SEEC FORM 20

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

RECEIVED FOR FILING
SEP () 3 2015
TOWN CLERK'S OFFICE EAST HAVEN, CONN. Stary gravino, CCTC

Page 1 of 17

TOWN CLERK
Do Not Mark in This Space For Official Use Only

COVER PAGE

			1 1 1						
1. NAME OF COMMITTEE									•
Maturo for Mayor 2015									
2. TREASURER NAME								i de la	
First .		MI		Last					Suffix
Danelle		L.		Feeley					
3. TREASURER ADDRESS			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. :			T_	Zip C	· ·
Street Address			City				State	'	
28 Ozone Road			East	Haven			СТ	065	
4. ELECTION/REFERENDUM DATE	5, OFFICE SOUC	GHT (Complete	e only ij	f Candidate	Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/3/2015	Mayor							иј присаж	,
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							T
First		MI		Last					Suffix
Joseph				Maturo)				Jr.
8. TYPE OF REPORT (Check One Box)						<u> </u>			
O January 10 filing	7th day prece	ding primary	S '	O7th	day preceding referendum	O	Initial Cot (PAC): ONL	ntribution o	r Disbursement
OApril 10 filing	○30 days follow	wing primary	y '	O 45	lays following referendum	①	Amendme	ent to	
July 10 tiling	O7th day prece	ding election	n	O Def	icit	Т	ype of Re		
October 10 filing	012th day prec						7/10 Fili		
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	wing election ovember	n						
9. PERIOD COVERED						:		· · ·	
	Beginning Da	ite			Ending Date				
	4/1/2015			thru	6/30/2015	.			
10. CERTIFICATION		4.	e Ca				· .	: :	
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
12 Nonano	*TOUTUP		Dane	elle L. Fe	eley		_	9/3/20	15
TREASURER OR DEPUTY TREASUR	ER (SIGNATURI)	-	PRIN	T NAME	OF SIGNER			DATE	(mm/dd/yyyy)
			 				:		
A person who is	found to have kr	nowingly ar faces a civi	nd wii il pen	llfully vi alty or i	olated any provisions of mprisonment or both.	the can	ıpaign fir	nance stati	utes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
THE COMMENT AND THE PROPERTY OF THE PROPERTY O		
	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	34,359.22	
13. Contributions Received from Individuals (Sections A and B)	16,335.00	48,285.00
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	3,050.00	11,975.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	19,385.00	60,260.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	53,744.22	60,260.00
19. Expenses Paid by Committee (Section P)	12,527.88	19,043.66
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	41,216.34	41,216.34
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	500.00	
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	888.82	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	888.82	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015		-	July 10 Filing				
A. Total Contributions from Small Contributors-Receiv	ved thi SUBTO	s Period ONLY TAL SECTION A	\$				
B. Itemized Co	ontribu	tions from Indivi	duals	: .			
Last Name	Firs	t			MI		
See attached shchedule of donors. Total at bottom of page.	Teva-			State	Zip Code		
Residential Street Address	City			Diate	p ====		
Principal Occupation	<u> </u>	Name of Employer		L.,,	<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associ	ated with have a contract OYes ONo	with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a	anch or br	ranches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order			:			
Last Name	First	t			MI		
Residential Street Address	City			State	Zip Code		
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?) to a cand e is associ	lidate for a chief executive ated with have a contract	e officer of a municipality with said municipality	, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which brown the section L1?	anch or b	tractor or prospective stat	ON₀				
If yes, list Event # of government the control		Date Received	Aggregate Contributions	-			
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayrolf Deduction Odone;		Date Received	riggiegate cumioanos				
Last Name	Firs	t			MI		
Residential Street Address	City			State	Zip Code		
Principal Occupation	-1	Name of Employer		•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand e is associ	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Section L1? If yes, indicate which brain of government the contraction of government the government of government of government the government of govern	anch or br	anches Executive	ONo O Legislative				
Method of Contribution:	nt Order	Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order						
SUB	TOTAI	Section B — This	Page				
		ditional Section B P					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDI' 213, Colui	VIDUALS (Sections A mni A of Summary Page	16,085.00				

			TOTAL CALL DESIGNATION			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			July 10 Fil	ing		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed th	is Period ONLY OTAL SECTION A	S			
B. Itemized Co.	ntrib	utions from Indivi	duals			
Lust Name	Fir				MI	
Acampora		John				
	City			State	Zip Code	
8 Frontage Road]	East Haven		СТ	06512	
Principal Occopation		Name of Employer		ł		
Attorney		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Delta No does contributor or business he/she valued at more than \$5,000?	to a can	adidate for a chief executive ciated with have a contract	e officer of a municipalit with said municipality	y. Ame	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which branches	nch or t	ntractor or prospective stat	e contractor? Yes X No Legislative			
If yes, list Event # 060415a of government the contract Method of Contribution:		Date Received	Aggregate Contributions			
□ Cash □ Dersonal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order	6/2/15	\$250.00		\$250.00	
Last Name	Fir	st		L	MI	
Altieri		Mark				
	City			State	Zip Code	
89 Woosley Avenue	•	Trumbull		СТ	06611	
Principal Occupation		Name of Employer				
Consultant		Conveo Energy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Vest of the contribution is in excess of \$400 of the contributor or business he/she walked at more than \$5,000?	to a can is assoc	ndidate for a chief executive riated with have a contract Yes X No	e officer of a municipality with said municipality	у. Ашо	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a Solution Yes, list Event # 060415a Solution Yes, list Event # 060415a	nch or	branches	te contractor? Yes [X] No [Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash	Örder	6/4/15	\$500.00		\$500.00	
Last Name	Fir	st			MI	
Anastasio		Andrew	<u> </u>			
Residential Street Address	City	N t. l. II		State CT	Zip Code 06512	
12 Pleasant Drive		North Haven		l ui	00312	
Principal Occupation		Name of Employer Self				
Owner/Member			62 5 11-86			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive clated 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 #060415a	nch or l	branches h: 🔲 Executive	Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		*=== 0.00	
☐ Cash 🔞 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (6/2/15	\$750.00		\$750.00	
SUBT	ГОТА	L Section B — This	Page		\$1500.00	
TOTAL	Lofac	dditional Section B I	'ages			
TOTAL OF ALL CONTRIBUTIONS FROM	I IND	IVIDUALS (Sections a umn A of Summary Page	(A + B)			
(Enter wat on time)	,	man is all manimum and a ratio				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	j		TYPE OF REPORT		
Maturo for Mayor 2015			July 10 Fil	ing	
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived (SUB	this Period ONLY TOTAL SECTION A	\$		
B. Itemized C	Contri	butions from Indivi	duals		
Last Name		First			MI
Angelo		Chuck		f	
Residential Street Address	City	TAT Albert dags		State	Zip Code 06525
8 Stonewall Lane		Woodbridge			00323
Principal Occupation		Name of Employer Self			
Attorney		1	- Ali of a nymialmatit		t of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	she is as	sociated with have a contract Yes 🖾 No	with said municipality		unt of Contribution
event reported in Section L1?	branch c		e contractor? ☐ Yes ② No ☐ Legislative		
If yes, list Event # 060415a or government the con-		Date Received	Aggregate Contributions	******	
□ Cash ☐ Card □ Payroll Deduction □ Mon	ney Ord	er 6/1/15	\$500.00		\$250.00
Last Name		First			MI
Antonucci		Paula			
Residential Street Address	City			State	Zip Code
32 Justine Drive		North Haven		СТ	06473
Principal Occupation		Name of Employer			
Secretary		Laydon Construct			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a c she is as	candidate for a chief executive sociated with have a contract Yes M No	e officer of a municipalit with said municipality	y. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? So If yes, indicate which of government the contributor aprincipal of government the gover	branch :		te contractor? Yes X No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash 🔀 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ncy Ord	er 6/29/15	\$500.00		\$500.00
Last None		First			MI
Brancati		Tracey San Ang	elo		
Residential Street Address	City	Nove Harran		State CT	Zip Code 06515
58 Vista Terrace		New Haven			00313
Principal Occupation		Name of Employer People's Bank			
VP of Commercial Lending			66 5 1-1-11s		unt 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 as	candidate for a chief executive sociated with have a contract Yes 🛣 No	with said municipality	y, Ame	BIII OF CONTENSATION
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of event reported in Section L1? No If yes, indicate which to of government the con	branch d	with: Executive	Legislative		
Method of Contribution:	6 .	Date Received	Aggregate Contributions		ቀ ሮስስ ስል
☐ Cash 🔞 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Ord	^{ct} 6/1/15	\$1,000.00		\$500.00
SU	втот	TAL Section B — This	Page		\$1250.00
ТОТ	AL of	additional Section B I	'ages		
TOTAL OF ALL CONTRIBUTIONS FRO	OM IN ine 13, C	DIVIDUALS (Sections / Column A of Summary Page	A + B) Totals)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			iling			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period Of UBTOTAL SECTION	NLY SNA S				
B. Itemized Cor		Individuals				
Last Nome	First			MI		
Burlakoff	Ronald	A WHAT HE HAVE TO SEE THE SECOND SECO				
	City Madiana		State	Zip Code 06405		
57 Scenic Road	Madison			00403		
Principal Occupation	Name of Employe	I				
Printer	Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief s associated with have a Yes	executive officer of a municipality contract with said municipality	lity, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060445a Section L1? If yes, list Event # 060445a	ch or branches	etive state contractor?				
If yes, list Event # 060415a or government the contract Method of Contribution:	Date Received	Aggregate Contributions				
□ Cash □ Cash □ Credit/Debit Card □ Payroll Deduction □ Money	Order 6/29/15	\$750.00		\$500.00		
Last Name	First			MI		
Carbo	Paul					
	'iiy		State	Zip Code		
10 Nicholas Drive	East Haven		СТ	06512		
Principal Occupation	Name of Employe	T				
Consultant	Focus Syst	ems 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 associated with have a	executive officer of a municipal contract with said municipality X No	lity. Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?	ch or branches	ctive state contractor? \(\bar{\mathbb{N}} \) (Countive \(\bar{\mathbb{L}} \) Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
□ Cash	Order 6/4/15	\$375.00		\$250.00		
Last Name	First			Mi		
Consiglio	Vincent					
Residential Street Address	`ity		State	Zip Code		
30 Timberland Drive	East Haven		СТ	06513		
Principal Occupation	Name of Employe					
Plumber	Self					
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 associated with have a	executive officer of a municipa contract with said municipality ☑ No	lity. Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches If yes, list Event #060415a						
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/2/15	\$250.00		\$250.00		
SUBT	OTAL Section B -	– This Page		\$1000.00		
TOTAL	of additional Sect	on B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Se 3, Column A of Summa	etions A + B)				
quint ione on this is	,	P 139 1177				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			July 10 Fili	ing		
A Total Contributions from Small Contributors-Receiv	ed th	nis Period ONLY OTAL SECTION A	\$			
And the second s						
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		irst			MI	
Conway		John		₁		
Residential Street Address	City			State CT	Zip Code 06460	n
100 West River Street		Milford			0040	
Principal Occupation		Name of Employer Loughlin & Fitzge	hler			
Attorney				. A.m.	unt of Con	tribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400	e is asso	ociated with have a contract Yes No	with said municipality	_	iuni oi Con	(Hogrion
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a W Yes Is contributor a principal of a event reported in Section L1? No If yes, indicate which bra of government the contra	inch or	branches	e contractor?	***************************************		
Method of Contribution:		Date Received	Aggregate Contributions		1	
□ Cash 🗷 Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone	y Order	6/1/15	\$500.00		\$500.0	
Last Name	F	irst			МІ	
Coppola		John		,		
Residential Street Address 10 Caroline Street	City	Milford		State CT	Zip Code 0646	0
Principal Occupation	.}	Name of Employer				
Realtor		William Raveis				
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 e is asso	ndidate for a chief executive ciated with have a contract Yes Mo	e officer of a municipality with said municipality	Amo	ount of Con	trihution
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 the contract	anch or	r branches	te contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
□ Cash	y Order	6/30/15	\$100.00			100.00
Last Name	F	tist			MD .	
Coyle		Charles		<u> </u>	J 7 in C 2 d 2	
Residential Street Address 24 Columbus Ave	City	East Haven		State CT	Zip Code 0651	2
Principal Occupation		Name of Employer				
Foreman		Town of E.H.		—\$—		
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?	0 to a ca c is asso	andidate for a chief executive ociated with have a contract	e officer of a municipality with said municipality	y, Am	ount of Con	fribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a	anch or	branches	e contractor? Yes XI No Legislative Aggregate Contributions			
Method of Contribution: □ Cash ⊠ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone	ni Ordoi		\$375.00		\$2	250.00
		6/2/15 AL Section B — This				350.00 350.00
		additional Section B			φt	,,,,,,,,
TOTAL OF ALL CONTRIBUTIONS FRO	M INI	DIVIDUALS (Sections .	A + B)			
(Enter total on Line	e 13, Co	olumn A of Summary Page	i otals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maturo for Mayor 2015		July 10 Filing				
A. Total Contributions from Small Contributors-Receive	ed this Period ONLY UBTOTAL SECTION A	\$				
B. Itemized Cor	tributions from Indivi	duals				
Last Name	First			MI		
Crisci	Louis			71. 6. 1.		
The same control of the same same same same same same same sam	City East Haven	***************************************	State Z	Zip Code 06513		
12 Jeffrey Road	Name of Employer					
Principal Occupation Attorney	Self					
ts contributor a labbyist spanse. Tyes If contribution is in excess of \$400 t	o a candidate for a chief executiv	e officer of a municipality,	Amour	ıt of Contribution		
or dependent child of a lobbyist?	is associated with have a contract Yes No	with said municipality				
Is this contribution associated with an X Yes Is contributor a principal of a s	tate contractor or prospective stat	e contractor?				
event reported in Section LI?	ch or branches (is with:	□ Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	_			
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/4/15	\$375.00		\$250.00		
Last Name	First			MI		
Criscuolo, Jr.	Anthony					
Residential Street Address 370 Thompson Avenue	East Haven		State Z	Zip Code 06512		
Principal Occupation	Name of Employer					
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No loss 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 executiv is associated with have a contract \to Yes \times No	e officer of a municipality, with said municipality	Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1?	nate contractor or prospective statch or branches t is with:	☐ Legislative	***************************************			
Method of Contribution:	Date Received	Aggregate Contributions	***************************************	h-100 00		
☐ Cash		\$750.00		\$500.00		
Last Name	First			MI		
Davia	Carl		State 4	 Zip €ode		
Residential Street Address 180 Morgan Avenue	East Haven		СТ	06512		
Principal Occupation	Name of Employer					
Real Estate	Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract	e officer of a municipality, with said municipality	Атош	nt of Contribution		
	t is with:	Legislative				
Method of Contribution:	Date Received	Aggregate Contributions		\$250.00		
☐ Cash 🔞 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/21/15 OTAL Section B — This	\$1,000.00	.1	\$1000.00		
				41000100		
TOTAL TOTAL OF ALL CONTRIBUTIONS FROM	of additional Section B l					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	3, Column A of Summary Page	Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			July 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved thi SUBTO	is Period ONLY DTAL SECTION A	\$				
B. Itemized Co		utions from Individ	iuals		ME		
Last Nome	Fig						
Dicaprio	City	Barbara		State	Zip Code		
Residential Street Address 5 Mansfield Grove Rd., #40	1 '	East Haven		СТ	06512		
Principal Occupation		Name of Employer			1		
Owner/Member		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	e is assoc	riated with have a contract Yes XNo	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 event reported in Section L1? No If yes, indicate which brace If yes, list Event # 060415a of government the control	anch or b	oranches	contractor?				
Method of Contribution:		Date Received	Aggregate Contributions				
□ Cash	y Order	6/19/15	\$750.00		\$750.00		
Last Name	Fir.	st			MI		
Falcigno		Stephen					
Residential Street Address 26 Dicton Road	City	Woodbridge		State CT	Zip Code 06525		
Principal Occupation		Name of Employer					
Attorney		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?) to a can e is assoc	didate for a chief executive ciated with have a contract Yes X No	e officer of a municipality with said municipality	. Amo	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a	anch or l	branches h: Executive	Legislative 18 No				
Method of Contribution:		Date Received	Aggregate Contributions				
□Cash	y Order	6/2/15	\$250.00		\$250.00		
Last Name	Fit				MI		
Farrell		Jim			T. C. 1		
Residential Street Address	City	East Haven		State CT	Zip Code 06512		
7 Erico Drive	1			G I	00012		
Principal Occupation		Name of Employer	Board of Ed	nast	ion		
Business Manager							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	0 to a can e is assoc	ididate for a chief executive clated 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? No If yes, indicate which branch or branches If yes, indicate which branch or branches Of government the contract is with: Executive Legislative							
Method of Contribution: □ Cash ⊠ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone	ny Ordon	Date Received	Aggregate Contributions		\$250.00		
		6/4/15	\$375.00		\$230.00 \$1250.00		
		L Section B — This			\$1256,00		
		iditional Section B P					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M IND	IVIDUALS (Sections A umn A of Summary Page 1	Totals)	,			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			July 10 Fil	ing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed ti SUBT	his Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name	F	ust			MI	
Foster		Carolyn				
	City	*** 374		State	Zip Code	
43 Hallmark Hill Drive		Wallingford		СТ	06492	
Principal Occupation		Name of Employer				
Admin, Assistant		CHIA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solve No does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive ociated with have a contract Section 12 No	e officer of a municipality with said municipality	Y. Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a If yes, list Event # 060415a	nch or	branches	e contractor? Yes X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/4/15	\$1,000.00		\$500.00	
Last Name		itst			MI	
Gallo, D.D.S.		Karen				
	City			State	Zip Code	
35 High Street		East Haven		CT	06512	
Principal Occupation		Name of Employer				
Dentist		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he'she valued at more than \$5,000?	to a ca is asso	undidate for a chief executive selated with have a contract Yes S No	e officer of a municipality with said municipality	Z. Anto	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a	nch or	r branches ith:	Legislative	_		
Method of Contribution:	20 I	Date Received	Aggregate Contributions		ቀጋርላ ሳሳ	
☐ Cash			\$250.00		\$250.00	
Last Name	I.	irst T - I			311	
Giordano		John		State	Zip Code	
Residential Street Address 71 High Street	City	East Haven		СТ	06512	
Principal Occupation		Name of Employer		<u> </u>		
Insurance Adjuster		Self				
	10.0.00	undidate for a chief executive	e officer of a municipality	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	ociated with have a contract Yes 🗷 No	with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a Is contributor a principal of a section L1? If yes, indicate which brain of government the contract.	nch or	branches	e contractor?			
Method of Contribution: □ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order				\$500.00	
			\$750.00			
		AL Section B — This			\$1250.00	
		additional Section B F		<u> </u>		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	1 1NL 13, Co.	IVIDUALS (Sections A dumn A of Summary Page	Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			July 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed th	nis Period ONLY OTAL SECTION A	S				
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fi	151				MI	
Gravino		Mark		г			
Residential Street Address	City	., ,,		State	Zip C	ode 6512	
218 Elaine Terrace		New Haven		C1	00)314	
Principal Occupation		Name of Employer					
Owner		East West Produc					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? So No does contributor or business he/she valued at more than \$5,000?	ís asso	ciated with have a contract Yes No	with said municipality		unt of	Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a great reported in Section L1? No If yes, indicate which brain of government the contract of government the contract	nch or l	branches	e contractor?	***************************************			
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (6/2/15	\$750.00		\$500.00		
Last Name	Fi	rst				MI	
Gravino	İ	Stacy					
Residential Street Address 132 Vista Drive	City	East Haven		State CT	Zip C	ode 6512	
Principal Occupation		Name of Employer		L	I		
Town Clerk		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 car is assoc	ndidate for a chief executive clated with have a contract ☐ Yes 図 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 #060415a	nch or	branches th:	☐ 1.egislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ② Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$500,00			\$250.00	
Last Name	Fi					MI	
Hennessey	Ш.	Thomas		T	Zip C		
	City	East Haven		State CT		5512	
34 Columbus Avenue		Name of Employer					
Principal Occupation		A.F. Forbes, Inc.					
Manager/Owner Is contributor a lobbyist, spouse, ☐ Yes ☐ If contribution is in excess of \$400			officer of a numicinality	Amo	untof	Contribution	
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400	is assoc	ciated with have a contract Yes No	with said municipality	, Amo	uni oi	Communica	
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a Section L1?	nch or l	branches th: Executive	Legislative				
Method of Contribution:	, Ch1	Date Received	Aggregate Contributions			ቀሮባለ ላላ	
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		5/25/15	\$750.00			\$500.00	
		L Section B — This				\$1250.00	
		dditional Section B P					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	I IND 13, Col	IVIDUALS (Sections A umn A of Summary Page 7	(A + B) Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maturo for Mayor 2015			July 10	Filin	ıg		
A. Total Contributions from Small Contributors-Received	ed ti	his Period ONLY FOTAL SECTION A	S			ŧ	
QCC marketing party and a second							
R Itamized Co.	ntril	butions from Individ	luals				
Last Name		First					MI
Hennessey		Linda					
	City			5	State	Zip C	ode 5512
34 Columbus Avenue		East Haven		L	СТ	- 00	
Principal Occupation		Name of Employer					
Manager/Owner		A.F. Forbes, Inc,	07	analitae	1		Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400	is ass	ociated with have a contract Yes SNo	with said municipal	ny 	Amo	1111 OI	Coffithation
Is this contribution associated with an event reported in Section L1? We yes Is contributor a principal of a section L1? No If yes, indicate which braze of government the contract	nch o	r branches	- Commerce -	Yes No			
If yes, list Event # 060415a of government the contract Method of Contribution:		Date Received	Aggregate Contribution	ons			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Orde	er 5/25/15	\$750.00				\$500.00
Last Name		First			·		MI
Hollenbeck		Joyce					
Residential Street Address	City	M (1 5) 6 1		5	State CT	Zip C	ode 6471
38 Evergreen Drive		North Branford			U.I	01	
Principal Occupation		Name of Employer					
Secretary		Town of E.H.			Т.		f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes X No	with said municipal	ny ———	Amo	unt ol	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a Solution Associated with an list contributor a principal of a lifyes, indicate which brace of government the contra	ınch c	or branches] Yes ¶ No			
Method of Communition:		Date Received	Aggregate Contribution	ons			
☐ Cash	Ordo	er 6/30/15	\$250.00		<u> </u>		\$100.00
Last Name		First					MI
Illingworth		William		_^-	State	7 in 1	 Code
Residential Street Address 175 South End Road, C-21	City	East Haven			CT	1 1	6512
Principal Occupation	L	Name of Employer				L	
State Marshal		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400	to a c	eandidate for a chief executive seciated with have a contract Yes No	e officer of a munic with said municipa	ipality. lity	Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a Section L15 Section L16 Section L17 Se	meh e	or branches sith:	☐ Legislative	∃Yes XI No			
Method of Contribution:	u D3	Date Received	Aggregate Contributi	ons			\$500.00
☐ Cash 🔞 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	^{cr} 5/19/15	\$1,000.00		<u> </u>		φυσοισσ
		AL Section B — This					\$1100.00
		additional Section B					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IN 13, C	DIVIDUALS (Sections . Tolumn A of Summary Page	A + B) Totals)				

ALLEY ON COLD PRINCIPLE OF A COLD BY THE PRINCIPLE OF THE COLD PRI		· · · · · · · · · · · · · · · · · · ·	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					
Maturo for Mayor 2015			July 10 Fi	ıng	
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) S	ed th UBTO	is Period ONLY OTAL SECTION A	\$		
P. Howized Con	tuib	utions from Indivi	duals		
B. Remized Con	Fir		шинь		MI
Koelle		Paul			
	l ``itv	1 uui	A	State	Zip Code
269 Cosey Beach Ave.	•	East Haven		СТ	06512
Principal Occupation		Name of Employer		<u>.L</u>	<u> </u>
Biotech Engineering		Protein Sciences			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	o a can	l ididate for a chief executive	e officer of a municipalit	y. Amo	unt of Contribution
or dependent child of a lobbyist?	s assoc	ciated with have a contract Yes SNo	with said municipality		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a Section L1? If yes, list Event # 060415a	ch or b	oranches	IXI No		
Method of Contribution:		Date Received	Aggregate Contributions		
Tild Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money of	()rder	6/4/15	\$60.00		\$60.00
Last Name	Fir	<u>l</u>	<u> </u>	l	MI
Kolb		Koren			
	 Lity			State	Zip Code
49 High Street		East Haven		СТ	06512
Principal Occupation		Name of Employer		I	
Admin. Assistant		Kolb & DiSilvestro)		
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 can s assoc	I didate for a chief executive stated with have a contract Yes 🔯 No	e officer of a municipalit with said municipality	y. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or	branches	Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	ļ	
☐ Cash	Order	6/1/15	\$500.00		\$500.00
Lost Name	Fu				MI
Kuchar		Tom			<u> </u>
1	ity 1	Haurdon		State CT	Zip Code 06514
900 Mix Ave., Apt. 92		Hamden		T	00311
Principal Occupation		Name of Employer Protein Sciences			
Scientist				- 1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o a can s assoc	edidate for a chief executive chated with have a contract \[\sum \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e officer of a municipality with said municipality	y. Amo	unt of Contribution
Is this contribution associated with an event reported in Section 1.1? Yes Is contributor a principal of a st If yes, indicate which bran If yes, list Event #060415a Of government the contract	ch or t	oranches h: Executive	Legislative		
Method of Contribution:	O.4.	Date Received	Aggregate Contributions		ቀንሮላ ሳሳ
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/28/15	\$250.00		\$250.00
SUBT	ОТА	L Section B — This	Page		\$810.00
TOTAL	ofac	iditional Section B F	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line L	IND 3, Coli	IVIDUALS (Sections A umn A of Summary Page	A + B) Totals)	-	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Maturo for Mayor 2015			July 10 Fil	ing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A							
B. Itemized Cor	ntrib	utions from Indivi	duals				
Last Name	Fi	rst				MI	
Lee		Timothy					
Residential Street Address	City			State	Zip C		
23 Tux Road		Madison		СТ	00	6443	
Principal Occupation		Name of Employer					
Attorney		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Description: Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract ☐ Yes	e officer of a municipality with said municipality	Amo	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1?	nch or	branches	e contractor? \(\sum \) Yes \(\textbf{X} \) No \(\sum \) Legislative				
If yes, list Event # 060415a of government the contract Method of Contribution:		Date Received	Aggregate Contributions	_			
☐ Cash	Order (6/4/15	\$250.00			\$250.00	
Last Name		rst				MI	
Leonardi		Peter					
	City			State	Zip C	Code Code	
2 South Street		East Haven		CT	06	6512	
Principal Occupation	<u></u>	Name of Employer		Ł			
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 car is asso	ndidate for a chief executive ciated with have a contract Yes X No	e officer of a municipality with said municipality	Amo	unt of	f Contribution	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 060415a Is contributor a principal of a liftyes, indicate which brain of government the contract	nch or	branches	e contractor? Yes X No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash 图 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (6/4/15	\$500.00			\$250.00	
Last Name	f1	urs)				MI	
Longobardi		Aniello					
	City			State	Zip (
70 Centerbrook Road		Hamden		CT	0	6518	
Principal Occupation	L	Name of Employer					
Process Server		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?	to a ca is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	y, Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? We will yes, list Event #	nch or	branches th:	☐ Legislative				
Method of Contribution:	o :	Date Received	Aggregate Contributions	}		ተፈጣሮ ባ ላ	
☐ Cash 🔞 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$375.00	***************************************		\$125.00	
SUBT	TOTA	AL Section B — This	Page			\$625.00	
		dditional Section B I		······			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	M IND 13, Col	DIVIDUALS (Sections A lunin A of Summary Page	(+ B) Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Maturo for Mayor 2015		July 10 Fili	ng	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized Co	ntributions from Indiv	iduals		
Last Namo	First			MI
Marchetti	Augustus	- Annual - A		
Residential Street Address	City		1	Zip Code
21 Conifer Drive	Branford		СТ	06405
Principal Occupation	Name of Employer			
Insurance	Marchetti, Browi	ı, and Bishop		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solve No does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contraction of the last section of the last	ve officer of a municipality t with said municipality	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a Section L2		te contractor?		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash 👿 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/1/15	\$750.00		\$500.00
Last Name	First			MI
McKay	Ken			
Residential Street Address 59 Sidney Street	City East Haven		State Z	Zip C'ode 06512
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Principal Occupation Retired	Name of Employer Retired			
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 executive is associated with have a contract Yes X No	e officer of a municipality, with said municipality	Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a		tte contractor?		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash	Order 6/1/15	\$450.00		\$250.00
Last Name	Fitst			MI
Nastri	Robert			
Residental Street Address 55 Thompson Street, #14A	City East Haven	**************************************	State Z	Zip Code 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 candidate for a chief executive is associated with have a contract Yes X No	e officer of a municipality. with said municipality	Amoun	nt 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? No If yes, indicate which brance of government the contract of government the government the contract of government the government that government the government the government the government the government the government the government that government tha		te contractor? ☐ Yes		
Method of Contribution:	Date Received	Aggregate Contributions		
□ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order 6/2/15	\$500.00		\$250.00
SUBT	OTAL Section B — This	Page		\$1000.00
TOTAL	of additional Section B	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections 2 3, Column A of Summary Page			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015		July 10 Fil	ing			
A. Total Contributions from Small Contributors-Receive	d thi	s Period ONLY				
(See instructions for definition of Small Contributor) SI	UBTO	TAL SECTION A	\$			
n Handard Con	tulk.	tions from Individ	Inals			
B. Itemized Con	Fits		14613			MI
Parente		Linda				
	l_ Lity	-27 M	,	State	Zip C	
7 Farm River Road	Е	last Haven		СТ	00	6512
Principal Occupation		Name of Employer				
Apt. Finder		Apt. Finder Pub	N* 2 12 5'-			reassisasia
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	s associ	iated with have a contract ' Yes XNo	with said municipality	Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st Yes Is contributor a principal of a	ch or b	ranches	contractor? ☐ Yes IX No ☐ Legislative			
If yes, list Event # 060415a of government the contract Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Payroll Deduction ☐ Money C	Order	6/4/15	\$500.00			\$500.00
Last Name	Firs	t .				MI
Perelli		Joe		т	1	<u> </u>
Residential Street Address 377 Main Street, P.O. Box 351	City	West Haven		State CT	Zip (6516
Principal Occupation		Name of Employer	_			
Appraiser		Self-Employed				r () - 1-111-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o a cano is associ	didate for a chief executive inted with have a contract Yes M No	officer of a municipality with said municipality	Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brane of government the contract	ich or b	oranches h;	☐ Legislative	_		
Method of Contribution:		Date Received	Aggregate Contributions	-		\$250,00
☐ Cash 🔞 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (6/28/15	\$250.00		· · · · · · · · ·	\$250,00
Last Nanx	Firs	Geraldine				
Perno Residential Street Address	City	deraidine		State	3	Code
37 Hope Hill Road	•	Wallingford		СТ	0	6512
Principal Occupation		Name of Employer				
Educator		Wallingford BOI				
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?	is assoc	iated with have a contract Yes X No	with said municipality	y. Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a Is contributor a principal of a start of government the contract	ich or b	h: Executive	☐ Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			ቀ ጋፎለ ስለ
☐ Cash ■ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/3/15	\$500.00			\$250.00
		L Section B — This				\$1000.00
		iditional Section B I				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDI 13, Coli	IVIDUALS (Sections / umn A of Summary Page	(+ B) Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TY	PE OF REPORT			
Maturo for Mayor 2015			July 10 Fil	ing	
A. Total Contributions from Small Contributors-Receive	ed this Period (UBTOTAL SECT	ONLY S			
B. Itemized Con	tributions fro	m Individua	ls		
Last Nome	First				MI
Rizza	Paul				
The state of the s	 Tity		- 12-18-18-18-18-18-18-18-18-18-18-18-18-18-	State	Zin Code
212 Breakneck Hill Road	Middlebui	ry		СТ	06762
Principal Occupation	Name of Emp	loyet			
Finance Director	Town o	f 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 candidate for a cl s associated with hav \[\sum Yes	e a contract with	icer of a municipality said municipality	6 Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?	ch or branches	Spective state cor	IXI No		
If yes, list Event # 060415a of government the contract Method of Contribution:	Date Received	I Agg	regate Contributions		
☐ Cash 🖼 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 5/28/1	15 \$	375.00		\$250.00
Last Name	First	<u> </u>			MI
Sgrignari	Lawrer	nce			
	Tity		1 200	State	Zip Code
118 Angela Drive	East Have	n		СТ	06512
Principal Occupation	Name of Emp	loyer			
Attorney	Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? We life 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 cl s associated with hav \[Yes	re a <u>co</u> ntract with	icer of a municipality said municipality	Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brare of government the contract of government the government of go	ich or branches	ospective state co	LXI No	***************************************	
Method of Contribution:	Date Received	I Agg	regate Contributions		
☐ Cash	Order 6/4/15	5 \$	500.00		\$250.00
Last Name	First				MI
Tracey	Steve				
Residential Street Address	City			State	Zip Code
58 Edgar Street	East Have	n		СТ	06512
Principal Occupation	Name of Emp	loyer			
Bail Bondsman	Self		- 22	r	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a el is associated with hav \[\] Yes	ve a <u>co</u> ntract with	icer of a municipality said municipality	y. Ame	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a Is contributor a principal of a section L1? If yes, list Event #060415a Is contributor a principal of a section L1? If yes, list Event #060415a Is contributor a principal of a section L1? If yes, list Event #060415a Is contributor a principal of a section L1?	ch or branches t is with:	Executive \square	Legislative		
Method of Contribution:	Date Received		regate Contributions		ቀ ንደለ ለባ
☐ Cash	Order 5/29/1	15 \$	250.00		\$250.00
SUBT	OTAL Section	B — This Pa	ge		\$750.00
TOTAL	of additional S	ection B Page	es .		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS 3, Column A of Sun	(Sections A + amary Page Tota	B) (s)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
A STATE OF THE STA			July 10 Filing			
Maturo for Mayor 2015 A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	′ s				
you also make a your significant of the same and the same						
B. Itemized Cor	ntributions from Ind	ividuals				
Last Nome	First			MI		
Valentino	Aquin					
	City		State CT	Zip Code 06512		
23 Park Street	East Haven		C1	00312		
Principal Occupation	Name of Employer					
Retired	Retired	2 2 12				
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?	is associated with have a control Yes 🔀?	ruct with said municipality Co		ant of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060415a Yes Is contributor a principal of a surface which branch of government the contract.	ich or branches	LAV INO	***************************************			
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/4/15	\$400.00		\$250.00		
Last Name	First			MI		
White, Jr.	Kevin					
Residential Street Address	City		State CT	Zip Code 06512		
6 Taylor Avenue	East Haven		L L I	00312		
Principal Occupation	Name of Employer					
Engineer	Town of E.H.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contributor or business he/she valued at more than \$5,000?	is associated with have a cont	ract with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributer a principal of a If yes, indicate which bra If yes, list Event # 060415a of government the contra	state contractor or prospective nch or branches ct is with:	tive 🗌 Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash	Order 6/4/15	\$375.00		\$250.00		
Last Name	First			M		
Zullo	Alfred		State	Zip Code		
Residential Street Address 357 Horsepond Road	City Madison		CT	06443		
Principal Occupation	Name of Employer		<u> </u>	1		
Attorney	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?	to a candidate for a chief exect is associated with have a cont	tract with said municipanty	y. Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?	nch or branches	state contractor?				
Method of Contribution:	1	\$1,000.00		\$500.00		
	TOTAL Section B — T			\$1000.00		
	L of additional Section					
TOTAL OF ALL CONTRIBUTIONS FROM		ins A + B)				
france what on Pine						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maturo for Mayor 2015		July 10 Fili	ng			
A. Total Contributions from Small Contributors-Receive	ed this Period ONLY UBTOTAL SECTION A	s				
B. Itemized Cor	ntributions from Indivi	duals				
Last Nome	First			MI		
Zullo	Joseph					
Residential Street Address	City		1 '	Code		
28 Ozone Road	East Haven		CT ()6512		
Principal Occupation	Name of Employer					
Attorney	Zullo and Jacks, L		T :	r ()		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes XNo	with said municipality	Amount	of Contribution		
event reported in Section L1?		te contractor?				
If yes, list Event # 060415a of government the contract Method of Contribution:	Date Received	Aggregate Contributions	-			
Memod of Continuation: ☐ Cash ☐ Payroll Deduction ☐ Money	Order 5/30/15	\$750.00		\$500.00		
Last Name	First			MI		
Zullo	Roseann					
Residential Street Address 357 Horsepond Road	City Madison			Code)6443		
Principal Occupation	Name of Employer					
Paralegal	Zullo and Jacks, L	LC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executives associated with have a contract Yes 🔀 No	e officer of a municipality, with said municipality	Amount	of Contribution		
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 060415a Is contributor a principal of a section I.1? If yes, indicate which braid of government the contract		tte contractor? Yes X No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash	Order 6/30/15	\$200.00		\$200.00		
Last Name	First			MI		
Residential Street Address	City		State Zij) Code		
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lif contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	I to a candidate for a chief executive is associated with have a contract 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? Hyes, list Event # Section L1? No Hyes, list Event # Is contributor a principal of a s Hyes, indicate which bran of government the contract	t is with: Executive	te contractor?				
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Date Received	Wellickine commonous	valle of the same			
	OTAL Section B — This	s Page		\$700.00		
	of additional Section B					
TOTAL OF ALL CONTRIBUTIONS FROM		A + B)				

NAME OF COM	MITTEE (Provide Comple	te Name as Registered v	vith Filing Repost	itory)		TYPE OF REPORT		
		C1. (ontelbutio	ns from O	ther Com	nittees		
Name of Committee		CI, C	Ontributio	nis itom O	Name of Trea			
same of Community								
Address				Is this contri	ed in Section L	ted with an OYes ONo .1? list Event #	Amount o	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee					Name of Trea	isurer		
Address				Is this contrevent report	ed in Section I	ted with an Yes No .1? list Event #	Amount o	f Contribution
City .		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee					Name of Trea	ssurer		
Address				Is this contr	ed in Section I	tted with an Yes No 1? Iist Event #	Amount	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
4 44.74		Daimhussamar	its or Surn	lus Distrib	utions fro	m other Committees		
Name of Committee	C2.	Kelinbur senter	ito or our p		Name of Tre		,	
Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	nent for shared	expense O	Surplus Distrib	ution	Amoun	t of Receipt
Description								
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	Amour	at of Receipt
Description	<u> </u>							
			SUBT	OTAL Secti	on C — Th	is Page		<u>-</u>
				of addition				
	TOTAL O (Section	OF ALL COMMI ons C1 + C2) (Ente	TTEE CON' total on Line	TRIBUTION 14, Column A o	S AND RE	CEIPIS ige Totals)		
					_			

vised January 2015	I. MONETAKI K				REPORT	
VAME OF COMMITTEE (Provide Complete N	lame as Registered with Filing Repository)	<u>) </u>		TYPEOR	KEFOKI	
		The face Par	12 12 m			
	D. Loans Re	eceive	d this Period	3 N 1 8 N 1 8 N 1 1 8 N 1 1		Data of Bassint
lanto of Lender			Source of Loan: OBank Cand	lidate () Individu	of Other Committee	Date of Receipt
trect Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
ame of Cosigner/Guarantor (if applicable)						Amount Received
	Low			State	Zip Code	
treet Address	City				·	
ame of Lender			Source of Loan: OBank Cano	didate 🔘 Individu	al Other Committee	Date of Receipt
rreet Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
lame of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City	. 		State	Zip Code	
Name of Lender			Source of Loan:			Date of Receipt
value of Lettuci			OBank O Can	didate 🔘 Individu	al Other Committee	
treet Address	City	1		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (If applicable)			<u> </u>			Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECT	ION D		
D. D. Juda Coon I	Entities other than Individ	Ingle (or Other Com	mittees (Refere	endum Committe	ees ONLY)
E. Receipts from I	Enflites other than Individ	Juan	outer com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	All The Control of th	**		Date Received		Amount Received
treet Address				2		
Tity	S	State	Zip Code	Aggregate Cont	ributions	
Name of Entity						
Street Address		<u></u> .		Date Received		Amount Received
, , , , , , , , , , , , , , , , , , ,			Zip Code	Aggregate Cont	ributions	_
City	18	State	Zip Cotte	Aggregate cont		
Name of Entity						
Street Address				Date Received		Amount Received
City	[5	State	Zip Code	Aggregate Con-	ributions	-
			TOTAL SEC	TION E		

NAME OF COMMITTE	E (Provide Complete Name as Registerec	l with Filing Repository)		TYPE OF REPO	RT
			<u>.</u>	:	
F	. Amount Transferred fr	om Affiliated Business	Treasury (Busin	ess Entity Comm	
Date of Receipt	Is this transaction associate event reported in Section L		list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section L		list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section L		list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section L		list Event#		Amount
			OTAL SECTION	N F	
The second secon					
G. Amount T	ransferred from Affiliate	· · · · · · · · · · · · · · · · · · ·	er Organization		anization Committees ONLY)
Date of Réceipt	D	ate of Receipt		Date of Receipt	
	Amount	Amount			Amount
	Amount	Amount			
			TAL SECTION	l c	
		insk er er ap ar Amil	MAPSECTION	<u> </u>	
	H. Personal Funds of th	ne Candidate Received	this Period (Can	udidate Committe	es ONLY)
Date of Receipt	Method of payment:				Amount
	OCash	Personal Check	O Credit/Debit (Card	
Date of Receipt	Method of payment:				Amount
	OCash	O Personal Check	O Credit/Debit (Card	
Date of Receipt	Method of payment:		·	1	Amount
	O Cash	O Personal Check	Credit/Debit (Card	
Date of Receipt	Method of payment:				Amount
	OCash	O Personal Check	O Credit/Debit (Card	
			TOTAL SECTION	н ис	
				·	
		I. Anonymous Cor	tributions		
	Per Public Act 11-48, A	Anonymous Contribut	ions may no lon	ger be deposi	ted in <i>any</i> reasurer shall
aı İ	mount. If a committee re immediately remit the	contribution to the Sta for deposit in the C	te Elections Ent	forcement Co	mmission

NAME OF COMMITTEE (Provide Complete No.	ame as Registered with Filing Repository)	· · · · · · · · · · · · · · · · · · ·	ТҮРЕ С	F REPORT	
	J. Interest from Deposits in Authorized		S Date Rec	eived	Amount
Name of Institution			Duit Nec		71mount
Street Address	City	Sta	ate	Zip Code	
Name of Institution			Date Rec	eived	Amount
Street Address	City	Sta	ate	Zip Code	
	TOTAL	SECTION	J		
K. Mi	scellaneous Monetary Receipts not Consider	dered Cor	tribu	tions	
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			l		
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description	•				
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zíp Cođe	
Description		***************************************	1		
	TOTAL SEC	TION K			
SUMMAR	RY OF OTHER MQNETARY RECEIPTS	S (Section:	s D th	rough K)	
Total Loans Received this Period (Sect	ion D)				
Total Receipts from Entities other than	Individuals or Other Committees (Section E)		+		
Total Amount Transferred from Affilia	ted Business Treasury (Section F)		+		
Total Amount Transferred from Affilia	ted Labor Union or Other Organization Treasury	(Section G)	+		
Total Amount of Personal Funds of the	Candidate Received this Period (Section H)		+		
Total Amount of Interest from Deposits	s in Authorized Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts	s not Considered Contributions (Section K)		+		
(Add S	Total of Other N				

Review Links In 1915	Provide Complete Name as Registered with Filing Repository)	u Property	TYPE OF REPORT		
NAME OF COMMITTEE (July 10 Filing				
	T to The control of t	Information	<u>,</u>		
		THIOT HEADY		17 - data - e	ducining or one)
Event # Date of Event Letter	Description		\		draising event?
06/04/15	Ad Book Beachfront Cocktail Party			● Yes	ON ₀
Location: Street Address		City		State	Zip Code
		East Haven		ст	06512
160 Morgan Avenue		Lastriaton			<u> </u>
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L5) Associated with a House purchases made by host(s) No	e Party and complete :	required intor	Contributions mation for any
Did this fundraiser include of up to \$200 or items dor	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required in No	In-Kind Donations no formation.)	t Considered	Contributions
We thin Landaries at a	sale, auction, or other sale of donated items	OYes (If yes, enter Total Recei	pts here.)		
Was this fundraiser a tag s with purchases from an in	dividual of up to \$100?	● No		\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	ittees other than Exploratory C Yes (If yes, go to Section I.3) or on a Sign and compl No	I DIGITALICE OF LEGICALICE	ing Space in a	Program Book
Subpart 3: (Town Comn	nittees ONLY)				
Did your committee sell i	food or beverage at a fair or similar mass	OYes (If yes, enter Total Recei	ipts here.) ———	\$	
gathering held within the	state with this fundraiser?	ONo	Ŀ		
				W. d.t. c	ndraising event
Event # Date of Event Letter	Description			Was this a ful OYes	ONo
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L5 Associated with a House purchases made by host(e Party and complete	required into	mation for any
Did this fundraiser include of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required in No	In-Kind Donations nonformation.)	ot Considered	Contributions
Was this for decision a too	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rece	ipts here.)		
with purchases from an in	ndividual of up to \$100?	_	— →	\$	
·		<u> </u>	- L		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory (O Yes (If yes, go to Section L3 or on a Sign and comp	I til Cilliono or the service	sing Space in a	a Program Book
Subpart 3: (Town Conn. Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rece	ipts here.) —→	\$	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fi	the state of the s	This Page		
	SURTOTAL Sect	ion L1—Subpart 3 <i>(Town Committ</i> cipts from Food Purchases — T	tees ONLY)		
	tokaj la ligita kaj la likarija kaj lie Total Reco	TOTAL of additional Section			
	TOTAL OF ALL RECE	IPTS FROM SMALL PUR	RCHASES		
	(Enter total o	u Line 16a, Column A of Summary	Page Totals)		

Per P individu	ublic Act 11-48, effect al purchases from a co	tive January 1 mmittee tag s	, 2012 comm ale, auction, c	ittees are no or a sale of c	longer requ lonated item	ired (s. Se	to itemize ection L2.	small removed
NAME OF COMMITTEE	(Provide Complete Name as Register	od with Filing Reposite	anil		TYPE OF REPO	RT		
Maturo for Mayor 2015					July 10 Filing			
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or c	n a Sign			
Name of Purchaser					9	Purchas	se Made By:	
See attached sheets.						OBu	siness Entity	Other
See attached sheets.	destrict the same and the same					Olno	lividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Sig	gn Purchase
Name of Purchaser		l		24,		Purchas	e Made By:	
						OBu	siness Entity	Other
				· · · · · · · · · · · · · · · · · · ·		OInd	lividual/Sole Pa	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser		L				OBu	e Made By: siness Entity ividual/Sole Pi	Other
Street Address			City		<u> </u>		State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	n Purchase
Name of Purchaser						O Bus	e Made By: siness Entity	Other
Street Address			City			Uina	ividual/Sole Pr	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Sig	n Purchase
Name of Purchaser		1				OBus	e Made By: siness Entity ividual/Sole Pr	Other
Street Address	, , , , , , , , , , , , , , , , , , ,		City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Sig	n Purchase
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pi	rogram Book –	- This Page			
	SUBTOTAL Section	on L3 Total Purc						
row o	LOE III DIDOULEE O	e y Dividibility of Ar		dditional Section	AN L CLOSE			
ТОТА	L OF ALL PURCHASES O	PADVERTISING	G IN A PROGRA	ANI DUUK 01' C	DIN A SICIN \$3	3,050.0	00	

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

NAME OF COMMITTE	E (Provide Complete Nome as Regist	tered with Filing Reposit	(013)		TYPE OF REPO)R'I'		
Maturo for M	ayor 2015				July	10 Fil	ing	
	L3. Purchas	es of Advertisi	ng in a Progra	am Book or c	on a Sign			
Name of Purchaser							se Made By. Islnoss Entity	☐ Other
Cohen & Acampora						i	isiness Emily lividual/Sole i	_
Street Address			Спу			1	State	Zip Code
8 Frontage Road			East Have	en			СТ	06512
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purch	ase	Amount of Si	gn Purchase
6/2/15	060415a	\$250.00			\$250.00			
Name of Purchaser				1		Purchas	e Made By:	
Anastasio's Steakho	use					1	siness Entity	☐ Other
Street Address			T			☐ Ind	lividual/Sole I	1
	1		City				State	Zip Code
640 Silver Sands Ro			East Have				СТ	06512
Date Received	I/vent ∉	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchi	150 /	Amount of Si	gn Purchase
6/1/15	060415a	\$250.00			\$250.00			
Name of Purchaser						1	e Made By:	
A. Anastasio and Sor	n's Trucking						siness Entity ividual/Sole P	Other
Street Address	 		City				State	Zip Code
80 Middletown Aver	ıue		New Have	n			СТ	06513
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise /	Amount of Sig	gn Purchase
6/1/15	060415a	\$250.00			\$250.00			
Name of Purchaser							e Made By:	
Foxon Park Beverag	es, Inc.						siness Entity	Other
Street Address			City			L. Ina	ividual/Sole P	Zip Code
			1					
103 Foxon Blvd. Date Received	Event #	Aggregate Purchases	East Have		gram Ad Purcha		CT Amount of Sig	06513
	060415a	\$250.00	ioj zai i zens	Amount of Fro	\$250.00	SC 2	rinoant of Sil	in i di Chase
4/24/15	000413a	\$230.00			J230.00			
Name of Purchaser							Made By iness Entity	☐ Other
Advanced Investigat	ions						ividual/Sole Pi	
Street Address			City				State	Zip Code
P.O. Box 9650			New Have	n			СТ	06533
Date Received	Eveat #	Aggregate Purchases		£	gram Ad Purcha	se A	mount of Sig	
6/1/15	060415a	\$250.00			\$250.00			
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in Pi	rogram Book —	- This Page			\$1250.00
	SUBTOTAL Sect	ion L3 Total Purcl	hases of Advertis	ing on a Sign —	– This Page	*****	i.ü	
				dditional Sectio				
ጥን ዮን	AL OF ALL PURCHASES (DE ADVERTISIN						
	EMORTEORIE ENERGE & CANDED		Line 16c, Column					

Pe indivi	r Public Act 11-48, e dual purchases from	ffective January 1 a committee tag s	, 2012 comm ale, auction,	nittees are no lo or a sale of do	onger requi nated items	red to S. Sec	tion L2	e small . removed
					YPE OF REPOR			
	TEE (Provide Complete Name as i	Registered with Filing Reposite	177		July 1		ng	
Maturo for	Mayor 2015	hases of Advertisi	ng in a Progr	am Book or on	a Sign			
Name of Purchaser	L3. Purc	mases of Advertisa	ng m a r r vgr	200		Purchase	Made By.	
							iness Entity	
Complete Sewer a	and Drain Services					X Indi		Proprietorship
Street Address			City				State	Zip Code
117 Old Foxon Ro	oad		East Hav			1	CT	06513
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Progr		se /	inount of :	Sign Purchase
6/2/15	060415a	\$50.00			\$50.00			
Name of Purchaser							Made By:	
	a. B. J. Oleaning					-	siness Entity	
Advanced Tech S	ewer & Drain Cleaning		· · · · · · · · · · · · · · · · · · ·			LJ Ind	State	Proprietorship Zip Code
Street Address			City				CT	06473
86B Leonardo Dr	rive		North Ha				L	Sign Purchase
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Prog		se	Amount of	Sign Furchase
6/2/15	060415a	\$250.00			\$250.00			
Name of Purchaser		<u> </u>					e Made By: siness Entity	v 🔲 Other
Country Septic S	ervice, LLC							e Proprietorship
			City				State	Zip Code
Street Address			North H	aven			CT	06473
86B Leonardo Di	rive			Amount of Prog	ram Ad Purcha	ise	Amount of	Sign Purchase
Date Received	Event #	Aggregate Purchase	S 101 All EACHS	Amount of Free	\$250.00			·
6/2/15	060415a	\$250.00			\$230.00	10 3-	se Made By:	
Name of Purchaser							siness Entit	y 🔲 Other
5 Dees, LLC						§		e Proprietorship
			City			J	State	Zip Code
Street Address			East Hay	uon			СТ	06513
218 Foxon Road		Aggregate Purchas		Amount of Prop	ram Ad Purch	ase	Amount of	Sign Purchase
Date Received	Event#		C) IVI III I. CENS		\$250.00			
5/19/15	060415a	\$250.00				Purcha	se Made By:	
Name of Purchaser							isiness Entit	y 🛮 Other
Fasano, Ippolito	, & Lee					□ Inc	dividual/Sol	le Proprietorship
Street Address			Cay				State	Zip Code
			New Ha	ven			СТ	06511_
388 Orange Stre	eet Event#	Aggregate Purchas		Amount of Pro	gram Ad Purch	ase		f Sign Purchase
Date Received	1	\$250.00			\$250.00			
6/2/15	060415a							\$1050.00
		on L3 Total Purchases				<u></u>		
	SUBTOTA	AL Section L3 Total Pu	rchases of Adve	rtising on a Sign –	– This Page			+
				of additional Section				
,	TOTAL OF ALL PURCH	ASES OF ADVERTIS	ING IN A PROO	GRAM BOOK or (mn A of Summary)	ON A SIGN Page Totals)			

Pe indiv	er Public Act 11-48, idual purchases fron	effective January 1 n a committee tag s	, 2012 comrale, auction,	nittees are no lon or a sale of dona	ger requi ted items	red to i	temize on L2.	small removed
		- 1 - 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		TVP	OF REPOR	T		
	TEE (Provide Complete Name a	s Registered with Filing Reposito	157) Filing		
Maturo for	Mayor 2015	chases of Advertising	og in a Progr	am Book or on a		<u> </u>		
Name of Purchaser	1,5, 1 111	Chases of Advertion	-6 III u			Purchase Ma	iđe By.	
	og 9. Maylrating Corn				1	X Busine	•	☐ Other
Eco Life incentive	es & Marketing Corp.							Proprietorship
Street Address			City				ale	Zip Code
420 Jericho Tpke	., Ste 110		Jericho				NY NY	11753
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program		e Amo	ount of Si	gn Purchase
4/24/15	060415a	\$250.00		\$2	50.00			
Name of Purchaser						Purchase Ma	ide By:	
Cable Comm, LLC	•					Busines		Other
						∐ Individ		Proprietorship Zip Code
Street Address		•	City				T.	06437
P.O. Box 143			Guilford					
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program	Ad Purchas	e Amo	ount of Si	gn Purchase
4/25/15	060415a	\$250.00		\$2	50.00			
Name of Purchaser						Purchase Ma		ELOD
Talmadge Park						X Busine ☐ Indivíd	•	Other Proprietorship
Street Address			City				ate	Zip Cođe
38 Talmadge Ave	enue		East Hav	en		(CT	06512
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program	Ad Purchas	se Am	ount of Sl	lgn Purchase
4/24/15	060415a	\$250.00		\$2	50.00			
Name of Purchaser						Purchase Ma	ide Byt	
						☐ Busine		Other
			***************************************					Proprietorship Zip Code
Street Address			City			36	ate	Ziji Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program	Ad Purchas	se Am	ount of Si	ign Purchase

Name of Bushavas					[Purchase Ma	ade By:	
Name of Purchaser						☐ Busine	ss Entity	Other
						□ Individ	ual/Sole I	Proprietorship
Street Addiess			City			St	ate	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program	ı Ad Purchas	se Am	ount of Si	ign Purchase
Male Received	K-7×112 11			, i				
		on L3 Total Purchases of	` a december of the	Dangram Book Th	is Page			\$750.00
	SUBTOTA	AL Section L3 Total Purc						
				f additional Section L				
Т	OTAL OF ALL PURCH.	ASES OF ADVERTISIN Enter total on	(G IN A PROG Line 16c, Colun	RAM BOOK or ON A in A of Summary Page	Totals)			

NAME OF COMMITTE	(Provide Complete Name as	Registered with Filing Repositor	לאר		YPE OF REPO	<u></u>	<u> </u>
		In-Kind Donations	Not Consi	dered Contributi	ions		
	L4.	IM-KING Dollations	Not Const	aci ca Contribution			
ame of Donor							
treet Address		<u> </u>	City			State	Zip Code
Ponation Given By:	Description of Denation		L			Fair Market	Value of Donatio
Business Entity							
) Individual	Date Received	Event#		Aggregate Value for	this Event		
Sole Proprietorship							
ame of Douor							
			Lain			State	Zip Code
treet Address			City				
	1	- April				Fair Market	Value of Donati
Onation Given By:	Description of Donation						
Business Entity OIndividual	D. D. die i	Event #		Aggregate Value for	this Event		
Sole Proprietorship	Date Received	EVCIN#					
Name of Donor							
			City			State	Zip Code
Street Address			City				
						Fair Marke	t Value of Donat
Donation Given By:	Description of Donation						
OBusiness Entity OIndividual		Event#		Aggregate Value for	r this Event		
Sole Proprietorship	Date Received	Event #					
Name of Donor							
rame of Donor							
Street Address			City		-	State	Zip Code
Donation Given By: O Business Entity	Description of Donation					Fair Marko	t Value of Donat
O Individual	Date Received	Event#		Aggregate value for	this Event		
O Sole Proprietorship	Pate Received						
		su	BTOTAL See	ction L4 — This Page	e		
		7707	CAT -C-Jake	onal Section La Page	PS.		
ТО	TAL OF ALL IN-KIN	D DONATIONS NOT (Enter total on Line 21	CONSIDERE , Column A of	D CONTRIBUTION Summary Page Total	(S (s)		

NAME OF COMMITTEE (Per	vide Complete Name as Registered with Filing Reposito	(ענינ			TYPE OF REI	ORT	
TOTAL OF COMMITTEE 110	and the second s	¥/_					
I.5 I	n-Kind Donations Not Considere	d C	Contributions Associat	ed with a H	Iouse Part	y	
Name of Host			·	Is this event s	upporting mo	re than on	e candidate or
Daniel Adams				committee? (Yes (•) No	tion in Add	
Street Address			City			State	Zip Code
160 Morgan Avenue			East Haven			СТ	06512
Description of Donation					Fair Mari	ket Value o	of Donation
Allowance of use of resid	ence (no goods, food, or supplies used				\$500.00		
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st candidate			
060415a	500.00	50	00.00				
Name of Host				committee?	Supporting mo Yes ONe mplete Itemiza	0	
Street Address			City	***		State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hasts	Ag	gregate Value of all Events—this ho	st candidate			
Name of Host				Is this event s	supporting mo	ore than on	ne candidate or
				committee?	OYes ONo mplete Itemiza		lendum I.5
			City	ij yes, co	mpieto nemizi	State	Zip Code
Street Address							:
Description of Donation	and the second s				Fair Mar	ket Value o	of Donation
		,					
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he				
Name of Host		1		Is this event s	supporting mo	ore than or	ne candidate or
				committee?	OYes ONe mplete Itemiza		fendum L5
Stand Addition			City	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	preso remina	State	Zip Code
Street Address							
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this he	st candidate	1		
		<u></u>			<u>. </u>		
	S	UE	BTOTAL Section L5 —	This Page	<u>.</u> .		
	то)TA	AL of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT	C ne '	ONSIDERED CONTRI 22, Column A of Summary	BUTIONS Page Totals)			
ASSOCIATED WITH A	TIVODE LIMIT (Pure tour on the						<u></u>
							 .

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Regisi	tered with I	iling Repository	<i>y</i>		: "	TYPE OF	REPORT		
	:		M. In-Ki	nd Conti	ibutions					
Name										
Street Address	<u>.,,</u>			C	ty				State	Zip Code
Type of contributor: OCommittee	Date Received	<u>i</u>	Aggregate Cont	ributions	Description	ı of In-Kind C	Contribution			
Olndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contri valued at n	ibutor or b		is associated	with have a	ONo No	h said mu	nicipality		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Security Security Security						()No				
Name										
Street Address				C	ty		~		State	Zip Code
Type of contributor: Committee	Date Received	1	Aggregate Cont	ributions	Description	of In-Kind C	ontribution		<u> </u>	
Ondividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution does contributed at	ributor or	excess of \$400 business he/sh \$5,000?	0 to a candida e is associate	d with have a	f executive of contract w	officer of a ith said mu	municipality, micipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes Is	If yes, i	or a principal of ndicate which nment the con	branch or bi	anches _	spective sta Executive (_	O _N ₀		
Name	<u>L</u>		······································							•
									State	Zip Code
Street Address				C	iy					
Type of contributor: OCommittee	Date Received	đ	Aggregate Cont	ributions	Description	of In-Kind (Contribution			
Ondividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont valued at	ributor or more than		e is associate	d with have a	ontract w	ith said mu	micipality		Market Value S Contribution
Is this contribution associated with an event reported listed in Section I.1? If yes, list Event #	8 Yes Is	If yes, i	or a principal on dicate which natent the con	branch or br	anches	spective sta Executive (()No		
			SUB	TOTAL S	etion M —	- This Pag	c			
			ТОТА	L of additi	onal Section	on M Page	s			
TOTAL OF ALL IN-KIND CON	TRIBUTI	ONS Œ	nter total on Li	ne 23, Colum	A of Summ	ary Page To	tals)			
	N.	Refund	lable Depo	osit to Te	ephone (Compan	y			
Last Name of Individual				First				MI I	Date Depos	it Made
Residential Street Address			City				State	Zip Code		Amount of
										Deposit
Name of Telephone Company						,L				
			es-				State	Zip Code	\dashv	
Street Address			City				_,	-E - 2#*		_
TOTAL SI	ECTION N	N (Enter t	otal on Line 2	4, Column A	of Summary	Page Tota	ls)			

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

ACCURATE OF THE PARTY OF THE P	TTEB (Provide Complete Name as Registered with Filing Repository)			PE OF REPORT		
Maturo for Mayo		D-132		7 10 1111119		
Name of Payee Conquest Comr	nunications Group	Pald by Committee	Date	of Payment 24/15	Method of Che	of Payment: ck #_1005 it Card OEFT
Street Address 2812 Emerywoo	d Pky Ste. 103	Richmond			State VA	Zip Code 23294
Purpose of Expenditure (by code) POLL	Description Survey - 600 Voters	J	Event# n/a		7,000	Amount 0,00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un. None of the below Coordinated with reimbursement sought (joint expenditur) Coordinated without reimbursement sought (in-kind contr	e)	dent) в Ос О в		
Name of Payce FedEx Office			ŀ	of Payment 7/15	Method of Checo Debi	k#
Street Address 1078 West Main	78 West Main Street Branford					
Purpose of Expenditure (by code) POST	Description Overnight Postage		Event# n/a		25.75	Amount
Expenditure # (I applicable)	Type of Expenditure (Hemization in Addendum P Required uni None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribute)) Independ	ent	эв Ос Ор		
Name of Payee US Post Office - T	rolley Square		1	Payment 05/15	Method of Check Debit	c#
Street Address 175 Main Street,	Ste. 2	City East Haven	•		State CT	Zip Code 06512
Purpose of Expenditure (by code) POST	Description Postage Stamps		Event# n/a		98.00	Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in kind contri) Independ	lent	вОсОр		
Name of Payee Staples			E	f Payment 05/15	Method of Check Debit	#
Street Address 85 North Main St		City Branford			State CT	Zip Codo 06405
Purpose of Expenditure (by code) OFFICE	Description Enevlopes and Toner	į.	Bvent# n∕a		257.12	Amount 2
Enpenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required unless None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	Independent	ent	в Ос О в	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		BTOTAL Section P		7,380.87	<u> </u>	
		AL of additional Section	one a servición como que en	5,147.01		
·············	TOTAL OF ALL EXPEN (Enter total on Line I	9, Column A of Summary P		12,527.88		

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

SEEC FORM 20	IV. EXPENDIT	FURES (Sections		Page 13 of 17
· · · · · · · · · · · · · · · · · · ·	THE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Maturo for Mayo	r 2015		July 10 Filling	
	P. Expenses	Paid by Committee		
Name of Payee Staples			Date of Payment 05/21/15	Method of Payment: O Check # Debit Card OBFT
Street Address		City		State Zip Code
85 North Main St	reet	Branford		CT 06405
Purpose of Expenditure (by code) OFFICE	Description Business Cards (Tickets for event)		Bvent# 060415a	Amount 32.53
Expenditure # ((f 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) Andeper	ndent rationOAOBOCOD	
Name of Payee			Date of Payment	Method of Payment: Check #
Bottle Depot			6/4/15	Debit Card OEFT
Street Address		City		State Zip Code
55 Frontage Road	d	East Haven		CT 06512
Purpose of Expenditure (by code)	Purpose of Expenditure Description Byent # O60415a PNDR Spirits for 6/4/15 Fundraiser			
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) Indepen		Method of Payment:
Name of Payer South Shore Win	es & Spirit		06/04/15	O Check # Debit Card OEFT
Street Address 662/670 Coe Ave	nue	City East Haven		CT Code CT CT
Purpose of Expenditure (by code) FNDR	Description Spirits for 6/4/15 Fundralser		660415a	Amount 84.05
Expenditure # (If applicable)	Type of Expenditure (Hemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind control in the co	nro) Indepe	ndent zation A O B O C O D	Method of Payment:
Name of Payco Minuteman Pres	ss ·		Date of Payment 06/04/15	O Check # Debit Card DEFT
Street Address 330 Main Street		City East Haven		CT Zip Code CT 06512
Purpose of Expenditure (by code) PRNT	Description Printing of ad book for 6/4/15 event		Bvent# 060415a	Amount 153,33
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 contact)	ro) Indeper		
		SUBTOTAL Section P -	— This Page 934.83	
	TO	TAL of additional Sect	Ion P Pages 4,212.18	
	TOTAL OF ALL EXPE (Enter total on Lin	CNSES PAID BY COL e 19, Column A of Summar	MMITTEE 12,527.88 by Page Totals)	·

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

SEEC FORM 20	IV. EXPENDIT	FURES	(Sections	P —7	ľ)			Page 13 of 17
	TEE (Provide Complete Name as Registered with Filling Repository)		·		TYPE	OF REPORT		
Maturo for Mayo					July	l O Filing		
	P. Expenses	Paid by C	Committee					
Name of Poyee						Payment	Method of I	
Staples					06/2	1/15	(Debit	
Street Address		City					State	Zip Code
85 North Main St	reet	Branford					CT	06405
Purpose of Expenditure	Description	-l		Event #				Amount
(by code) OFFICE	Business Cards			n/a			32.53	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required to	nless "None of	the below" is	checkea	t)	· · · · · · · · · · · · · · · · · · ·	1	
(if applicable)	None of the below	· ,						
	Ocoordinated with reimbursement sought (joint expenditure		Indepen	dent	. 🔿	в Ос О в		
Name of Payee	O Coordinated without reimbursement sought (in-kind control	принопј	Organiza	ition_/	Date of I	Payment	Method of I	ayment:
•	s, Catering by Design				6/4/1	5	CHECK	"
_	.,	Lav					O Debit	Card OEFT Zip Code
Street Address		City East Have	n				CT	06512
670 Main Street		Lastriave						
Purpose of Expenditure	Description			Event#				Amount
(by code) FNDR Catering for 6/4/15 Event 060415a							3,895.0	07
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	less "None of	the below" is	checked,				
(if applicable)	None of the below							
:	Coordinated with reimbursement sought (joint expenditure	¢)	Independ		_	00		
	Coordinated without reimbursement sought (in-kind contri	ibution)	Organiza:		Date of I	OC OD	Method of F	Payment:
Name of Payer US Post Office - T	rolley Square			1	06/22	•	O Check	#
							Debit (Card OEFT' Zip Code
Street Address	G	City	n				State CT	06512
175 Main Street,	Ste, 2	East Have						
Purpose of Expenditure	Description			Event#				Amount
(by code) POST	Postage Stamps			n/a			112,70	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required in	nless "None o	fthe below" is	checker	d)			
((fopplicable)	None of the below		_					
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont		Indepen		. \frown	вОсОр		
Name of Payee	O Coordinated without rentoursement sought (myning cont	Homony	Organiza			Payment	Method of I	ayment:
Facebook.com					5/1/1	5	Check	
		T ave					Debit (Card () EFT Zip Code
Street Address 1 Hacker Wat		City Menlo Pa	rk			,	CA	04025
i riackei vvat		Memora						
Purpose of Expenditure	Description		•	Event#				Amount
(ph. coge) Y-MEB	Facebook advertising			n/a			9.13	
Expenditure#	Type of Expenditure (Hemization in Addendum P Required un	iless "None of	the below" is	checked	()			
(if applicable)	None of the below							
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	e) (bution)	Organiza		· 🔿 ī	3 Oc O D		
	The second secon	UBTOTAL				4,049.43		<u> </u>
			Activities of the second		"8"	162.75		
	TO	TAL of addi	tional Section	on P Pa	iges	10473		
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAU	D BY COM	IMITT Page To	ree otals)	12,527.88		

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

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEB (Provide Complete Name as Registered with Filing Repository)			E OF REPORT			
Maturo for Mayo			Jul	y 10 Filing			
	P. Expenses	Paid by Committee)				
Name of Payee Facebook.com			I	of Payment 1/15	Method of Chec	k# Card OEFT	
Street Address		City			State	Zip Code	
1 Hacker Way		Menio Park			CA	94025	
Purpose of Expenditure (by code) A-WEB	Description Facebook advertising		Event# n/a		50,00	Amount	
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	e) Indepen	dent ationOA C) в Ос О в		ang pangkalaka kanggupan ang kalaka kanggupan ang ka	
Name of Payee Facebook.com			6/1	of Payment /15	Method of Check Debit	:#	
Street Address 1 Hacker Way		City Menlo Park			State CA	Zip Code 04025	
Purpose of Expenditure (by code) A-WEB	Description Facebook advertising		Event# n/a		Amount 112.75		
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	dent tion ()A ())в Ос О в		namen and an annual Add and high shakes.	
Name of Payce			Date	of Payment	Method of Check O Check Debit	:#	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
Espenditure # (if applicable)	Typo 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	e) Indepen	ident)вОсО в		1	
Name of Payee			Date o	of Payment	Method of I O Check O Debit	#Card OBFT	
Street Address		City East Haven			State	Zip Codo	
Purpose of Expenditure (by code)	Description		Event#			Amount	
Bypenditure # (f opplicable)	Type of Expenditure (Hemizotton in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without roimbursement sought (in-kind contril) (Independ	dent) в Ос О D			
	Şı	UBTOTAL Section P —	- This Page	162.75			
		ral of additional Section		0.00	· · · · · · · · · · · · · · · · · · ·		
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COM 19, Column A of Summary	IMITETEE Page Totals)	12,527.88			

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repo	sitory)	. 1	TYPE OF REPORT					
	O. Campaign I	Expenses Paid by	Candidate						
Name of Pavee (Name of V	endor, Person or Entity who candidate pald directly)	<u>-</u>		Date of Payment	Is rein	bursement claimed?			
, value of 1 ayeo (1 value of 1	, ,					Yes O No			
Street Address		City			State	Zip Code			
Purpose of Expenditure	Description		Event	#		Amount			
(by code)	Destription								
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is rein	bursement claimed?			
						Yes O No			
Street Address		City		<u> </u>	State	Zip Code			
onect riduless									
Purpose of Expenditure	Description		Event	#		Amount			
(by code)									
Name of Paves (Name of L	 'endor, Person or Entity who candidate paid directly')	·		Date of Payment	Is rein	bursement claimed?			
Name of Payee (Nume by V	enan, reason is Lindy who conditione paid uncody					Yes (No			
					0				
Street Address		City			State	Zip Code			
Purpose of Expenditure	Description		Event	#		Amount			
(by code)									
Name of Payee (Name of I	endar, Person or Entity who candidate paid directly)			Date of Payment	Is rein:	bursement claimed?			
						Yes O No			
Street Address		City		L	State	Zip Code			
						<u></u>			
Purpose of Expenditure	Description		Event	#		Amount			
(by code)									
Name of Payer (Name of t	endor, Person or Entity who candidate pald directly)			Date of Payment	Is reim	bursement claimed?			
tranic of rayes (ribre of r						Yes O No			
Street Address		City			State	Zip Code			
Purpose of Expenditure	Description		Event	#		Amount			
(by code)	·		-						
				1					
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	ls reim	bursement claimed?			
						Yes O No			
Street Address		City		<u> </u>	State	Zip Code			
				11		L			
Purpose of Expenditure (by code)	Description		Event	#		Amount			
			a =						
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		TOTAL of additiona	I Section Q	Pages					
	TOTAL OF ALL E	ADENGES DAID D	V CANDO	DATE					
	(Enter total on	Line 26, Column A of S	lummary Page	Totals)					

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Rep	ository)		TYPE OF REPORT	T	
	R. Expenses Inc	urred on Com	nittee Credit	Card		
Name of Issuing Insti		Type of Cred				
		O Visa	Master Card	O Discover OAn	ierican Express	Other:
Name of Vendor, Person of	r Entity				Date of T	ransaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Eve	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Re. None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	expenditure)	Independen		ΟD	
Name of Vendor, Person of	r Entity				Date of T	tansaction
Street Address		City	******		State	Zip Code
Purpose of Expenditure (by code)	Description	1	Eve	nt#		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure)	O Independen		ΟÞ	
Name of Vendor, Person o	r Entity				Date of T	ransaction
Street Address	:	City			State	Zip Code
Purpose of Expenditure (by code)	Description	1	Eve	nt #		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	expenditure)	Independen		Эъ	
		SUBTOTAL S	ection R — This	Page		
		TOTAL of addit	onal Section R P	ages		
ТО	TAL OF ALL EXPENSES INCURRED (Enter total o	ON COMMIT	EE CREDIT Of Summary Page	CARD Totals)		

NAME OF COMMITT							
	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF	REPORT			
		L. Brand Data	Dowing this D	aviad			
	S. Expenses Incurred by Com	mittee but Not Paid	During this P	eriou	Date Incur	red	
Name of Creditor					6/04/1		
Taylor Rental		T			State	Zip Code	
Street Address		City				06405	
174 Cedar Street		Branford			СТ		
Purpose of Expenditure Description (by code)			Event #			ount Incurred timate or Actual)	
FNDR	Chairs, Tables, Linens for Event (Debit trans. didn't clear yet) 060415a			888.82			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought reimbursement sought (in-kind coordinated without reimbursement sought reimbursement sought reimbursement sought reimbursement sought reimbursement reimbursement sought reimbursement sought reimbursement rei	Required unless "None of the below" is checked) Independent Organization: A B C D					
Name of Creditor			•••		Date Incur	red	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			iount Incurred timate or Actual)	
((f applicable)	None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought without reimbursement sought without reimbursement sought without reimbursement sought without reimbursement sought without reimbursement sought without reimbursement	iture) Orga	pendent nization: A B	Ос Ор	Date Incur	red	
Name of Creditor					Bale mean		
Street Address		City			State		
N. 17.		t .				Zip Code	
Purpose of Expenditure (by code)	Description		Event #		1	Zip Code Bount Incurred timate or Actual)	
	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind expenditure)	Inde	" is checked)	Ос Ов	1	ount Incurred	
(by code) Expenditure #	Type of Expenditure (Hemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendi	Inde	" is checked) pendent nization: A B	O ^C O ^D 388.82	1	ount Incurred	
(by code) Expenditure #	Type of Expenditure (Hemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) Orga	" is checked) pendent nization A B n S-This Page		1	ount Incurred	
(by code) Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated witho	Inde of additional Section	r is checked) pendent nization A B n S-This Page tection S Pages		1	ount Incurred	
(by code) Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated witho	SUBTOTAL Section TOTAL of additional Sound THIS PERIOD BU	r' is checked) pendent nization A B n S-This Page ection S Pages IT NOT PAID nary Page Totals)	388.82	1	ount Incurred	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Reposito	למי		TYPE OF I	REPORT	
		E TOELLET VEGE				
	T. Itemization of Reim	bursements	and Secondary	Payees		D. Chamantta Varios
Last Name of Worker/Cons	sultant	First			Mt	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> I</u>		reported	nt to Reimburse d in Section P: heck #	Committee Worker/Consultant as O Debit Card OEFT
Street Address of Vendor, l	Person or Entity Paid by Committee Worker/Consultant	City			-	State Zip Code
Purpose of Expenditure (by code)	Description		Event	#	4717	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	enditure)	Of the below" is checo	00	О О О D	
Last Name of Worker/Cons	sultant .	First			МІ	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			reported	nt to Reimburse d in Section P: heck #	Committee Worker/Consultant as Debit Card DEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>		State Zip Code
Purpose of Expenditure (by code)	Description	:1	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-kin temporated)	enditure)	of the below" is chec	00	O O O	
Last Name of Worker/Con	sultant	First			MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		1		reported	nt to Reimburse d in Section P: heck #	Committee Worker/Consultant as O Debit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	, u, y,			State Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Expenditure # ((f opplicable)	Type of Expenditure (Itemization in Addendum T Require One of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-king)	enditure)	of the below" is checo	00	O O O	
		SUBTOTAL	Section T — Thi	s Page		
		TOTAL of ad	ditional Section T	Pages		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	ND CONSULT	ANTS		