApril 10 filing	O30 days follow	ving primar	у	O45	days following referendum	_	(PACs ONLY) Amendment to		
OJuly 10 filing	O7th day preced	ling election	n	O De	ficit	_	ype of Rep		
October 10 filing	Ol2th day preced	eding election	on)	O Ter	rmination	_	1/11/16 R	eport	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in Nov	ving election	-						
9. PERIOD COVERED									
	Beginning Date	.e			Ending Date			-	<u> </u>
-	10/26/2015			thru	12/31/2015				
			-						
10. CERTIFICATION									
I hereby certify and state, under per Disclosure Statement for the per	enalties of false st	atement, t	hat al ate a	ll of the	information set forth on the plete.	nis Ite m	ized Cam	ıpaign Fi	nance
SUMMER	处处		1	Kunc	elle Feeley			1/11/20)16
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	P	RINT	NAME (OF SIGNER	•		DATE (n	nm/dd/yyyy)
A person who is f	found to have kno	wingly and	d will	fully vic	olated any provisions of the	e camp	aign finar	nce statut	les .

faces a civil penalty or imprisonment or both.

Page 2 of 17

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) Maturo for Mayor 2015	TYPE OF REPORT 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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
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 I.4)					
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)	42				

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-Receive (See instructions for definition of Small Contributor) S	ed this Period ONLY SUBTOTAL SECTION A	\$
B. Itemized Con	ntributions from Individ	luais
Last Name SEE ATTACHED SCHEDULE OF DONORS - TOTAL AT BOTTOM	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	I
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a st If yes, indicate which brand of government the contract		Contractor? Yes No OLegislative
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney (Date Received Order	Aggregate Contributions
Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	I
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bran of government the contract		O No
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney C		Aggregate Contributions
Last Name	First	MI
Residential Street Address C		State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a state of government the contract		_ Q№
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money C	1	Aggregate Contributions
SUBTO	OTAL Section B — This l	Page
TOTAL	of additional Section B Pa	nges
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A B, Column A of Summary Page T	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)			TYPI	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			\$				in the second	
Last Name	B. Itemized Co		utions from Indiv	iduals				
		F	est Charact				MI	
Angelo Residential Street Address		- L	Chuck			Га	18. 0.3	
8 Stonewall Lane		City	Woodbridge			State CT	Zip Code 06525	
Principal Occupation	and the second s	<u> </u>	Name of Employer				00020	
Attorney			Self					
	on in in avenue of \$400	40 0 00r	ndidate for a chief executi	··· ¬ Nina	f - municipality	. 1	. 00-44	1-
or dependent child of a lobbyist? No does contrib	outor or business he/she ore than \$5,000?	is assoc	ciated with have a contrac □ Yes ☑ No	t with sa	id municipality	Amo	unt of Contri	bution
event reported in Section L1?	ributor a principal of a s ves, indicate which bran government the contrac	nch or t			OD No			
Method of Contribution:			Date Received		ate Contributions			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payrol	Il Deduction	Order	10/27/15	\$1,	00.00		\$200	00.0
Last Name		Fir	st		aan ee ee aan aan aan aan ah		MI	
Angletti			Reno Caesar				!	
Residential Street Address	1	l City	· · · · · · · · · · · · · · · · · · ·			State	Zip Code	
61 Vista Road	I	Î	North Haven			CT	06473	
Principal Occupation			Name of Employer		I		<u> </u>	
Retired			Retired					
or dependent child of a lobbyist? 🔯 No does contribu	on is in excess of \$400 to utor or business he/she i are than \$5,000?	o a cand is assoc	I didate for a chief executive iated with have a contract I Yes X No	e officer with sai	of a municipality d municipality	Amor	ant of Contrib	eution
event reported in Section L1?	ributor a principal of a s ves, indicate which bran government the contrac	ich or b			DX No			
Method of Contribution:					te Contributions	1		
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll	Deduction Money	Order	10/28/15	\$14	5.00	-	\$20	0.00
Last Name		Firs	54			•	MI	
Argento			John					
Residential Street Address	(City		·		State	Zip Code	
11 Robert Drive		E	East Haven			CT	06512	
Principal Occupation			Name of Employer					
or dependent child of a lobbyist? 🔯 No does contribu			I didate for a chief executive intention in the intention			Amou	nt of Contrib	ution
event reported in Section L17	ibutor a principal of a st es, indicate which brand government the contract	ch or b	tractor or prospective stat ranches:		(X) No			
Method of Contribution:			Date Received	Aggrega	te Contributions			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll	Deduction Moncy (Order	10/30/15	\$10	0.00		\$100	.00
	SUBTO	OTAI	L Section B — This	Page			\$320	.00
	TOTAL	of ad	ditional Section B P	ages				
TOTAL OF ALL CONTR	IBUTIONS FROM (Enter total on Line 15	INDIV 3, Colui	VIDUALS (Sections A mn A of Summary Page 1	+B) Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			1/10/16 Filing			
A. Total Contributions from Small Contributors-Receiv		is Period ONLY OTAL SECTION A	\$			
					,	
A 2000 Commence of the Commenc		utions from Indivi	duals		***	
Last Name	Fir				MI	
ASIG Residential Street Address	City	Marlene		State	Zip Code	
505 Golf Drive	1	East Haven		CT	06512	
Principal Occupation		Name of Employer				
Supervisor		АТ&Т				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she				y, Amo	unt of Contribution	
valued at more than \$5,000?		□Yes ⊠No				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Section Expression Yes Is contributor a principal of a section If yes, indicate which branches of government the contract Is contributor a principal of a section If yes, indicate which branches Is contributor a principal of a section Is contributor	nch or b	oranches	e contractor?	ļ		
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	10/30/15	\$210.00		\$20.00	
Lasi Name	Firs	st	A CONTRACTOR OF THE CONTRACTOR		MI	
Barucci		Patricia Ann				
Residential Street Address 26 Beachwood Road	City I	Branford		State CT	Zip Code 06405	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contributor or business he/she i valued at more than \$5,000?				Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a section L1? If yes, list Event # 102915a Is contributor a principal of a section L1? If yes, list Event # 102915a If yes yes a list Event # 102915	nch or b	branches	e contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	11/2/15	\$400.00		\$400.00	
Last Name	Firs				MI	
Cappelloni		Frank		Υ σ	72. 0. 1.	
Residential Street Address 122 Allison Way	City	East Haven		State CT	Zip Code 06512	
Principal Occupation		Name of Employer			00512	
Retired		Retired				
Is contributor a lobbyist, sponse,	to a can	l didate for a chief executive	officer of a municipality	/. Amai	ınt of Contribution	
or dependent child of a lobbyist?						
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a section L1? If yes, list Event # 102915a Is contributor a principal of a section L1? If yes, indicate which bran of government the contract	nch or b	oranches n: Executive	☐ Legislative			
Method of Contribution:		i i	Aggregate Contributions			
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	10/30/15	\$185.00		\$20.00	
SUBT	OTAI	L Section B — This	Page		\$440.00	
TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A mm A of Summary Page 1				

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-Receive (See Instructions for definition of Small Contributor)		Period ONLY al section a	\$			
B. Itemized Con	ıtributi	ons from Individ	duals			
Last Name	First				MI	
Carbo Residential Street Address		Paul		State	Zip Code	
10 Nicholas Drive	City Ea:	st Haven		CT	06512	
Principal Occupation		ame of Employer				
Consultant		Focus Systems Inc	,			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				's Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Yanted at more than 33,000? If yes Is contributor a principal of a st If yes, indicate which brane of government the contract	ch or brar	ctor or prospective state	contractor? Yes Xi No Legislative			
Method of Contribution:	Da	nte Received	Aggregate Contributions			
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C	Order	10/30/15	\$575.00		\$100.00	
Last Name	First		301		MI	
Consiglio	<u> </u>	Vincent				
Residential Street Address 30 Timberland Drive	City Eas	st Haven		State CT	Zip Code 06513	
Principal Occupation	Ne	une of Employer				
Maintenance		East Haven BOE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candida s associate	ate for a chief executive d with have a contract to Yes No	s officer of a municipality with said municipality	, Amou	ınt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a standard principa	ich or brai	ches Executive	Legislative			
Method of Contribution:		1	Aggregate Contributions			
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C		10/30/15	\$750.00		\$200.00	
Last Name	First	Cll			MI	
Coyle Residential Street Address	City	Charles		State	Zip Code	
24 Columbus Ave	•	st Haven		СТ	06512	
Principal Occupation	Na	ime of Employer			<u>L </u>	
Foreman		Town of E.H.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				, Amoi	ınt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a statement of government the contract	ch or bran		XI No			
Method of Contribution:	- 1	te Received	Aggregate Contributions			
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money C	Orđer	10/30/15	\$625.00		\$40.00	
SUBTO	OTAL S	Section B — This	Page	•••	\$340.00	
TOTAL	of addit	ional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13						

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 Co	ntrib	utions from Indivi	duals	· · · · · · · · · · · · · · · · · · ·	Allino	
Last Name	Fir	M*************************************	· · · · · · · · · · · · · · · · · · ·		MI	
Cretella		Mike				
Residential Street Address	City	P		State CT	Zip Code 06512	
91 Kimberly Ave.		East Haven		<u> </u>	00312	
Principal Occupation		Name of Employer Retired				
Retired Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to 0 00		o officer of a municipalit	V Amo	unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract ☐ Yes 🖾 No	with said municipality		um of Contribution	
Is this contribution associated with an event reported in Section L1? Solution Section L1? If yes, list Event # 102915a Is contributor a principal of a fixed principal of a lf yes, list Event # 102915a	nch or l	branches	te contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
I Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	10/19/15	\$335.00		\$20.00	
Last Name	Fir	rst	A CONTRACTOR OF THE PROPERTY O	······································	МІ	
Criscuolo		Candace				
Residential Street Address 10 Thomas Place	City	East Haven		State CT	Zip Code 06512	
Principal Occupation	I	Name of Employer				
Secretary		Town				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a can is assoc	ndidate for a chief executive clated with have a contract	e officer of a municipalit with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Yes Is contributor a principal of a If yes, indicate which brateful of government the contral section 1.	nch or	branches	te contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	10/28/15	\$205.00		\$20.00	
Last Name	Fir				MI	
Delucia		Steven		Ta	[]	
Residential Street Address 325 Mansfield Grove Road	City	East Haven		State CT	Zip Code 06512	
Principal Occupation		Name of Employer				
Electrician		Ducci				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	to a car is assoc	Indidate for a chief executive ciated with have a contract	e officer of a municipalit with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an cvent reported in Section L1? Yes	nch or l	branches	XINo ☐ Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Order	10/29/15	\$190.00		\$20.00	
SUB	гота	L Section B — This	Page		\$60.00	
TOTA	Lofac	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page				

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-Receiv		is Period ONLY OTAL SECTION A	\$			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
B. Itemized Co.	ntrib	utions from Indivi	duals			
Last Name	Fir	st			MI	
Disilvestro		Joseph	4			
Residential Street Address	City	- II		State	Zip Code	
83 Boston Ave.]	East Haven		СТ	06512	
Principal Occupation		Name of Employer				
Attorney		Kolb & DiSilvestro		. 1 .		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Some No Some Valued at more than \$5,000?	is assoc	iated with have a contract ☐ Yes ☑ No	with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a figure of government the contract	nch or b	ranches	e contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	10/29/15	\$40.00		\$40.00	
Last Name	Fir	\$ t	S DESCRIPTION DE LOS DE LOS DE PROPERTIES DE LA COMPUNITATION DEL COMPUNITATION DE LA		MI	
Farrell		Jim				
Residential Street Address 7 Erico Drive	City I	East Haven		State CT	Zip Code 06512	
Principal Occupation	1	Name of Employer				
Business Mgr.		East Haven BOE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is no Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can- is assoc	didate for a chief executive lated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or t	oranches	te contractor? Yes X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	10/30/15	\$585.00		\$20.00	
Last Name	Fin				MI	
Ferraro		John		1 _		
Residential Street Address 34 Still Hill Road	City I	Hamden		State CT	Zip Code 06519	
Principal Occupation	<u> </u>	Name of Employer	Miles V	1		
Facilities Coordinator		Protein Sciences	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes	nch or b	ranches n: Executive	☐ Legislative			
Method of Contribution:	. 0 . 1	Date Received	Aggregate Contributions		.	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money		10/19/15	\$80.00		\$40.00	
SUBI	[OTA]	L Section B — This	Page		\$100.00	
TOTAL	L of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A mn A of Summary Page !			-	

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-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Co	ntributions from Indivi	duals		
Last Name	First		MI	
Ferraiulo	Jane			
Residential Street Address	City		State Zip Code CT 06712	
16 Summit Road	Prospect		CI 00/12	
Principal Occupation	Name of Employer			
Merchandiser	Stop and Shop			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		with said municipality	Amount of Contribution	
Is this contribution associated with an cycnt reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor?		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order 10/17/15	\$40.00	\$40.00	
Last Name	First		MI	
Finkle	John			
Residential Street Address 91 Angela Drive	City East Haven		State Zip Code CT 06512	
Principal Occupation	Name of Employer			
Manager	JST, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an count reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a If yes, indicate which brateful of government the contraction.	ect is with: 🔲 Executive	☐ Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	y Order 10/29/15	\$295.00	\$20.00	
Last Name	First		MI	
Gagliardi	Jean			
Residential Street Address	City East Haven		State Zip Code CT 06512	
21 Myrtle Avenue	Name of Employer		C1 0051Z	
Principal Occupation Realtor	Century 21			
			Amount of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Li Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			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 lf yes, indicate which bra of government the contra	ct is with: Executive	☐ Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order 10/30/15	\$40.00	\$20.00	
SUB	TOTAL Section B — This	Page	\$80.00	
TOTA	L of additional Section B I	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page	A + B) Totals)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			1/10/16	1/10/16 Filing			
A. Total Contributions from Small Contributors-Received		nis Period ONLY	\$	9			
P. Itomizad Co	ntulh	outions from Indivi	duala				
Last Name		ist	duais		MI		
Gallo	ŀ	Leonard					
Residential Street Address	City	2001111		State	Zip Code		
7 Rance Court		North Haven		СТ	06473		
Principal Occupation	J	Name of Employer			Per di ser de la companya del companya de la companya del companya de la companya del la companya de la company		
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contributio		
Is this contribution associated with an event reported in Section L1?	nch or i	branches	e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (10/29/15	\$325.00		\$125.00		
Lost Name	Fi	rst ,			MI		
Gallo, D.D.S.		Karen					
Residential Street Address 35 High Street	City	East Haven		State CT	Zip Code 06512		
Principal Occupation		Name of Employer		<u> </u>	1		
Dentist		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contributio		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes \[\begin{align*} \text{Yes} \\ \begin{align*} \text{X} \\ \text{No} \\ \end{align*} \] Legislative				
Method of Contribution:			Aggregate Contributions				
☐ Cash	Order	10/30/15	\$310.00		\$20.00		
Last Name	Fir	st		***************************************	MI		
Gaudioso		John					
Residential Street Address 300 Hemingway Avenue	City I	East Haven		State CT	Zip Code 06512		
Principal Occupation		Name of Employer					
Realtor		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a section L1? If yes, list Event # 102915a	ich or b	oranches	contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	10/26/15	\$80.00		\$40.00		
SUBT	OTA:	L Section B — This	Page		\$185.00		
TOTAL	of ad	iditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A umn A of Summary Page 1		•			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	: (+ (Y)	And the state of t	TYPE OF REPORT			
Maturo for Mayor 2015			1/10/16 Filing			
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)	ed th	nis Period ONLY OTAL SECTION A	\$			
Section (Section 1) is section in the contract to the contract of the contract		der Bereich aus gester dem der der Gebrieben der Angeleiche der der der der der der der der der de	<u> Alabama schal derd w 2014-94 1944, internal accadentes 1991</u>			
B. Itemized Co	ntrib	utions from Indivi	tuals			
Last Name	F	rst		**************************************	MI	
Gersz		David				
Residential Succe Address	City			State	Zip Code	
99 Forbes Place		East Haven		СТ	06512	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes MNo	with said municipality	/ Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a count reported in Section L1? No If yes, indicate which brace of government the contract of government the contract	nch or	branches	contractor? Yes (X) No			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash 🗵 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	10/27/15	\$25.00		\$25.00	
Last Name	Fi	rst	COLUMN SECULOR DE PROPERTIES DE COMPANSA DE COMPANSA DE SECULOR DE SECUENCIA DE SECULOR DE SECUENCIA DE SECULOR DE SECULO	данавия факсам-к <i>і</i>	N11	
Goodwin		Joseph				
Residential Street Address	City			State	Zip Code	
128 Sunset Hill Drive		Branford		СТ	06405	
Principal Occupation Realtor		Name of Employer Century 21				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	clated with have a contract Yes No	with said municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a lf yes, indicate which brace of government the contra	anch or	branches th: [] Executive	Legislative	tania.		
Method of Contribution:		Date Received	Aggregate Contributions		400.00	
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		THE RESERVE AND PARTY OF THE PA	\$20.00		\$20.00 MI	
Last Namo	ļ fri	irst			1911	
Hollenbeck	12:	Joyce		State	Zip Code	
Residential Street Address 38 Evergreen Drive	City	North Branford		CT	06471	
Principal Occupation		Name of Employer				
Secretary		Town of E.H.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract Yes X No	with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a fyes, indicate which bra of government the contra	inch or	branches	e contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash 👿 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	10/28/15	\$490.00	nanta mania is	\$20.00	
SUB	TOT	AL Section B — This	Page	ويد و ۱۹۷۸ د د د د د د د د د د د د د د د د د د د	\$65.00	
TOTA	Lofa	dditional Section B I	'ages			
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	DIVIDUALS (Sections A	A + B) Totals)	Explosed Ministration	kaikula asaka asiatatah hata 1 septe belahkinya timpi berar asial di da	
 The state of the s		THE RESERVE AND ADDRESS OF THE PARTY OF THE		second versions	per tempe de seus avec de la companya (com y est es es e	

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 Co.	tributions from	Individuals	-		- 	
Last Name	First				MI	
Jaffe	Loria					
	^{City} East Haven		s	State CT	Zip Code 06512	
140 Mill Street, Unit 637 Principal Occupation	Name of Employ	er			00014	
Service Rep.	Frontier					
Is contributor a lobbyist, spouse.	to a candidate for a chic	f executive officer of a m	unicipality,	Amou	nt of Contribution	
or dependent child of a lobbyist?	is associated with have	a contract with said muni No	ripality			
Is this contribution associated with an Yes Is contributor a principal of a s	tate contractor or prosp	ective state contractor?	☐ Yes M No			
event reported in Section L1?		ixecutive 🔲 Legislative	1			
Method of Contribution:	Date Received	Aggregate Contr	ibutions		ተግለ ሰለ	
☑ Cash ☐ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		5 \$265.00			\$20.00	
Last Name	First				MI	
Jarmie Residential Street Address	Joseph City		s	State	Zip Code	
560 Silver Sands Road, Unit 202	East Haven			СТ	06512	
Principal Occupation	Name of Employ	et				
Butcher	Stop and	Shop				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o a candidate for a chic is associated with have Yes	f executive officer of a magnitude of a magnitude of a munical No	micipality, sipality	Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a liftyes, indicate which brain of government the contract	ich or branches	Executive Legislative				
Method of Contribution:	Date Received	Aggregate Contr	ibutions	·		
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	==/==/	5 \$210.00			\$20.00	
Last Name	First				MI	
Juliano Residential Street Address	Jay City		5	State	Zip Code	
747 Forest Road	Northford			CT	06472	
Principal Occupation	Name of Employ					
Owner		Paving and Sealing				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a candidate for a chic is associated with have Yes	f executive officer of a m a contract with said muni No	anicipality, cipality	Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Yes Is contributor a principal of a support of government the contract of government the government of government the contract of government the contract of government the contract of government the contract of government the government of government	ich or branches	ective state contractor? Executive Legislative	□Yes ØN No			
Method of Contribution:	Date Received	Aggregate Contr	ibutions			
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 10/30/1	5 \$20.00		<u> </u>	\$20.00	
SUBT	OTAL Section B	— This Page			\$60.00	
TOTAL	of additional Sec	tion B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (S 3, Column A of Summ					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			1/10/16 F	iling		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	ed this SUBTO	S Period ONLY TAL SECTION A	\$			
	<u> </u>				BOM AND THE STATE OF THE STATE	
B. Itemized Con	ıtribu	tions from Indivi	duals			
Last Name	First			- Ayronger	MI	
Koelle		Paul				
Residential Street Address	City			State	Zip Code	
269 Cosey Beach Ave.	E	ast Haven		СТ	06512	
Principal Occupation		Name of Employer	Property and the second secon			
Biotech Engineering		Protein Sciences				
Is contributor a lobbyist, spouse,	o a cand is associa	idate for a chief executive ated with have a contract Yes No	officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? X Yes Is contributor a principal of a st Yes	ich or br	anches	e contractor?			
If yes, list Event # 102915a of government the contract Method of Contribution:	_		Aggregate Contributions	-		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money of the Card □ Payroll Deduction □ Payroll Deduct		10/29/15	\$120.00		\$20.00	
Lost Name	First				MI	
Kolb		Robert			•	
	City	1100011		State	Zip Code	
831 North High Street	•	ast Haven		СТ	06512	
Principal Occupation		Name of Employer		1		
Construction		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candi is associa	idate for a chief executive ated with have a contract \[\] Yes \[\] No	officer of a municipality with said municipality	/, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a single flags. Is contributor a principal of a single flags. Is contributor a principal of a single flags. If yes, indicate which brane of government the contract	nch or br	ranches	e contractor? Yes \times No Legislative	A. A		
Method of Contribution:	1	Date Received	Aggregate Contributions			
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (Order	10/29/15	\$20.00		\$20.00	
Last Name	First				Mi	
Larrabee		Brent				
Residential Street Address	City			State	Zip Code	
126 Morgan Avenue	E	ast Haven		СТ	06512	
Principal Occupation		Name of Employer				
Chief of Police		Town of E.H.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candi is associa	idate for a chief exceutive ated with have a contract Yes X No	officer of a municipality with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? No fyes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (Orđer	10/30/15	\$225.00		\$100.00	
SUBT	OTAL	Section B — This	Page		\$140.00	
TOTAL	of add	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A nn A of Summary Page 1				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			1/10/161	Filing		
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor)		is Period ONLY DTAL SECTION A	\$		No. of the Control of	
			- The state of the	701-100-000-000	DODOGOTI LECENTIVA MENTANTA PARA PARA PARA PARA PARA PARA PARA PA	
B. Itemized Co	 ontribi	utions from Indivi	duals		18 4 1 2 1 14 14 14	
Last Name	Fir				MI	
Manna		Christopher				
Residential Street Address	City			State	Zip Code	
34 MacMahon Lane	ı	North Branford		СТ	06471	
Principal Occupation		Name of Employer	A A STATE OF THE S			
Chiropractor		Self				
Is contributor a lobbyist, spouse,	to a cand	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	/s Amo	ount of Contribution	
Is this contribution associated with an ovent reported in Section L1?	nch or b	ranches	te contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
🖾 Cash 🛘 Personal Check 🖾 Credit/Debit Card 🗖 Payroll Deduction 🖺 Money	y Order	10/29/15	\$40.00		\$20.00	
Last Name	Firs	t			MI	
Mannochi		Ralph				
Residential Street Address	City			State	Zip Code	
70 Robert Drive	E	East Haven		СТ	06512	
Principal Occupation		Name of Employer				
Beach Attendant		Town of E.H.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?	nch or bi	ranches	e contractor? Yes X No Legislative			
Method of Contribution:		Date Received		7		
☐ Cash ☐ Payroll Deduction ☐ Money	Order	10/26/15	\$365.00		\$25.00	
Last Name	First	t .			Mi	
McKay		Ken				
	City			State	Zip Code	
59 Sidney Street		ast Haven		CT	06512	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	to a cand is associa	idate for a chief executive ated with have a contract \(\sum_\) Yes \(\overline{\omega}\) No	e officer of a municipality with said municipality	Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a significant which bran of government the contraction.	ich or br	anches	contractor? Yes XNo Legislative			
Method of Contribution:	[]		Aggregate Contributions	1		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	10/29/15	\$650.00		\$100.00	
SUBT	OTAL	Section B — This	Page		\$145.00	
TOTAL	of add	litional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		/IDUALS (Sections A nn A of Summary Page I				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Company of the Compan	TYPE OF REPORT		- Andrew Street with the property of the street str
Maturo for Mayor 2015	1/10/16 H	iling			
A. Total Contributions from Small Contributors-Receiv	ed th	nis Period ONLY OTAL SECTION A	S		do be a company of the company of th
Account of the Control of the Contro	#*************************************	war dampen general general to the strength of			
B. Itemized Co.	ntrib	outions from Individ	luals		ay cardinada i Barang da nga karang kang kang kanang da 2012. Si
Last Name		irst		AND DESCRIPTION OF THE PERSON NAMED IN	MI
Mikos		David			
Residential Street Address	City	C. at II areas		State CT	Zip Cods 06512
17 Mario Court		East Haven			100312
Principal Occupation		Name of Employer			
Maintenance Mgr.		Hexacomb	A2		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No local No lo	is asso	ociated with have a contract Yes SNo	with said municipality		unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Securification a principal of a securification of government the contraction of government the contraction.	nch or	branches	contractor?		
Method of Contribution:		Date Received	Aggregate Contributions		
☑ Cash ☐ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (10/29/15	\$40.00		\$40.00
Lasi Nanæ	Fi	itsi	RETURNING TO THE RESIDENCE OF THE PARTY OF T	entryna manwen	MI
Moniello		Laurie			
Residential Street Address	City			State	Zip Code
24 Roy Street		East Haven		СТ	06512
Principal Occupation	L.,	Name of Employer			
Admin		Franklin Construc	tion		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive ciated with have a contract \[\sum_{\text{Yes}} \] No	officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Section L1? Is contributor a principal of a lf yes, list Event # 102915a Section L1?	nch or	branches	e contractor? Yes \[\begin{align*} \begin{align*} \text{Yes} \\ \begin{align*} \begin{align*} \begin{align*} \text{Yes} \\ \begin{align*} \		
Method of Contribution:			Aggregate Contributions		
⊠ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order (10/29/15	\$40.00		\$40.00
Last Namo	F	íst	i pojednim meta kon i dan kan da periode i da kan da periode kan da periode i da pe	THE MANY SHAPE AND ADDRESS OF PERSONS ASSESSED.	MI
Norman		Donna			
Residential Street Address	City			State	Zip Code
15 Clancy Street		East Haven		СТ	06512
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a ca is asso	indidate for a chief executive ociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	runt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a If yes, indicate which brain of government the contract	nch or	branches ith:	Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		40000
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	10/29/15	\$170.00		\$20.00
SUB	rot/	${f AL}$ Section ${f B}$ — ${f This}$	Page	ini dan dipungan per	\$100.00
TOTÁI	Lofa	dditional Section B P	ages	Dimikling i s atawaii ^{ng}	<u>Cally the Barth of the Barth o</u>
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INI 13, Co	DIVIDUALS (Sections A lumn A of Summary Page	(+ B) Totals)		

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 Ind	ividuals		
Last Name First		, , , , , , , , , , , , , , , , , , , ,	MI
Parente Linda		State	Zip Code
Residential Street Address 7 Farm River Road East Haven		СТ	06512
Principal Occupation Name of Employer			
Apt. Finder Apt. Finder Pu	b		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief excess of dees contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she	ract with said municipality	ty, Amo	unt of Contribution
Is this contribution associated with an Sevent reported in Section 1.1? Is contributor a principal of a state contractor or prospective	state contractor?		
Method of Contribution: Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 10/29/15	\$900.00		\$100.00
Last Name First	A A A A A A A A A A A A A A A A A A A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MI
Palermo Larry		T State	Zip Code
Residential Street Address 15 Clearview Ave City East Haven		State CT	06512
Principal Occupation Name of Employer			
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief excess of does contributor or business he/she is associated with have a contribution of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief excess of does contributor or business he/she is associated with have a contribution of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief excess of the lobbyist? If contribution is in excess of \$400 to a candidate for a chief excess of the lobbyist?	ract with said municipality	ty, Amo	unt of Contribution
	ive ☐ Legislative		
Medical of Controllion.	Aggregate Contributions		440.00
□ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 10/30/15	\$40.00		\$40.00
Last Name Purificato Anthony			1
Residential Street Address City		State	Zip Code
111 South Main Street, Apt. 2 Branford		СТ	06405
Principal Occupation Name of Employer			
Foreman Town of E.H.	ON THE RESIDENCE OF THE PROPERTY OF THE PROPER		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief excess of does contribute or business he/she is associated with have a contribute of the contribution of the contribution is in excess of \$400 to a candidate for a chief excess of \$400 to a chief excess o	ract with said municipality	ty, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Yes Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches If yes, list Event # 102915a	ive ☐ Legislative		
Method of Contribution: Date Received	Aggregate Contributions		*
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 10/19/15	\$280.00		\$40.00
SUBTOTAL Section B — T			\$180.00
TOTAL of additional Section			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Parts)	ns A + B) age Totals)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			1/10/16 F	1/10/16 Filing			
A. Total Contributions from S (See instructions for definition of Small		ed tl SUBT	nis Period ONLY OTAL SECTION A	\$		and denice have book any	
ALLON (Cymresson for a 7.9 a ze mechanical discrete discrete discrete account of the contract of the company of the contract o			A STATE OF THE STA				
Charles Control of Con	B. Itemized Cor	ntrik	outions from Indivi	duals		ent design a some severe pre-proposemental stille. I dad di	
Last Name		F	îrst			MI	
Riccitelli			Carmine			ĺ	
Residential Street Address		City		J))	State	Zip Code	
10 Allen Court			East Haven		CT	06512	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract Yes MNo	with said municipality		unt of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	ich or	branches	e contractor?			
If yes, list Event # 102915a Method of Contribution:	1 228010		Date Received	Aggregate Contributions			
☐ Cash ☑ Personal Cheek ☐ Credit/Debit C	ard Payroll Deduction Money	Order	10/26/15	\$20.00		\$20.00	
Last Name			irst	A STATE OF THE PROPERTY OF THE	Same was an order was	MI	
Sagnella			David			atternation of the state of the	
Residential Street Address		 City	201111		State	Zip Code	
666 North High Street		city	East Haven		СТ	06512	
Principal Occupation			Name of Employer		L	1	
Video Game and Mach. Mgr.			Raballs.com				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca is asso	undidate for a chief executive ociated with have a contract Yes X No	e officer of a municipality with said municipality	/. Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?		nch or	r branches	Legislative			
Method of Contribution:			Date Received	Aggregale Contributions			
☐ Cash	and Payroll Deduction Money	Order	10/30/15	\$400.00		\$50.00	
Last Name		F	irst			MI	
Sand			Robert				
Residential Street Address		City			State	Zip Code	
501 Thompson Street			East Haven		СТ	06513	
Principal Occupation	<u> </u>	· A	Name of Employer				
Electrician			Fortin Electric				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	andidate for a chief executive octated with have a contract \[\sum \colon \text{Yes} \sum \text{No} \]	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an country of the contractor of prospective state contractor? If yes, list Event # 102915a							
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash 🖾 Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	10/30/15	\$205.00	PERSONAL PROPERTY NO.	\$40.00	
	SUBT	ОΤ	AL Section B — This	Page	of which a Montage and	\$110.00	
	TOTAL	of a	idditional Section B P	ages			
TOTAL OF /	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A		native de mario de l	and, and make the state of the	
		_				i kannann Britagar og i Sporamentassenskilde i fra 182	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)				TYPE OF REPORT			500 9 47 1 14 14 14 14 15 1 1 1 1 1 1 1 1 1 1 1	
Maturo for Mayor 2015				1/10/16 F	1/10/16 Filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived SUI	this BTO	Period ONLY TAL SECTION A		nimerica parantaci	- To Carllington C	distil de een it deen de skeep van de skeep van 'n de de	
editional approximation of the second								
B, Itemized C	Contr	ibu	tions from Indivi	duals			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Last Name		First					MI	
Severino			William					
Residential Street Address	City				State	1 '	Cods	
56 Francis Street		Е	ast Haven		СТ		6512	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a the is a	cand ssocia	idate for a chief executive ated with have a contract □Yes ⊠No	e officer of a municipality with said municipality	/. Am	ount e	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a If yes, list Event # 102915a If yes, list Event # 102915a	ranch	or br	anches	contractor?				
Method of Contribution:		П	Date Received	Aggregate Contributions				
X Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mor	acy Ore	der	10/29/15	\$40.00			\$40.00	
Last Name	***************************************	First		Appropriate the second		ar durant	V(1	
Smith			Anissa Temple					
Residential Street Address	City	1 /			State		Code	
25 Nicole Court		E	ast Haven		СТ	0	6512	
Principal Occupation			Name of Employer		L			
Unemployed			Unemployed					
Is contributor a lobbyist, spouse, 口 Yes or dependent child of a lobbyist? 区 No does contributor or business he/s valued at more than \$5,000?	he is a	ssocia	ited with have a contract Yes 🔯 No	with said municipality	Ame	ount c	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributer a principal of If yes, indicate which to of government the contributer of the contributer of government the contributer of government the contributer of government the contributer of government the contributer of principal of government the contributer of principal of the contributer of the c	branch	or br with:	anches	☐ Legislative				
Method of Contribution:	_			Aggregate Contributions			*400.00	
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	tey Orc	بلميين	10/29/15	\$200.00	E AIN E S NE ACCION S	18 27 4 MARIN P	\$100.00	
Last Name		First					MI	
Torrealba		<u> </u>	Eduardo		State	770	Code	
Residential Street Address 193 Thompson Street, Unit A	City		ast Haven		СТ	1 '	6512	
	L		Name of Employer					
Principal Occupation			State of CT Jud. F	Branch				
Interpreter							of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	she is a	ssoci	ated with have a contract Yes No	with said municipality	, , , , , , ,	инс	n Controution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a								
Method of Contribution:		- 1	Date Received	Aggregate Contributions				
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	icy Ord	der	10/29/15	\$100.00	****	mi rjeninje k	\$40.00	
Su	вто	TAL	. Section B $-$ This	Page	and the Barbara	-	\$180.00	
TOT	AL of	fadç	litional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lh	DM IN 1e 13, 1	NDI V Colum	/IDUALS (Sections A nn A of Summary Page ?	(+B) Totals)		-2-11-03-P	was morale condition hiddle \$4. \$2	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	the state of the s	TYPE OF REPORT				
Maturo for Mayor 2015			1/10/16 Filing			
A. Total Contributions from Small Contributors-Receive	ed this Period ONLY					
(See Instructions for definition of Small Contributor) S	\$	<u></u>				
B. Itemized Cor	tributions from Indiv	iduals	· · · ·			
Last Name	First		· · · · · · · · · · · · · · · · · · ·	МІ		
Vanwolvelaerd	Marcel					
Residential Street Address 832 Podunk Road	City Guilford		l ^	Code 16437		
Principal Occupation	Name of Employer	and the second s				
Owner	Cable Comm					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t			Amount	of Contribution		
or dependent child of a lobbyist?	s associated with have a contrac \(\sum \) Yes \(\sum \) No	t with said municipality				
Is this contribution associated with an 图 Yes Is contributor a principal of a si		ite contractor?	1			
event reported in Section L1?		⊠ No □ Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 10/28/15	\$325.00		\$100.00		
Last Name	First			МІ		
Velazquez	Jose					
Residential Street Address 8 Rabbit Rock Road	East Haven	1		Code 16512		
Principal Occupation	Name of Employer					
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief execution is associated with have a contrace Yes No	ve officer of a municipality, t with said municipality	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 society of government the contraction of government the contraction.	tate contractor or prospective stach or branches t is with:	ate contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
☑ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$40.00		\$40.00		
Last Name	First			MI		
Vollono Residential Street Address	Jean _{Sity}		State Zip	Code		
29 Clark Ave	East Haven		l -	6512		
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 does contributor or business he/she is valued at more than \$5,000?			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 start of government the contract of government the contract	ch or branches	ite contractor?				
Method of Contribution:	Date Received	Aggregate Contributions]			
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 10/29/15	\$40.00		\$40.00		
SUBT	OTAL Section B — This	s Page		\$180.00		
TOTAL	of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections 3, Column A of Summary Page					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Maturo for Mayor 2015		1/10/16 F	iling	
A. Total Contributions from Small Contributors-Receiv	red this Period ONLY SUBTOTAL SECTION A			
B. Itemized Co.	ntributions from Ind	lividuals		
Last Name	First			MI
Vollono Residential Street Address	Joan Icity		State	Zip Code
143 Borrmann Road	East Haven		СТ	06512
Principal Occupation	Name of Employer	- In the second		
Supervisor	Moroso Perf. P	Prod.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a candidate for a chief exect is associated with have a cont	ract with said municipality	', Amor	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1?	nch or branches	state contractor?		
Method of Contribution:	Date Received	Aggregate Contributions		***
[X] Cash ☐ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$20.00		\$20.00
Last Name	First Dahaut			MI
Ward Residential Street Address	Robert		State	Zip Code
Residential Street Address 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? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief exectic is associated with have a cont	ract with said municipality	, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a If yes, indicate which brain of government the contract	nch or branches ct is with: Execut	tive 🗌 Legislative		
Method of Contribution:		Aggregate Contributions		++0000
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	20/20/20	\$100.00		\$100.00
Last Name NAZach	First			MI
West Residential Street Address	Joan City		State	Zip Code
31 Clark Avenue	East Haven		СТ	06512
Principal Occupation	Name of Employer			
Retired	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief exce is associated with have a cont \(\sum_{\text{Yes}}\) Yes \(\overline{\text{X}}\)?	ract with said municipality	, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102915a Is contributor a principal of a section L1? If yes, list Event # 102915a Is contributor a principal of a section L1? If yes, list Event # 102915a If yes	nch or branches	ive 🗆 Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 10/29/15	\$20.00		\$20.00
SUBT	TOTAL Section B — T	his Page		\$140.00
TOTAI	of additional Section	B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Section 13, Column A of Summary Po	ns A + B) age Totals)		

TAMES OF COM	MITTEE (Provide Comp					TYPE OF REPORT		
		C1, 9	Contributio	ons from O		mittees		
Name of Committee					Name of Tre	asurer		
Address			Is this c		Is this contribution associated with an Yes No event reported in Section I.1? If yes, list Event #		Amount o	of Contributio
City		State	Zip Code	Date Rece		Aggregate Contributions		
Vame of Committee					Name of Tre	asurer		
Address				Is this contr	ed in Section	ated with an Yes No L1? , list Event #	Amount c	f Contributio
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee	Marie de la companya			3-77	Name of Tre	asurer		
Address				Is this contr	ed in Section !	ated with an Yes No L1? , list Event #	Amount	of Contributio
City		State	Zip Code	Date Rece		Aggregate Contributions		
	C2.	Reimbursemer	its or Surp	lus Distrib	utions fro	m other Committees		
Name of Committee					Name of Tre			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimburser	nent for shared	expense OS	urplus Distrib	oution	Amoun	t of Receipt
Description		<u> </u>						
Name of Committee					Name of Tre	asurer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	sement for share	ed expense C	Surplus Dist	ribution	Amoun	t of Receipt
Description								
			SUBTO	OTAL Section	on C — Th	is Page		
			TOTAL	of additions	l Section C	C Pages		***************************************
		OF ALL COMMIT ons C1 + C2) (Enter						<u> </u>
and the second s	- Country - Coun		vir anny 2	.,		<u> </u>		

Revised January 2015	1. MONETAKI	ILLO	211 10 (000	110113 /1 11/				
NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Reposi	itory)		TYPE O	FREPORT			
	D. Loans	Receiv	ed this Period					
Name of Lender	,		Source of Loan:			Date of Receipt		
			OBank OCar	ididate 🔘 Individu	at Other Committee			
Street Address	City			State	Zip Code	Is there a Cosigner or		
						Guarantor of this loan? O Yes O No		
Name of Cosigner/Guarantor (If applicable)						Amount Received		
Name of Cosigner Oderanio (y appreciole)						Amount Received		
Street Address	City			State	Zip Code			
Sheet Address	City			State	Zip cous			
						Date of Receipt		
Name of Lender	ame of Lender Source of Loan: Bank Candidate Individual Other							
			OBMIN O CM	-	Committee			
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?		
						O Yes O No		
Name of Cosigner/Guarantor (if applicable)						Amount Received		
Street Address	City			State	Zip Code			
				:				
Name of Lender			Source of Loan:			Date of Receipt		
			OBank OCan	ndidate 🔘 Indiviđu				
Street Address	City			State	Committee Zip Code	Is there a Cosigner or		
						Guarantor of this loan?		
N CO i CO					J	O Yes O No		
Name of Cosigner/Guarantor (If applicable)						Amount Received		
	T.C.4			State	Zip Code			
Street Address	City			State	Zip Code			
		North Commence						
			TOTAL SECT	TION D				
E. Receipts from Ent	ities other than Indix	zlenhiv	or Other Com	mittees (Refere	ndum Committe	es ONLY)		
Name of Entity								
Hamo of Littly								
Street Address				Date Received		Amount Received		
City		State	Zip Code	Aggregate Contr	ibutions			
N. C. O.		<u> </u>				Waller San Commence		
Name of Entity								
Street Address				Date Received		Amount Received		
Saeet Address				2		THING THE COLUMN		
Oh.		State	Zip Code	Aggregate Contr	ibutions			
City		Siate .	Zip Code	Aggregate Com	Cuttons			
Name of Entity								
				Date Received		Amount Dessived		
Street Address				Date Received		Amount Received		
		la.	La: a					
City		State	Zip Code	Aggregate Contr	ioutions			
			TOTAL SECT	ION E				
ranggang, ang kanggangang kangang kangan Julian Balang at tahun kanggan kangan kalan ing Palangan kangan kanga	a alette kalet kalet kente katalat ti talah kalet kalet kalet bilan bilan bilan bilan bilan bilan bilan bilan b		u a daug san Gaara (19 75) Talah	acust vater tedati Nasidik 🖥				

Page 6 of 17

)	F. Amount Transferred fi	rom Affiliated Busine	ss Treasury (Business Enti	ty Committees ONLY)
te of Receipt	Is this transaction associate event reported in Section I		s, list Event#	Amount
te of Receipt	Is this transaction associate event reported in Section I	~ • • • • • • • • • • • • • • • • • • •	Amount	
te of Receipt	Is this transaction associatevent reported in Section I		s, list Event#	Amount
e of Receipt	Is this transaction associatevent reported in Section I		s, list Event#	Amount
			TOTAL SECTION F	
-				
G. Amount	Fransferred from Affiliate	d Labor Union or Otl	ier Organization Treasi	ny (Organization Committees ONL
nte of Receipt		ate of Receipt	Date of I	
	Amount Amount		Amount	
		Т	OTAL SECTION G	
		T	OTAL SECTION G	
	H. Personal Funds of the			Committees ONLY)
te of Receipt	H. Personal Funds of the Method of payment:			Committees ONLY) Amount
ate of Receipt				AND THE PROPERTY OF THE PROPER
•	Method of payment:	ne Candidate Received	l this Period <i>(Candidate C</i>	AND THE PROPERTY OF THE PROPER
•	Method of payment: OCash	ne Candidate Received	l this Period <i>(Candidate C</i>	Amount
te of Receipt	Method of payment: Cash Method of payment:	ne Candidate Received	I this Period (Candidate C	Amount
ate of Receipt	Method of payment: Cash Method of payment: Cash	ne Candidate Received	I this Period (Candidate C	Amount
ate of Receipt	Method of payment: Cash Method of payment: Cash Method of payment:	ne Candidate Received O Personal Check O Personal Check	A this Period (Candidate C O Credit/Debit Card O Credit/Debit Card	Amount
ate of Receipt ate of Receipt ate of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash	ne Candidate Received O Personal Check O Personal Check	A this Period (Candidate C O Credit/Debit Card O Credit/Debit Card	Amount Amount Amount
ate of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check Personal Check Personal Check	This Period (Candidate Condition of Credit/Debit Card Credit/Debit Card Credit/Debit Card	Amount Amount Amount
ate of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check Personal Check Personal Check	Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card	Amount Amount Amount
ate of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check Personal Check Personal Check	Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card	Amount Amount Amount

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.

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (See	ctions A—	K)		Page 7 of 17
NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)	TYP	E OF F	REPORT	
		<u> </u>			
Name of Institution	J. Interest from Deposits in Authorized		Receive	ed I	Amount
148m of Historical					
Street Address	City	State		Zip Code	
Name of Institution		Date	Receive	·d	Amount
Name of Histianou					
Street Address	City	State		Zip Code	
	morra i s	ECTION J			oo tiittisteen maanatti oo ta'a ka
K, Mis	cellaneous Monetary Receipts not Conside	erea Contri		IIS f Transaction	Amount Received
John Porto			11/	13/15	200.00
Street Address 4 Hurlburt Drive	City East Haven	Sta	ite T	Zip Code 06512	
Description Sale of one (1) campaign laptop (liqu	idation of capital asset as required by state law)	,			
Name			Date of 11/6	f Transaction	Amount Received
Kenneth W. McKay Street Address	City	Sta		Zip Code	200.00
59 Sidney Street	East Haven	C		06512	
Description Sale of one (1) campaign laptop (liqu	idation of capital asset as required by state law)				
Name Mark Gravino			Date of 11/6	f Transaction 5/15	Amount Received 200.00
Street Address 218 Elaine Terrace	City New Haven	Sta	ite T	Zip Code 06512	
Description Sale of one (1) campaign laptop (liqu	idation of capital asset as required by state law)				
Name Joyce Hollenbeck				f Transaction 17/15	Amount Received 200.00
Street Address 38 Evergreen Drive	City North Branford		ate T	Zip Code 06471	200,00
Description Sale of one (1) campaign laptop (liqu	idation of capital asset as required by state law)				
	TOTAL SECT	ION K 8	00.00	+ 200.00 Ado	l. Page
SUMMAR	Y OF OTHER MONETARY RECEIPTS	(Sections D	thro	ugh K)	
Total Loans Received this Period (Secti	on D)				
Total Receipts from Entities other than	Individuals or Other Committees (Section E)	+			
Total Amount Transferred from Affiliat	ted Business Treasury (Section F)	+			
Total Amount Transferred from Affiliat	ted Labor Union or Other Organization Treasury (S	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)	+			
(Add S	Total of Other Mo ections D through K) (Enter total on Line 15, Column A o				

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (Sections A—K	()	Page 7 of 17	
	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REF Maturo for Mayor 1/10/16 Re				
Maturo for Mayor			To hepore		
Name of Institution	J. Interest from Deposits in Authoriz		eceived	Amount	
Name of institution				22	
Street Address	City	State	Zip Code		
Name of Institution		Date R	eceived	Amount	
Street Address	City	State	Zíp Code		
	TOTA	L SECTION J			
K.	Miscellaneous Monetary Receipts not Con-	sidered Contrib	utions		
Name Deborah L. Angelo	Date of Transaction 11/6/15	Amount Received 200.00			
Street Address 219 Hemingway Ave.	City East Haven	State CT			
Sale of one (1) campaign laptop	(liquidation of capital asset as required by state la	aw)			
Name			Date of Transaction	Amount Received	
Street Address	City	State	Zip Code		
Description					
Name		1	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 SE	CTION K 20	0.00		
SUMIN	MARY OF OTHER MONETARY RECEIP	IS (Sections D t	hrough K)		
Total Loans Received this Period	(Section D)				
Total Receipts from Entities other	than Individuals or Other Committees (Section E)	+			
Total Amount Transferred from A	ffiliated Business Treasury (Section F)	+			
Total Amount Transferred from A	ffiliated Labor Union or Other Organization Treasur	y (Section G) +			
Total Amount of Personal Funds o	of the Candidate Received this Period (Section H)	+			
Total Amount of Interest from Dep	posits in Authorized Accounts (Section J)	+			
Total Miscellaneous Monetary Rec	ccipts not Considered Contributions (Section K)	+			
(A	Total of Other Add Sections D through K) (Enter total on Line 15, Column	Monetary Rece			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Lt. Eyen	t Information							
Event # Date of Event Letter 10/29/15 a Description Letter Election Rally and Buffet Dinner		Was this a fundraising event? Yes No						
Location: Street Address Bistro Mediterranean - 383 Main Street	City East Haven	State Zip Code CT 06512						
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations a Associated with a House Party and complet purchases made by host(s) for food, beverage No	te required information for any						
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No							
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.) No	\$						
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) OYes (If yes, go to Section L3 Purchases of Adversor or on a Sign and complete required inform No							
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	\$						
Event # Description Date of Event Letter		Was this a fundraising event?						
Location: Street Address	City	State Zip Code						
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) No	not Considered Contributions						
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.) No	\$						
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform No	tising Space in a Program Book ation.)						
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?	OYes (If yes, enter Total Receipts here.) ONo	\$						
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This Page							
SUBTOTAL Sect Total Rece	ion L1—Subpart 3 (Town Committees ONLY) apts from Food Purchases — This Page							
	TOTAL of additional Section L. Pages							
	IPTS FROM SMALL PURCHASES 1 Line 16a, Column A of Summary Page Totals)							

P indi	Per Public Act 11-48 vidual purchases from	, effective January 1 m a committee tag s	l, 2012 comi sale, auction,	mittees are no , or a sale of	o longer requi donated item	ired s. S	to itemize ection L2.	e small . removed
NAME OF COMMI	TTEE (Provide Complete Name	as Registered with Filing Reposit	anıj		TYPE OF REPO	RT		
	L3. Pu	rchases of Advertisi	ng in a Progi	ram Book or	on a Sign	Purcha	se Made By:	
Name of Purchaser							isiness Entity	Other
						_		Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for Ali Events	Amount of Pi	rogram Ad Purcha	ase	Amount of S	ign Purchase
Name of Purchaser						Purcha	se Mađe By:	
						OB	isiness Entity	Other
						Olu	dividual/Sole	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pi	ogram Ad Purcha	ise	Amount of S	ign Purchase
Date Received	Eveni #	rigitogue r urviusv		7 mount of 1	. og			
Name of Purchaser							se Made By:	^
							usiness Entity	
						O In		Proprietorship Zip Code
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purcha	ase	Amount of S	ign Purchase
			nagar			D1-	se Made By:	
Name of Purchaser						l	usiness Entity	Other
						_		Proprietorship
Street Address			City			<u> U</u>	State	Zip Code
Silver Madiciss								
			0.4113		1 I D		Luisuut af C	San Bunahasa
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purcha	ase	Amount of 8	ign Purchase
Name of Purchaser						Purcha	se Made By:	
						Ов	usiness Entity	Other
						Oln	dividual/Sole	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purcha	ase	Amount of S	ign Purchase
	SURTOTAL Sect	ion L3 Total Purchases o	f Advertising in	Program Book	—This Page			
		AL Section L3 Total Pur						We see that the second section is a second
				f additional Sect				
,	TOTAL OF ALL PURCH	IASES OF ADVERTISIN	NG IN A PROG	RAM BOOK or on A of Summary	ON A SIGN			
		(Linei wiii on	Ante 100, Com	cs.sy samming)			generalise en en en Servicio en en encodo	

NAME OF COMMITTE	E (Provide Complete Name a	us Registered with Filing Repo	sitory)	TYPE OF REP	ORT		
				_			
	L	I. In-Kind Donatic	ns Not Consi	dered Contributions			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair l	I Market Val	ue of Donation
OBusiness Entity	1						
Olndividual	Date Received	Event #	Event # Aggregate Value for this Event		-		
O Sole Proprietorship							
Name of Donor			· · · · · · · · · · · · · · · · · · ·				A
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair !	larket Val	ue of Donation
OBusiness Entity	Description of Bollation				l'an i	iniket ini	de of Donation
OIndividual	Date Received	Event #		Aggregate Value for this Event			
OSole Proprietorship	But Received			,			
Name of Donor							
•							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Foir 2	larket Val	ue of Donation
Business Entity	Description of Bonation				rate 1	imiket vai	ne of Donation
OIndividual	Date Received	Event#		Aggregate Value for this Event			
OSole Proprietorship	Date Received	Even #		T GEB TE SALE TO THE SALE TO T			
			· · · · · · · · · · · · · · · · · · ·				****
Name of Donor							
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T c'			State	Zip Code
Street Address			City			State	Zip code
	- y						
Donation Given By:	Description of Donation				Fair I	larket Val	ue of Donation
O Business Entity O Individual		<u> </u>		In the Continue Continue			
Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
,							response
		SI	UBTOTAL Sect	ion L4 — This Page			
		TO	TAL of addition	nal Section L4 Pages			
ТОТ	AL OF ALL IN-KINI	D DONATIONS NOT (Enter total on Line 2.)					
Marie Control of the					······································		

NAME OF COMMITTEE (Pro)	vide Complete Name as Registered with Filing Rep	pository)			TYPE OF RE	PORT	
Trine or committee from	3 7						
L5. I	n-Kind Donations Not Conside	ered C	ontributions Associa	ted with a F	Iouse Part	У	
Name of Host				Is this event s committee?	supporting m	ore than or	ne candidate or lendum L5
Street Address		1	City	.I		State	Zip Code
Description of Donation					Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Aggr	regate Value of all Events—this ha	ost/candidate	-		
Byent #	Aggregate value of this fivent—un nosis	7.66	egute value of the promotion place.				
Name of Host				Is this event s	upporting mo	ore than or	e candidate or
				1	mplete Itemize		lendum L5
Street Address			City		0.100	State	Zip Code
Description of Donation					Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Aggr	egate Value of all Events—this h	ost/candidate			
					<u></u>		
Name of Host				Is this event so	upporting me	ore than or	e candidate or
					mplete Itemiza		lendum L5
Street Address			City			State	Zip Code
Description of Donation		L			Fair Mar	ket Value o	f Donation
				·			
Event #	Aggregate Value of this Event—all hosts	Aggr	egate Value of all Events—this he	ost/çandidate			
Name of Host				Is this event s	upporting mo	ore than or	e candidate or
				1	mplete Itemiza		lendum L5
Street Address		T	City	1		State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggr	egate Value of all Events—this he	ost/candidate			
		SUBT	OTAL Section L5 —	This Page			
		TOTAI	of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on		NSIDERED CONTRI , Column A of Summary				
	,					······································	

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised January 2015	11, 1, (7)	1 1111 ()	111212171	TLC:	DIX XD (DCC	110113 111	0)			
NAME OF COMMITTEE (Provide Complete	Name as Rey	gistered with	Filing Repository)			TYPE	OF REPORT			
			M, In-Kind	Conti	ributions				2003-00-00-00-00-00-00-00-00-00-00-00-00-	
Name	gethalfallatal sener sac	State of the State	A Control of the cont	Part of Allegan		The second for the second second	e (tritoria di		\$1000 to the boundary of the second second	
Street Address				Ci	ity			State	Zip Code	
	<u> </u>				•					
Type of contributor: Ocommittee OIndividual / Sole Proprietorship Other	Date Receiv	red	Aggregate Contributi	ions	Description of In-K	änd Contributi	ion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont		n excess of \$400 to a business he/she is as a \$5,000?			et with said n		Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	utor a principal of a s , indicate which brar ernment the contract							
Name										
Street Address				Cit	ty		,	State	Zip Code	
Type of contributor: Committee Olindividual / Sole Proprietorship Other	Date Receiv	red	Aggregate Contribution	ons	Description of In-Ki	ind Contributi	on			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves No Ves Valued at more than \$5,000? Yes No No Ves No No Ves No Ves No Ves No No Ves No No Ves No Ves No										
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of a si indicate which bran ernment the contract i	ich or bra		_	O _N ₀ I			
Name					A CONTRACTOR OF THE PROPERTY O					
Street Address				Cit	ly			State	Zip Code	
Type of contributor:	Date Receive	red	Aggregate Contribution	ons	Description of In-Ki	ind Contributi	on			
Ondividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		n excess of \$400 to a r business he/she is as n \$5,000?			ct with said r			Market Value s Contribution	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	<i>If yes</i> , i	ttor a principal of a st indicate which brane ernment the contract i	ich or bra		_	O No			
			SUBTO	ΓAL Se	ction M — This I	BARRIOTO I				
			TOTAL of	f additir	onal Section M P	ages				
TOTAL OF ALL IN-KIND CON	TRIBUT	IONS (E	Inter total on Line 23,	, Column	A of Summary Page	2 Totals)				
			dable Deposit (
Last Name of Individual	ebiliotististististis		First	Monora	A CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	and American	MI	Date Deposi	t Made	
Residential Street Address			City			State	Zip Code		Amount of Deposit	
Name of Telephone Company								\exists		
Street Address			City			State	Zip Code			
TOTAL SE	CTION	N (Enter 1	total on Line 24, Col	lumn A c	of Summary Page T	otals)				

IV. EXPENDITURES (Sections P-T)

Reshed January 2015	.,,	and the second s		A CONTRACTOR CONTRACTO	THE RESERVE TO 1			
NAME OF COMMIT Maturo for Mayor				TYPE OF REPORT 1/10/16 Report				
	P. Expenses	Paid by Committee			建铁层层			
Name of Payer				Date of Payment	Method of	•		
VolunteerSpot.co	om - WePay.com			10/26/15	O Check			
Totalite	,				(a) Debit	Card OEFT Zip Code		
Street Address	 -	City			State	94306		
380 Portage Avei	nue	Palo Alto		CA	<u>L</u>			
Purpose of Expenditure (by code) WEB	Description Monthly fee for volunteer tracking website		Event #	¥	9.99	Amount		
			<u> </u>	F.	-			
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum. P Required to	aless "None of the below" is	checke	(1)				
	None of the below	re) Indepen	dent					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control			л Ов Ос О в				
Name of Payee	Coordinated	J. Organiza		Date of Payment	Method of I			
Walmart				10/26/15	O Check			
Viannai C				Debit				
Street Address		City			State	Zip Code 06405		
120 Commercial	Parkway	Branford	1		<u> </u>	<u></u>		
Putpose of Expenditure Description Event #						Amount		
(by code) A-OTH	Bags for campaign give-aways (magnets, bottle openers)							
Expenditure #								
(if applicable)								
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Independ fibution) Organiza		A OB OC OD		. Name of the own to come the company of the compan		
Name of Payee		n na katalan na kapana na katalan		Date of Payment	Method of I	*		
Home Depot				10/26/15	Check Debit	-		
		City			State	Zip Code		
Street Address 75 Frontage Road	d	East Haven			ст	06512		
Purpose of Expenditure	Description		Event #	¥		Amount		
(by code) A-SIGN	Posts for large signs and cable ties				178.53			
Expenditure #	Type of Expenditure (Hemization in Addendum P Required to	inless "None of the below" i	s check	ed)				
(if applicable)	O None of the below							
	Coordinated with reimbursement sought (joint expendit	ire) Q Indeper						
	Coordinated without reimbursement sought (in-kind con	fribution) Organiz	zation	A O B O C O D	1	Planto anti-		
Name of Payee				Date of Payment 10/26/15	Method of Check	•		
BJ's Wholesale				10/20/13	(i) Debit			
Street Address		City		A 1000 .	State	Zip Code		
555 Universal Dr	ive	North Haven			СТ	06512		
Purpose of Expenditure	Description		Event	#		Amount		
(by code) FOOD	Cookies and brownies for senior center visits	;			49.96			
Expenditure #	Type of Expenditure (Hemization in Addendum P Required to	nless "None of the below" is	s checke	2d)				
(if applicable)	O None of the below	، سجو						
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Indeper tribution) Organiz		А Ов Ос Ов				
		SUBTOTAL Section P	— This	Page 257.05				
	T	TAL of additional Section	ion P I	ages 25,666.23	gang haksindi denumbanya da	and the state of t		
	TOTAL OF ALL EXPI				render og som skriverer er frei	energy grown grows a announcement less 4 mag		
	(Enter total on Lin	ie 19, Column A of Summar	y Page	Totals)		***************************************		

IV. EXPENDITURES (Sections P—T)

Resided January 2015	I VI ESTA ESTABLE	01010		_,	*****************					
	NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository) Maturo for Mayor 2015					TYPE OF REPORT				
	P. Expenses	Paid by Committee			Mikko					
Name of Payee		AND DESCRIPTION OF THE PARTY OF	100	Date of Payment	Method of l	ayment:				
Dunkin Donuts				10/26/15	Cheek #					
Dankin Donata					@ Debit					
Street Address		City			State	Zip Code				
15 Hemingway A	ve.	East Haven			СТ	06512				
Purpose of Expenditure	Description		Event	#		Amount				
(by code) FOOD	Coffee for visits to senior center/condo comp	lexes			29.98					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checke	d)						
(if applicable)	None of the below									
	Coordinated with reimbursement sought (joint expenditure	e) 🔘 Indepen								
	Ocordinated without reimbursement sought (in-kind contri	ibution) Organiz	ationQ	a O b O c O d						
Name of Payee				Date of Payment	Method of I					
Dunkin Donuts				10/27/15	Check					
		Cit.			Debit 6	Card OEFT Zip Code				
Street Address		City			CT	06512				
320 Main Street East Haven					C1	100312				
Purpose of Expenditure Description Event #						Amount				
(by code) FOOD	Coffee for visits to senior center/condo compl	exes			29.98					
Expenditure #	Type of Expenditure (Hemization in Addendum P Required uni	less "None of the below" is	checked	d)						
(if applicable)										
	None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	hution) Indepen		A OB OC OD						
Name of Payee	Coordinated	Organiza		Date of Payment	Method of I	ayment:				
Dunkin Donuts				10/28/15	O Check #					
Dunkin Donuts					(i) Debit	Card OEFT				
Street Address		City			State	Zip Code				
15 Hemingway A	ve.	East Haven			CT	06512				
Purpose of Expenditure	Description		Event #	#	Amount					
(by code) FOOD	Coffee for visits to senior center/condo compl	exes			33.16					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	ulare "Nana of the helow" l	s checki	e/l)						
(if applicable)		ness Tione by the below 1	3 theen	,						
	None of the below Coordinated with reimbursement sought (joint expenditure)	re) Indepe	ndent							
	Coordinated with reimbursement sought (in-kind conti			A O B O C O D						
A Common of Theorem		O I SHITTER THE STATE OF THE ST		Date of Payment	Method of	oayugut.				
Name of Payee Minuteman Pres	\$			10/27/15	(i) Check	#				
Millianties	5				O Debit	Card (EFI				
Street Address		City			State	Zip Code				
330 Main Street		East Haven			CT	06512				
Purpose of Expenditure	Description	L	Event	#		Amount				
(by code) A-DM	Direct mailers				7,500.	00				
		t (0) (t) - 1 - t (t)	11	(d)	1					
Expenditure # (if opplicable)	Type of Expenditure (Hemization in Addendum P Required un	uess "None of the below" is	спеске	au)						
	None of the below	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	dant							
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contr	e) Indeper Organiz		A OB OC OD						
	S	UBTOTAL Section P -	This	MANAGA .	Tipecon et assaria es.	A STATE OF THE STA				
	TO	TAL of additional Secti	on P P	nges n/a		edinist i riire tures tita yarquividar kadi (bot :				
	TOTAL OF ALL EXPE		A WARTE THE S		NAME OF TAXABLE PARTY.	toron kuma aras emas mininistra esperius.				
	IOIAL OF ALL EXPE (Enter total on Line	19, Column A of Summar	Page	Totals)		orașe de la compania				

SELC FORM 20

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE. (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		Land to the second seco	
Maturo for Mayor			7,500,000,000,000	1/10/16 Report	-15 m m H.		
	P. Expenses	Paid by Committee		Date of Payment	Method of	Payment:	
Name of Payee Dunkin Donuts			į.	10/29/15	O Check	-	
					@ Debit	Card OEFT Zip Code	
Street Address 15 Hemingway A	ve.	City East Haven		State	06512		
Purpose of Expenditure (by code) FOOD	Description Coffee for senior center/condo complex visits		Event#		Amount 29.98		
Expenditure # (if applicable)	n market & Market &	upmon ange likikanda province a kina 1521. 8					
Name of Payee Party City		I	Date of Payment 10/30/15	Method of I Check Debit	#		
Street Address 854 W. Main Stree	City Branford			State CT	Zip Code 06405		
Purpose of Expenditure (by code) FNDR	Purpose of Expenditure Description by code) FNDR Ballons for 10/29 Rally			15a	Amount 91.21		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri) Indepen	dent) . Ов Ос Ор		- Marin Transport und Produktische St. St. 1881	
Name of Payee Date of Payment						Payment:	
Dollar City East H	aven			10/30/15	Check Debit	Debit Card	
Street Address 346 Hemingway	Ave.	City East Haven	. 1.		State CT	Zip Code 06512	
0	Description		Event #		}	Amount	
Purpose of Expenditure (by code) FOOD	Containers for food for senior center visit				9.57		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent zation	<u>a O b O c O d</u>	i mareco promochili	P. ZERNICK BOOK TO SPAN INVESTIGATION FOR EVEN IN SEC.	
Name of Payee Minuteman Pres	s			Date of Payment 10/30/15	Method of Payment: (a) Check # 1025 (b) Debit Card (c) 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 #		4,213	Amount .69	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Indepe	ndent	и 4 <u>Ов Ос О</u> Ф		neenway gamanak kale aan kanada ka	
		SUBTOTAL Section P -	— This	Page 4,344.45	or exchange & bosquario & 3.3	o weedow word which had by a strict country versus yes a	
		TAL of additional Sect	III WARANGA I		er mannunga da munu 1849	oquana a navyuvu eera iimaali ooja siina 7 km s	
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SEECTORM 20

IV. EXPENDITURES (Sections P—T)

Resided January 2015			Programme State of Contract of the Contract of	1807 1008	Transferance of the second		
NAME OF COMMIT Maturo for Mayor	TEE: (Provide Complete Name as Registered with Filing Repository) 2015		TYPE OF REPORT 1/10/15 Report				
	P. Expenses	Paid by Committee					
Name of Payee	A STATE OF THE PARTY OF THE PAR	A STATE OF THE PARTY OF THE PAR	Date of Payment	Method of	•		
RiteAid			11/2/15	O Check			
	The state of the s	City		@ Debit State	Card OEFT Zip Code		
Street Address 10 Hemingway A	ve.	City East Haven		CT	06512		
D. CD. True	Description	<u></u>	Event#		Amount		
Purpose of Expenditure (by code) OFFICE	Rulers, pens, pencils, and highlighters			38.00			
Expenditure # (if applicable)	LESS COLUMNS OF CONTESS AND	rlændi boda ayya qop bararalana (seb. 1925 k					
Name of Payee			Date of Payment	Method of	•		
Staples			11/2/15	Check Debit	_		
Street Address		City		State	Zip Code		
85 North Main St	reet	Branford		СТ	06405		
Purpose of Expenditure	Description		Event #		Amount		
(by code) OFFICE	Ink and Toner			562.22	562.22		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	e) Independ			in the supplemental and the su		
Name of Payee	Method of						
Facebook			11/2/15	Check Debit	Card OEFT		
Street Address 1601 Willow Road	1	City Menlo Park		State CA	Zip Code 94025		
Purpose of Expenditure	Description		Event #		Amount		
(by code) A-WEB	Facebook Advertising			317.63			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the	re) O Indepen	dent		Pauvane		
Name of Payer Petonito's Pastry	Shop		11/3/15	Method of Check	Card (EFT		
Street Address		City		State	Zip Code		
190 Main Street		East Haven		СТ	06512		
Purpose of Expenditure (by code) FOOD	Description Cookies for senior center visit		Event #	162.5	Amount O		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind control of the	re) Independ			<u> </u>		
	• • • • • • • • • • • • • • • • • • •	SUBTOTAL Section P —	This Page 1,080.35	CONTRACTOR HE STATE OF			
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Chapter of the Control of the Contro		And the second s					

SEEC FORM 20 Reshed Jenuary 2015

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT Maturo for Mayor	TEE (Provide Complete Name as Registered with Filing Repository) 2015			TYPE OF REPORT 1/10/16 Report				
	P. Expenses	Paid by Committee	1000					
Name of Payee Bistro Mediterran				Date of Payment 11/4/15	Method of Payment: Check # 1037 Debit Card EFT			
Street Address		City			State	Zip Code		
383 Main Street		East Haven			CT	06512		
Purpose of Expenditure	Description	Event				Amount		
(by code) FNDR	Food for rally 102915a				4,180.0	00		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D D							
Name of Payee			- 1	Date of Payment	Method of F Check	°ayment: 1027		
Bistro Mediterran	ean			11/12/15	O Debit	# Card		
Street Address		City			State	Zip Code		
383 Main Street		East Haven			СТ	06512		
Purpose of Expenditure	Description		Event #			Amount		
(by code) FNDR	Tent rental for rally				1,000.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri) Independ	dent tion O A	ов Ос О в	p paracel discussions and	negative major w com 1 dala dala consciona scope () 2000 - (
Name of Payce				Date of Payment	Method of I Check	'ayment: ,, 1030		
Brianna Wiel				11/13/15	O Debit			
Street Address		City		***************************************	State	Zip Code		
3 Lynwood Place		East Haven			СТ	06512		
Purpose of Expenditure (by code) WAGE	Description Election day worker		Event #		Amount 60.00			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind controlled)	re) O Indeper	ndent ration	<u>a O B O C O D</u>	h fakada C	CHARLES SERVER AND A PRIMA CHARLES SERVER FOR A		
Name of Payee Paul Carbo				Date of Payment 11/17/15	Method of I Check Debit	# Card OEFT		
Street Address 10 Nicholas Drive	2	City East Haven			State CT	Zip Code 06512		
Purpose of Expenditure (by code) RCW	Description Reimbursement for election night food		Event #		537.00	Amount)		
Expenditure # (if applicable)	None of the below Coordinated with reimbursement sought (joint expenditur	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) O None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) O Organization (A O B O C D						
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT Maturo for Mayo	TEE (Provide Complete Name as Registered with Piling Repository) r 2015			TYPE OF REPORT 1/10/16 Report	Marian Ma	PROCESSOR AND A STATE OF THE PROCESSOR AND A SEC.		
Name of Payee Paul Carbo	P. Expenses	Paid by Committee	Date of Payment 11/17/15		Method of Payment: Check # 1045 Debit Card DEFT			
Street Address 10 Nicholas Drive	e	City East Haven			State CT	Zîp Code 06512		
Purpose of Expenditure (by code) RCW	Description Reimbursement for gas for election day		Event#		41.37	Amount		
Expenditure # (if applicable)	(f applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D							
Name of Payee Paul Carbo		and the state of t	Ī	Oate of Payment 11/17/15	Method of Check Debit	# 1044 Card O EFT		
Street Address 10 Nicholas Drive		City East Haven			State CT	Zip Code 06512		
Purpose of Expenditure (by code) RCW	Description Event # Reimbursement for gas on election day				30.00	Amount 30.00		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contraction)	e) Independ	dent					
Name of Payce East Haven Republican Town Committee Date of Payment 10/19/15					(Check	Method of Payment: Check # 1046 Debit Card EFT		
Street Address c/o Paul Carbo -	10 Nicholas Drive	City East Haven		State CT	Zip Code 06512			
Purpose of Expenditure (by code) CNTRB	Description Contirbution to E.H. RTC		Event#		Amount 175.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	ure)	ndent	A O B O C O D		rozenimoj ĝ aŭna kora e kradimonomonomo vega: voĝ		
Name of Payce Chris Lupoli				Date of Payment 11/20/15	Method of Check Debit	Card OEFT		
Street Address 20 Chidsey Ave.		City East Haven			State CT	Zip Code 06512		
Purpose of Expenditure (by code) WAGE	Description Payment for election day work		Event #		100.0	Amount O		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) O Indepen	ıdent	V OB OC OD		of committees that the committee of the		
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ages recovered being place at a sample stay, and	(Enter total on Lin	ie 19, Column A of Summar	rage T	ouus)				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT Maturo for Mayo	TEE (Provide Complete Name as Registered with Filling Repositor or 2015	TYPE OF REPORT 1/10/16 Report		as how a sum as a monitorior to the 1 PA				
	P. Expense	s Paid by Committee						
Name of Payee VolunteerSpot.co	om - WePay.com		Date of Payment 11/23/15	Method of Payme O Check # O Debit Card	L OEFT			
Street Address 380 Portage Ave	nue	City Palo Alto		1 1	Code 4306			
Purpose of Expenditure (by code) WEB	Description Event # Monthly fee for volunteer tracking website				Amount 9,99			
Expenditure # (if applicable)								
Name of Payee Marketing 101, L	LC dba Big Prints		Date of Payment 11/23/15	Method of Payment: Check # 1026 Debit Card EFT				
Street Address 15 Baer Circle, Ur	nit B2	East Haven		State Zip	Code 5512			
Purpose of Expenditure (by code) A-SIGN	Description 24 x 36 Signs for Election Day		Event #	Amount 210.00				
Expenditure # (If applicable)								
Name of Payee Date of Payment Eric Johnson 11/24/15				Method of Payment: Check # 1029 Debit Card DEFT				
Street Address 9 Roses Farm Roa	ıd	City East Haven		State Zip 6	Code 512			
Purpose of Expenditure (by code) WAGE	Description Payment for election day work		Event #	Amount 120.00				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	ture) Independ		-	. Norsk tisker skilledokskrims vero print skile			
Name of Payer Ally Rivera			Date of Payment 11/30/15	Method of Payment: Check # 1040 Debit Card				
Street Address 28 Dodge Avenu	e	City East Haven		State Zip 6	Code 5512			
Purpose of Expenditure (by code) WAGE	Description Payment for election day work		Event #	Amo 60.00	unt			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind control of the	re) Independe	ent		en : Ta 2015 (162) [2]			
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT Maturo for Mayor	TEE (Provide Complete Name as Registered with Aling Repository) v 2015		TYPE OF REPORT 1/10/16 Report		The state of the s		
Name of Payce Facebook	P. Expenses	Paid by Committee	Date of Payment	Method of Ohec	k#		
Street Address 1601 Willow Road	d	City Menlo Park	and Experience of the Control of the	State CA	Zip Code 94025		
Purpose of Expenditure (by code) A-WEB	Description Facebook Advertising		Amount 92.57				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control		A CAND AND THE				
Name of Payee Conor Hylton	(iii) Check	Method of Payment: Check # 1048 Debit Card EFT					
Street Address 1 Falcon Crest Dr	ive	City East Haven		State CT	Zip Code 06513		
Purpose of Expenditure (by code) WAGE	Description Payment for election day and sign work		Event #	200.0	Amount 200,00		
Expenditure # (if applicable)							
Name of Payee Conquest Communications, Inc. Date of Payment 12/7/15					Method of Payment: O Check # 1050 O Debit Card OEFT		
Street Address 2812 Emerywood	l Parkway	City Richmond		State VA	Zip Code 23294		
Purpose of Expenditure (by code) POLL	Description Polling		Event #	Amount 5,450.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	re)			MITTER PRING GOAL RECORDERATION COST LINE		
Name of Payee Steven Vollero			Date of Payment 12/9/15	O Debit	Card OEFT		
Street Address c.o Notre Dame	Hich School - 24 Ricardo Street	City West Haven		State	Zip Code 06516		
Purpose of Expenditure (by code) WAGE	Description Payment for election day and sign work	•					
Expenditure # (if applicable)	Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution)						
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IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Maturo for Mayor		1/10/16 Report	6 Report			
	P., Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of Payment: © Check # 1041		
KT Gaskin			12/11/15	O Debit	Payment: # 1039 Payment: # 1039	
Street Address	The state of the s	City		State		
241 West Spring	Street	West Haven		ст	06516	
Purpose of Expenditure (by code) WAGE	Description Payment for election day and sign work		Amount 60.00			
Expenditure # ()f opplicable)						
Name of Payee			Date of Payment	Method of	•	
Bistro Mediterran	iean		12/22/15	Check Debit		
Street Address		City		State	Zip Code	
383 Main Street		East Haven		СТ	06512	
Purpose of Expenditure	Description	•	Event #		Amount	
(by code) FOOD	Food for election workers and staff			207.38		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri) Independ				
Name of Payee		The second secon	Date of Payment	Method of	Payment: 1039	
Austin Hoag			12/30/15			
Street Address		City		State	Zip Code	
11 Jonathans Lan	ding	Madison		СТ		
Purpose of Expenditure	Description		Event #		Amount	
(by code) WAGE	Payment for election day work			40.00		
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	uless "None of the below" is	checked)			
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) Independent	dent ntion () A () B () C () D			
	O Coolemance without resinbuts enter 300gm (arana com	Organiza	Date of Payment	Method of	Payment:	
Name of Payce				O Check	< #	
Street Address		City		Debit State	Card DEFT Zip Code	
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Purpose of Expenditure (by code)	Description		Event#		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	dess "None of the below" is	checked)			
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	Q	. Campaign Expenses Paid by C) Candidate			
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Purpose of Expenditure (by code)	Description		Event #	Amount		
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Purpose of Expenditure (by code)	Description		Event#	Amount		
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Purpose of Expenditure (by code)	Description		Event #	Amount		
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Street Address		City		State Zip Code		
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	BB (Provide Complete Name as Registered with Filing Repository)			TYPE	OF REPORT	fig. (See)	
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Expenditure #	Type of Expenditure (Hemization in Addendum R Required to	unless "None	of the below" is	checked)			
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NAME OF COMMIT	TEE (Provide Complete Name as Registered	with Filing Repository)	TYPE OF REPO	RT			
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Street Address		City	City				
Purpose of Expenditure (by code)	Description		Event #				
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And the second s	Pjevioi	usly reported Expenses Unpaid and sti	ll Outstanding				
38.4	TOTAL OF ALL EXPEN	SES INCURRED BY COMMITTEE (Enter total on Line 28a, Column A of Sur	BUT NOT PAID mnary Page Totals)	A STATE OF S			
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT Maturo for Mayor	EE (Provide Complete Name as Registered with Filing Reposito 2015	(r))		gyesy:		OF RE					
	T. Itemization of Reim	bu	rsements and Secon	dary	Pav	ees					
Last Name of Worker/Consultant Carbo		Fi	First Paul			aliniii <u>a</u> m ull	MI	Date of Payment to Vendor, Person or Entity 11/17/15			
Name of Vendor, Person o Bistro Mediterran	r Entity Paid by Committee Worker/Consultant ean	<u>ا ا</u>				eported in	D Reimburse Committee Worker/Consultant ass 1 Section P: k # 1043 Debit Card DEFT				
Street Address of Vendor, 383 Main Street	Person or Entity Paid by Committee Worker/Consultant		City East Haven					State Zip Code CT 06512			
Purpose of Expenditure (by code) FOOD	Description Election day night food		Event#					Amount 537.00			
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum T Regular None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	oint expenditure)) c O D				
Last Name of Worker/Con- Carbo	sultant	Fi P	rst Paul				МІ	Date of Payment to Vendor, Person or Entity 11/17/15			
Name of Vendor, Person of Citgo Food Mart	r Entity Paid by Committee Worker/Consultant				1	eported in	o Reimburse Section P: ck # 1045				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 925 Foxon Road			City East Haven					State CT	Zip Code 06513		
Purpose of Expenditure (by code) MISC	ose of Expenditure Description Gas for vehicles of volunteers on election day						Amount 41.37				
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	endita	ure) Indepe	endent () (Э С)				
Last Name of Worker/Cons Carbo	sultant	j	First Paul			CETTOR & TOP COMMUNI	МІ	Date of Payment to Vendor, Person or Entity 11/17/15			
Name of Vendor, Person or Forbes Premium I	Entity Paid by Committee Worker/Consultant	<u>J</u>			r	eported in	Reimburse Section P: ck #_1044	_	Vorker/Consultant as		
Street Address of Vendor, I 863 North High St	Person or Entity Paid by Committee Worker/Consultant		City East Haven					State CT	Zip Code 06512		
Purpose of Expenditure (by code) MISC	Gas for vehicles of volunteers on election of	day	,	Event #		,		Amount 30.00			
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