

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

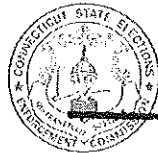
## Registration by Candidate

Revised January 2014

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JAN 22 2015  
TOWN CLERK'S OFFICE  
EAST HAVEN, CONN.

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*Stacy Gwinn, CTC*  
TOWN CLERK

<b>REGISTRATION TYPE</b>		<b>1. ELECTION DATE</b> (mm/dd/yyyy)		<b>2. OFFICE OR POSITION SOUGHT</b>		<b>3. DISTRICT NUMBER</b> (If applicable)	
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		11/3/2015		Mayor			
<b>4. PARTY AFFILIATION</b>							
<input checked="" type="radio"/> Republican <input type="radio"/> Democratic <input type="radio"/> Other (Specify) _____							
<b>5. CANDIDATE NAME</b>							
First Name			MI	Last Name			Suffix
Joseph				Maturo			Jr.
<b>6. CANDIDATE RESIDENCE ADDRESS</b>				<b>7. CANDIDATE MAILING ADDRESS</b> (If different)			
Street Address				Address			
315 North High Street				315 North High Street			
City		State	Zip Code	City		State	Zip Code
East Haven		CT	06512	East Haven		CT	06512
<b>8. CANDIDATE TELEPHONE</b>				<b>9. CANDIDATE EMAIL ADDRESS</b>			
(Include Area Code)							
203      627      6500				joe.maturo@snet.net			
<b>10. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>							
<b>(Check one)</b>							
<input checked="" type="checkbox"/> <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.  <i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>							
<input type="checkbox"/> <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.  <i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i>							
<b>Important Notice:</b> Failure of a candidate to complete this page <i>together with</i> either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.							
<i>Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.</i>							

# SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

## Candidate Committee Registration Statement

Revised January 2014



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<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>			
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		Joseph Maturo, Jr.			
<b>11. COMMITTEE NAME</b>					
Maturo for Mayor 2015					
<b>12. COMMITTEE ADDRESS</b>			<b>13. &amp; 14. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>		
Address 28 Ozone Road			Email Address maturo2015@gmail.com		
City East Haven	State CT	Zip Code 06512	Website http://www.maturo2015.com		
<b>15. TREASURER NAME</b>					
First Name Danelle	MI L	Last Name Feeley	Suffix		
<b>16. TREASURER RESIDENCE ADDRESS</b>			<b>17. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 28 Ozone Road			Address -Same-		
City East Haven	State CT	Zip Code 06512	City	State	Zip Code
<b>18. TREASURER TELEPHONE</b>		<b>19. TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 203      464      1047		feeleyd1@yahoo.com			
<b>20. DEPUTY TREASURER NAME</b>					
First Name To be added at later date pur. to C.G.S. Sec. 9-604	MI	Last Name	Suffix		
<b>21. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>22. DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>23. DEPUTY TREASURER TELEPHONE</b>		<b>24. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code)					
<b>25. DEPOSITORY INSTITUTION NAME</b>					
Citizens Bank					
<b>26. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 263 Hemingway Avenue			City East Haven	State CT	Zip Code 06512

REGISTRATION TYPE	CANDIDATE NAME
<input checked="checked" type="radio"/> Initial <input type="radio"/> Amendment	

**27. CERTIFICATION**

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

CANDIDATE SIGNATURE

1/22/15

DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

TREASURER SIGNATURE

1/22/15

DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)