

# SEEC FORM 20

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



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Page 1 of 17

*Stacy Quinn, CTC*  
TOWN CLERK

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## COVER PAGE

|   |   |   |  |
|---|---|---|--|
| <b>1. NAME OF COMMITTEE</b>   |   |   |  |
| Mature for Mayor 2015   |   |   |  |
| <b>2. TREASURER NAME</b>  |   |   |  |
| First<br>Danelle  | MI<br>L   | Last<br>Feeley                            | Suffix                                       |
| <b>3. TREASURER ADDRESS</b>   |   |   |  |
| Street Address<br>28 Ozone Road   | City<br>East Haven  | State<br>CT                               | Zip Code<br>06512                            |
| <b>4. ELECTION/REFERENDUM DATE</b><br>(mm/dd/yyyy)<br>11/3/2015   | <b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee)<br>Mayor |   | <b>6. DISTRICT NUMBER</b><br>(if applicable) |
| <b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)  |   |   |  |
| First<br>Joseph   | MI  | Last<br>Mature                            | Suffix<br>Jr.                                |
| <b>8. TYPE OF REPORT</b> (Check One Box)  |   |   |  |
| <input type="radio"/> January 10 filing <input type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)<br><input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to<br><input checked="" type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit      Type of Report:<br><input type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election (State Central Committees Only) <input type="radio"/> Termination<br><input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> 45 days following election not held in November<br><input type="radio"/> Primary <input type="radio"/> Election |   |   |  |
| <b>9. PERIOD COVERED</b>  |   |   |  |
| Beginning Date<br>4/1/2015  |   | Ending Date<br>thru 6/30/2015             |  |
| <b>10. CERTIFICATION</b>  |   |   |  |
| 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.   |   |   |  |
| <br>TREASURER OR DEPUTY TREASURER (SIGNATURE)   |   | Danelle L. Feeley<br>PRINT NAME OF SIGNER |  |
|   |   | 7/09/15<br>DATE (mm/dd/yyyy)              |  |
| A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.   |   |   |  |

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

## SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT          |                       |
|---|-------------------------|-----------------------|
| Maturo for Mayor 2015   | April 10 Filing         |                       |
|   | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR<br>Balance on hand from day committee was formed for all other committees |                         | 0.00                  |
| 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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>   |                         |                       |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3)   | 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                  |                       |

## I. MONETARY RECEIPTS (Sections A—K)

|   |   |  |   |
|---|---|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |   | TYPE OF REPORT   |   |
| Maturo for Mayor 2015   |   | July 10 Filing   |   |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)   |   | <b>SUBTOTAL SECTION A</b>  |   |
|   |   | \$   |   |
| <b>B. Itemized Contributions from Individuals</b>   |   |  |   |
| Last Name   |   | First  | MI  |
| See attached schedule of donors. Total at bottom of page.   |   |  |   |
| Residential Street Address  |   | City   | State Zip Code  |
| Principal Occupation  |   | Name of Employer   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes<br><input type="radio"/> No   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="radio"/> Yes<br><input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Executive<br><input type="radio"/> Legislative |
| Method of Contribution:   |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   |  |   |
| Last Name   |   | First  | MI  |
| Residential Street Address  |   | City   | State Zip Code  |
| Principal Occupation  |   | Name of Employer   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes<br><input type="radio"/> No   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="radio"/> Yes<br><input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Executive<br><input type="radio"/> Legislative |
| Method of Contribution:   |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   |  |   |
| Last Name   |   | First  | MI  |
| Residential Street Address  |   | City   | State Zip Code  |
| Principal Occupation  |   | Name of Employer   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes<br><input type="radio"/> No   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="radio"/> Yes<br><input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Executive<br><input type="radio"/> Legislative |
| Method of Contribution:   |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   |  |   |
| Last Name   |   | First  | MI  |
| Residential Street Address  |   | City   | State Zip Code  |
| Principal Occupation  |   | Name of Employer   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes<br><input type="radio"/> No   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="radio"/> Yes<br><input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Executive<br><input type="radio"/> Legislative |
| Method of Contribution:   |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   |  |   |
| <b>SUBTOTAL Section B — This Page</b>   |   |  |   |
| <b>TOTAL of additional Section B Pages</b>  |   |  |   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |   | 16,085.00  |   |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |   |                        |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT  |                        |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing  |                        |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A  |                        |
|   |  |  |                         | \$  |                        |
| B. Itemized Contributions from Individuals  |  |  |                         |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Acampora  |  | John   |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 8 Frontage Road   |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Attorney  |  | Self   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | If yes, list Event # <u>060415a</u>   |                        |
| Is contributor a principal of a state contractor or prospective state contractor?   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/2/15   | \$250.00                |   |                        |
|   |  |  |                         |   | \$250.00               |
| Last Name   |  | First  |                         | MI  |                        |
| Altieri   |  | Mark   |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 89 Woosley Avenue   |  | Trumbull   |                         | CT  | 06611                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Consultant  |  | Conveo Energy  |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | If yes, list Event # <u>060415a</u>   |                        |
| Is contributor a principal of a state contractor or prospective state contractor?   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$500.00                |   |                        |
|   |  |  |                         |   | \$500.00               |
| Last Name   |  | First  |                         | MI  |                        |
| Anastasio   |  | Andrew   |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 12 Pleasant Drive   |  | North Haven  |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Owner/Member  |  | Self   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | If yes, list Event # <u>060415a</u>   |                        |
| Is contributor a principal of a state contractor or prospective state contractor?   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/2/15   | \$750.00                |   |                        |
|   |  |  |                         |   | \$750.00               |
| SUBTOTAL Section B — This Page  |  |  |                         | \$1500.00   |                        |
| TOTAL of additional Section B Pages   |  |  |                         |   |                        |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |   |                        |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |                        |          |
|---|--|--|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT         |          |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing         |          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See Instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A     |          |
|   |  |  |                         | \$                     |          |
| B. Itemized Contributions from Individuals  |  |  |                         |                        |          |
| Last Name   |  | First  |                         | MI                     |          |
| Angelo  |  | Chuck  |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 8 Stonewall Lane  |  | Woodbridge   |                         | CT                     | 06525    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Attorney  |  | Self   |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
| 060415a   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 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  |                         | CT                     | 06473    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Secretary   |  | Laydon Construction  |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
| 060415a   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/29/15  | \$500.00                |                        |          |
|   |  |  | \$500.00                |                        |          |
| Last Name   |  | First  |                         | MI                     |          |
| Brancati  |  | Tracey San Angelo  |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 58 Vista Terrace  |  | New Haven  |                         | CT                     | 06515    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| VP of Commercial Lending  |  | People's Bank  |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
| 060415a   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/1/15   | \$1,000.00              |                        |          |
|   |  |  | \$500.00                |                        |          |
| SUBTOTAL Section B — This Page  |  |  |                         | \$1250.00              |          |
| TOTAL of additional Section B Pages   |  |  |                         |                        |          |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |                        |          |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |  |   |          |
|---|--|--|--|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |  | TYPE OF REPORT  |          |
| <b>Maturo for Mayor 2015</b>  |  |  |  | <b>July 10 Filing</b>   |          |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See Instructions for definition of Small Contributor)   |  |  |  | <b>\$</b>   |          |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |  |   |          |
| Last Name   |  | First  |  | MI  |          |
| Burlakoff   |  | Ronald   |  |   |          |
| Residential Street Address  |  | City   |  | State   | Zip Code |
| 57 Scenic Road  |  | Madison  |  | CT  | 06405    |
| Principal Occupation  |  | Name of Employer   |  |   |          |
| Printer   |  | Self   |  |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:  |          |
| If yes, list Event #  |  | 060415a  |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions   |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/29/15  |  | \$750.00  |          |
|   |  |  |  | \$500.00  |          |
| Last Name   |  | First  |  | MI  |          |
| Carbo   |  | Paul   |  |   |          |
| Residential Street Address  |  | City   |  | State   | Zip Code |
| 10 Nicholas Drive   |  | East Haven   |  | CT  | 06512    |
| Principal Occupation  |  | Name of Employer   |  |   |          |
| Consultant  |  | Focus Systems Inc.   |  |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:  |          |
| If yes, list Event #  |  | 060415a  |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions   |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   |  | \$375.00  |          |
|   |  |  |  | \$250.00  |          |
| Last Name   |  | First  |  | MI  |          |
| Consiglio   |  | Vincent  |  |   |          |
| Residential Street Address  |  | City   |  | State   | Zip Code |
| 30 Timberland Drive   |  | East Haven   |  | CT  | 06513    |
| Principal Occupation  |  | Name of Employer   |  |   |          |
| Plumber   |  | Self   |  |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:  |          |
| If yes, list Event #  |  | 060415a  |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions   |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/2/15   |  | \$250.00  |          |
|   |  |  |  | \$250.00  |          |
| <b>SUBTOTAL Section B — This Page</b>   |  |  |  | <b>\$1000.00</b>  |          |
| <b>TOTAL of additional Section B Pages</b>  |  |  |  |   |          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |  |  |   |          |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |   |                                     |   |                   |
|--|--|---|-------------------------------------|---|-------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>   |  |   |                                     | <b>TYPE OF REPORT</b>   |                   |
| Maturo for Mayor 2015  |  |   |                                     | July 10 Filing  |                   |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>   |  |   |                                     | <b>SUBTOTAL SECTION A</b>   |                   |
|  |  |   |                                     | \$  |                   |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |                                     |   |                   |
| Last Name<br>Conway  |  | First<br>John   |                                     | MI  |                   |
| Residential Street Address<br>100 West River Street  |  | City<br>Milford   |                                     | State<br>CT   | Zip Code<br>06460 |
| Principal Occupation<br>Attorney   |  | Name of Employer<br>Loughlin & Fitzgerald   |                                     |   |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # 060415a  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Method of Contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>6/1/15   | Aggregate Contributions<br>\$500.00 |   | \$500.00          |
| Last Name<br>Coppola   |  | First<br>John   |                                     | MI  |                   |
| Residential Street Address<br>10 Caroline Street   |  | City<br>Milford   |                                     | State<br>CT   | Zip Code<br>06460 |
| Principal Occupation<br>Realtor  |  | Name of Employer<br>William Raveis  |                                     |   |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # 060415a  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Method of Contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>6/30/15  | Aggregate Contributions<br>\$100.00 |   | \$100.00          |
| Last Name<br>Coyle   |  | First<br>Charles  |                                     | MI<br>J   |                   |
| Residential Street Address<br>24 Columbus Ave  |  | City<br>East Haven  |                                     | State<br>CT   | Zip Code<br>06512 |
| Principal Occupation<br>Foreman  |  | Name of Employer<br>Town of E.H.  |                                     |   |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # 060415a  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Method of Contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>6/2/15   | Aggregate Contributions<br>\$375.00 |   | \$250.00          |
| <b>SUBTOTAL Section B — This Page</b>  |  |   |                                     | <b>\$850.00</b>   |                   |
| <b>TOTAL of additional Section B Pages</b>   |  |   |                                     |   |                   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>  |  |   |                                     |   |                   |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |  |  |   |          |
|--|--|--|--|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  |  |  | TYPE OF REPORT  |          |
| Mature for Mayor 2015  |  |  |  | July 10 Filing  |          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)   |  |  |  | SUBTOTAL SECTION A  |          |
|  |  |  |  | \$  |          |
| B. Itemized Contributions from Individuals   |  |  |  |   |          |
| Last Name  |  | First  |  | MI  |          |
| Crisci   |  | Louis  |  |   |          |
| Residential Street Address   |  | City   |  | State   | Zip Code |
| 12 Jeffrey Road  |  | East Haven   |  | CT  | 06513    |
| Principal Occupation   |  | Name of Employer   |  |   |          |
| Attorney   |  | Self   |  |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |          |
| Method of Contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received  |  | Aggregate Contributions   |          |
|  |  | 6/4/15   |  | \$375.00  |          |
|  |  |  |  | \$250.00  |          |
| Last Name  |  | First  |  | MI  |          |
| Criscuolo, Jr.   |  | Anthony  |  |   |          |
| Residential Street Address   |  | City   |  | State   | Zip Code |
| 370 Thompson Avenue  |  | East Haven   |  | CT  | 06512    |
| Principal Occupation   |  | Name of Employer   |  |   |          |
| Retired  |  | Retired  |  |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |          |
| Method of Contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received  |  | Aggregate Contributions   |          |
|  |  | 6/1/15   |  | \$750.00  |          |
|  |  |  |  | \$500.00  |          |
| Last Name  |  | First  |  | MI  |          |
| Davia  |  | Carl   |  |   |          |
| Residential Street Address   |  | City   |  | State   | Zip Code |
| 180 Morgan Avenue  |  | East Haven   |  | CT  | 06512    |
| Principal Occupation   |  | Name of Employer   |  |   |          |
| Real Estate  |  | Self   |  |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |          |
| Method of Contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received  |  | Aggregate Contributions   |          |
|  |  | 6/21/15  |  | \$1,000.00  |          |
|  |  |  |  | \$250.00  |          |
| SUBTOTAL Section B — This Page   |  |  |  | \$1000.00   |          |
| TOTAL of additional Section B Pages  |  |  |  |   |          |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |  |  |   |          |



# I. MONETARY RECEIPTS (Sections A—K)

|   |  |   |  |                                     |          |
|---|--|---|--|-------------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |   |  | TYPE OF REPORT                      |          |
| Maturro for Mayor 2015  |  |   |  | July 10 Filing                      |          |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)   |  |   |  | <b>SUBTOTAL SECTION A</b>           |          |
|   |  |   |  | \$                                  |          |
|   |  |   |  |                                     |          |
| <b>B. Itemized Contributions from Individuals</b>   |  |   |  |                                     |          |
| Last Name   |  | First   |  | MI                                  |          |
| Dicaprio  |  | Barbara   |  |                                     |          |
| Residential Street Address  |  | City  |  | State                               | Zip Code |
| 5 Mansfield Grove Rd., #40  |  | East Haven  |  | CT                                  | 06512    |
| Principal Occupation  |  | Name of Employer  |  |                                     |          |
| Owner/Member  |  | Self  |  |                                     |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                |  | Amount of Contribution              |          |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         If yes, list Event # <u>060415a</u>                       |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                     |          |
| Method of Contribution:   |  | Date Received   |  |                                     |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/19/15   |  | Aggregate Contributions<br>\$750.00 |          |
|   |  |   |  | \$750.00                            |          |
| Last Name   |  | First   |  | MI                                  |          |
| Falcigno  |  | Stephen   |  |                                     |          |
| Residential Street Address  |  | City  |  | State                               | Zip Code |
| 26 Diclon Road  |  | Woodbridge  |  | CT                                  | 06525    |
| Principal Occupation  |  | Name of Employer  |  |                                     |          |
| Attorney  |  | Self  |  |                                     |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                |  | Amount of Contribution              |          |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         If yes, list Event # <u>060415a</u>                       |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                     |          |
| Method of Contribution:   |  | Date Received   |  |                                     |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/2/15  |  | Aggregate Contributions<br>\$250.00 |          |
|   |  |   |  | \$250.00                            |          |
| Last Name   |  | First   |  | MI                                  |          |
| Farrell   |  | Jim   |  |                                     |          |
| Residential Street Address  |  | City  |  | State                               | Zip Code |
| 7 Erico Drive   |  | East Haven  |  | CT                                  | 06512    |
| Principal Occupation  |  | Name of Employer  |  |                                     |          |
| CEO   |  | New Haven County Credit Union   |  |                                     |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                |  | Amount of Contribution              |          |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         If yes, list Event # <u>060415a</u>                       |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                     |          |
| Method of Contribution:   |  | Date Received   |  |                                     |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15  |  | Aggregate Contributions<br>\$375.00 |          |
|   |  |   |  | \$250.00                            |          |
| <b>SUBTOTAL Section B — This Page</b>   |  |   |  | \$1250.00                           |          |
| <b>TOTAL of additional Section B Pages</b>  |  |   |  |                                     |          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |   |  |                                     |          |

## I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |                        |          |
|---|--|--|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT         |          |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing         |          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A     |          |
|   |  |  |                         | \$                     |          |
| B. Itemized Contributions from Individuals  |  |  |                         |                        |          |
| Last Name   |  | First  |                         | MI                     |          |
| Foster  |  | Carolyn  |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 43 Hallmark Hill Drive  |  | Wallingford  |                         | CT                     | 06492    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Admin. Assistant  |  | CHIA   |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event # 060415a  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
|   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$1,000.00              |                        | \$500.00 |
| Last Name   |  | First  |                         | MI                     |          |
| Gallo, D.D.S.   |  | Karen  |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 35 High Street  |  | East Haven   |                         | CT                     | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Dentist   |  | Self   |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event # 060415a  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
|   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$250.00                |                        | \$250.00 |
| Last Name   |  | First  |                         | MI                     |          |
| Giordano  |  | John   |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 71 High Street  |  | East Haven   |                         | CT                     | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Insurance Adjuster  |  | Self   |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event # 060415a  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
|   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/19/15  | \$750.00                |                        | \$500.00 |
| SUBTOTAL Section B — This Page  |  |  |                         | \$1250.00              |          |
| TOTAL of additional Section B Pages   |  |  |                         |                        |          |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |                        |          |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |   |          |
|---|--|--|-------------------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT  |          |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing  |          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See Instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A  |          |
|   |  |  |                         | \$  |          |
| B. Itemized Contributions from Individuals  |  |  |                         |   |          |
| Last Name   |  | First  |                         | MI  |          |
| Gravino   |  | Mark   |                         |   |          |
| Residential Street Address  |  | City   |                         | State   | Zip Code |
| 218 Elaine Terrace  |  | New Haven  |                         | CT  | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |   |          |
| Owner   |  | East West Productions  |                         |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |          |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/2/15   | \$750.00                |   |          |
|   |  |  | \$500.00                |   |          |
| Last Name   |  | First  |                         | MI  |          |
| Gravino   |  | Stacy  |                         |   |          |
| Residential Street Address  |  | City   |                         | State   | Zip Code |
| 132 Vista Drive   |  | East Haven   |                         | CT  | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |   |          |
| Town Clerk  |  | Town of E.H.   |                         |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |          |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/29/15  | \$500.00                |   |          |
|   |  |  | \$250.00                |   |          |
| Last Name   |  | First  |                         | MI  |          |
| Hennessey   |  | Thomas   |                         |   |          |
| Residential Street Address  |  | City   |                         | State   | Zip Code |
| 34 Columbus Avenue  |  | East Haven   |                         | CT  | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |   |          |
| Manager/Owner   |  | A.F. Forbes, Inc,  |                         |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |          |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/25/15  | \$750.00                |   |          |
|   |  |  | \$500.00                |   |          |
| SUBTOTAL Section B — This Page  |  |  |                         | \$1250.00   |          |
| TOTAL of additional Section B Pages   |  |  |                         |   |          |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |   |          |

## I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |   |                        |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT  |                        |
| Mature for Mayor 2015   |  |  |                         | July 10 Filing  |                        |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A  |                        |
|   |  |  |                         | \$  |                        |
| B. Itemized Contributions from Individuals  |  |  |                         |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Hennessey   |  | Linda  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 34 Columbus Avenue  |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Manager/Owner   |  | A.F. Forbes, Inc,  |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
| If yes, list Event #  |  | 060415a  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/25/15  | \$750.00                |   |                        |
|   |  |  |                         |   | \$500.00               |
| Last Name   |  | First  |                         | MI  |                        |
| Hollenbeck  |  | Joyce  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 38 Evergreen Drive  |  | North Branford   |                         | CT  | 06471                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Secretary   |  | Town of E.H.   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
| If yes, list Event #  |  | 060415a  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/30/15  | \$250.00                |   |                        |
|   |  |  |                         |   | \$100.00               |
| Last Name   |  | First  |                         | MI  |                        |
| Illingworth   |  | William  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 175 South End Road, C-21  |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| State Marshal   |  | Self   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
| If yes, list Event #  |  | 060415a  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/19/15  | \$1,000.00              |   |                        |
|   |  |  |                         |   | \$500.00               |
| SUBTOTAL Section B — This Page  |  |  |                         | \$1100.00   |                        |
| TOTAL of additional Section B Pages   |  |  |                         |   |                        |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |   |                        |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |  |                         |          |
|---|--|--|--|-------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |  | TYPE OF REPORT          |          |
| <b>Maturo for Mayor 2015</b>  |  |  |  | <b>July 10 Filing</b>   |          |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)   |  |  |  | <b>\$</b>               |          |
| <b>SUBTOTAL SECTION A</b>   |  |  |  |                         |          |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |  |                         |          |
| Last Name   |  | First  |  | MI                      |          |
| Koelle  |  | Paul   |  |                         |          |
| Residential Street Address  |  | City   |  | State                   | Zip Code |
| 269 Cosey Beach Ave.  |  | East Haven   |  | CT                      | 06512    |
| Principal Occupation  |  | Name of Employer   |  |                         |          |
| Biotech Engineering   |  | Protein Sciences   |  |                         |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |  | Amount of Contribution  |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                         |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |  |                         |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # <u>060415a</u>   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |  |                         |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions |          |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   |  | \$60.00                 |          |
|   |  |  |  | \$60.00                 |          |
| Last Name   |  | First  |  | MI                      |          |
| Kolb  |  | Koren  |  |                         |          |
| Residential Street Address  |  | City   |  | State                   | Zip Code |
| 49 High Street  |  | East Haven   |  | CT                      | 06512    |
| Principal Occupation  |  | Name of Employer   |  |                         |          |
| Admin. Assistant  |  | Kolb & DiSilvestro   |  |                         |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |  | Amount of Contribution  |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                         |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |  |                         |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # <u>060415a</u>   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |  |                         |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/1/15   |  | \$500.00                |          |
|   |  |  |  | \$500.00                |          |
| Last Name   |  | First  |  | MI                      |          |
| Kuchar  |  | Tom  |  |                         |          |
| Residential Street Address  |  | City   |  | State                   | Zip Code |
| 900 Mix Ave., Apt. 92   |  | Hamden   |  | CT                      | 06514    |
| Principal Occupation  |  | Name of Employer   |  |                         |          |
| Scientist   |  | Protein Sciences   |  |                         |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |  | Amount of Contribution  |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                         |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |  |                         |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # <u>060415a</u>   |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |  |                         |          |
| Method of Contribution:   |  | Date Received  |  | Aggregate Contributions |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/28/15  |  | \$250.00                |          |
|   |  |  |  | \$250.00                |          |
| <b>SUBTOTAL Section B — This Page</b>   |  |  |  | <b>\$810.00</b>         |          |
| <b>TOTAL of additional Section B Pages</b>  |  |  |  |                         |          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |  |  |                         |          |

## I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |   |                        |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT  |                        |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing  |                        |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A  |                        |
|   |  |  |                         | \$  |                        |
|   |  |  |                         |   |                        |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |                         |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Lee   |  | Timothy  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 23 Tux Road   |  | Madison  |                         | CT  | 06443                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Attorney  |  | Self   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
| If yes, list Event #  |  | 060415a  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$250.00                |   |                        |
|   |  |  |                         |   | \$250.00               |
| Last Name   |  | First  |                         | MI  |                        |
| Leonardi  |  | Peter  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 2 South Street  |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Retired   |  | Retired  |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
| If yes, list Event #  |  | 060415a  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$500.00                |   |                        |
|   |  |  |                         |   | \$250.00               |
| Last Name   |  | First  |                         | MI  |                        |
| Longobardi  |  | Aniello  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 70 Centerbrook Road   |  | Hamden   |                         | CT  | 06518                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Process Server  |  | Self   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?   |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
| If yes, list Event #  |  | 060415a  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 4/24/15  | \$375.00                |   |                        |
|   |  |  |                         |   | \$125.00               |
| <b>SUBTOTAL Section B — This Page</b>   |  |  |                         | <b>\$625.00</b>   |                        |
| <b>TOTAL of additional Section B Pages</b>  |  |  |                         |   |                        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  |  |                         |   |                        |

## I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |                        |          |
|---|--|--|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT         |          |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing         |          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See Instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A     |          |
|   |  |  |                         | \$                     |          |
| B. Itemized Contributions from Individuals  |  |  |                         |                        |          |
| Last Name   |  | First  |                         | MI                     |          |
| Marchetti   |  | Augustus   |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 21 Conifer Drive  |  | Branford   |                         | CT                     | 06405    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Insurance   |  | Marchetti, Brown, and Bishop   |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
| 060415a   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/1/15   | \$750.00                |                        |          |
|   |  |  | \$500.00                |                        |          |
| Last Name   |  | First  |                         | MI                     |          |
| McKay   |  | Ken  |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 59 Sidney Street  |  | East Haven   |                         | CT                     | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Retired   |  | Retired  |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
| 060415a   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/1/15   | \$450.00                |                        |          |
|   |  |  | \$250.00                |                        |          |
| Last Name   |  | First  |                         | MI                     |          |
| Nastri  |  | Robert   |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 55 Thompson Street, #14A  |  | East Haven   |                         | CT                     | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Retired   |  | Retired  |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
| 060415a   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/2/15   | \$500.00                |                        |          |
|   |  |  | \$250.00                |                        |          |
| SUBTOTAL Section B — This Page  |  |  |                         | \$1000.00              |          |
| TOTAL of additional Section B Pages   |  |  |                         |                        |          |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |                        |          |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |   |                        |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT  |                        |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing  |                        |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See Instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A  |                        |
|   |  |  |                         | \$  |                        |
| B. Itemized Contributions from Individuals  |  |  |                         |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Parente   |  | Linda  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 7 Farm River Road   |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Apt. Finder   |  | Apt. Finder Pub  |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$500.00                |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Perelli   |  | Joe  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 377 Main Street, P.O. Box 351   |  | West Haven   |                         | CT  | 06516                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Appraiser   |  | Self-Employed  |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/28/15  | \$250.00                |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Perno   |  | Geraldine  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 37 Hope Hill Road   |  | Wallingford  |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Educator  |  | Wallingford BOE  |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/3/15   | \$500.00                |   |                        |
| SUBTOTAL Section B — This Page  |  |  |                         | \$1000.00   |                        |
| TOTAL of additional Section B Pages   |  |  |                         |   |                        |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |   |                        |



## I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |   |                        |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT  |                        |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing  |                        |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See Instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A  |                        |
|   |  |  |                         | \$  |                        |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |                         |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Rizza   |  | Paul   |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 212 Breakneck Hill Road   |  | Middlebury   |                         | CT  | 06762                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Finance Director  |  | Town of E.H.   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/28/15  | \$375.00                |   |                        |
|   |  |  |                         |   | \$250.00               |
| Last Name   |  | First  |                         | MI  |                        |
| Sgrignari   |  | Lawrence   |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 118 Angela Drive  |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Attorney  |  | Self   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$500.00                |   |                        |
|   |  |  |                         |   | \$250.00               |
| Last Name   |  | First  |                         | MI  |                        |
| Tracey  |  | Steve  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 58 Edgar Street   |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Bail Bondsman   |  | Self   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/29/15  | \$250.00                |   |                        |
|   |  |  |                         |   | \$250.00               |
| SUBTOTAL Section B — This Page  |  |  |                         |   | \$750.00               |
| TOTAL of additional Section B Pages   |  |  |                         |   |                        |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |   |                        |

## I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |   |                        |
|---|--|--|-------------------------|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT  |                        |
| Maturo for Mayor 2015   |  |  |                         | July 10 Filing  |                        |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See Instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A  |                        |
|   |  |  |                         | \$  |                        |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |                         |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Valentino   |  | Aquino   |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 23 Park Street  |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Retired   |  | Retired  |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$400.00                |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| White, Jr.  |  | Kevin  |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 6 Taylor Avenue   |  | East Haven   |                         | CT  | 06512                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Engineer  |  | Town of E.H.   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/4/15   | \$375.00                |   |                        |
| Last Name   |  | First  |                         | MI  |                        |
| Zullo   |  | Alfred   |                         |   |                        |
| Residential Street Address  |  | City   |                         | State   | Zip Code               |
| 357 Horsepond Road  |  | Madison  |                         | CT  | 06443                  |
| Principal Occupation  |  | Name of Employer   |                         |   |                        |
| Attorney  |  | Self   |                         |   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060415a</u>  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                         | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                        |
|   |  |  |                         | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                        |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |   | Amount of Contribution |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/1/15   | \$1,000.00              |   |                        |
| SUBTOTAL Section B — This Page  |  |  |                         | \$1000.00   |                        |
| TOTAL of additional Section B Pages   |  |  |                         |   |                        |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |   |                        |

## I. MONETARY RECEIPTS (Sections A—K)

|   |  |  |                         |                        |          |
|---|--|--|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |  |                         | TYPE OF REPORT         |          |
| Maturro for Mayor 2015  |  |  |                         | July 10 Filing         |          |
| A. Total Contributions from Small Contributors-Received this Period ONLY<br>(See Instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A     |          |
|   |  |  |                         | \$                     |          |
| B. Itemized Contributions from Individuals  |  |  |                         |                        |          |
| Last Name   |  | First  |                         | MI                     |          |
| Zullo   |  | Joseph   |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 28 Ozone Road   |  | East Haven   |                         | CT                     | 06512    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Attorney  |  | Zullo and Jacks, LLC   |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
| 060415a   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 5/30/15  | \$750.00                |                        | \$500.00 |
| Last Name   |  | First  |                         | MI                     |          |
| Zullo   |  | Roseann  |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
| 357 Horsepond Road  |  | Madison  |                         | CT                     | 06443    |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
| Paralegal   |  | Zullo and Jacks, LLC   |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
| 060415a   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 6/30/15  | \$200.00                |                        | \$200.00 |
| Last Name   |  | First  |                         | MI                     |          |
|   |  |  |                         |                        |          |
| Residential Street Address  |  | City   |                         | State                  | Zip Code |
|   |  |  |                         |                        |          |
| Principal Occupation  |  | Name of Employer   |                         |                        |          |
|   |  |  |                         |                        |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution |          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                         |                        |          |
| Is this contribution associated with an event reported in Section L1?   |  | Is contributor a principal of a state contractor or prospective state contractor?  |                         |                        |          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                         |                        |          |
| If yes, list Event #  |  | If yes, indicate which branch or branches of government the contract is with:  |                         |                        |          |
|   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                         |                        |          |
| Method of Contribution:   |  | Date Received  | Aggregate Contributions |                        |          |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order            |  |  |                         |                        |          |
| SUBTOTAL Section B — This Page  |  |  |                         | \$700.00               |          |
| TOTAL of additional Section B Pages   |  |  |                         |                        |          |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)<br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         |                        |          |

**I. MONETARY RECEIPTS (Sections A—K)**

|   |   |   |  |                         |       |                        |  |
|---|---|---|--|-------------------------|-------|------------------------|--|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>  |   |   |  |                         |       | <b>TYPE OF REPORT</b>  |  |
| <b>C1. Contributions from Other Committees</b>  |   |   |  |                         |       |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |       |                        |  |
| Address   |   |   | Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i> |                         |       | Amount of Contribution |  |
| City  | State                                   | Zip Code  | Date Received  | Aggregate Contributions |       |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |       |                        |  |
| Address   |   |   | Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i> |                         |       | Amount of Contribution |  |
| City  | State                                   | Zip Code  | Date Received  | Aggregate Contributions |       |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |       |                        |  |
| Address   |   |   | Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i> |                         |       | Amount of Contribution |  |
| City  | State                                   | Zip Code  | Date Received  | Aggregate Contributions |       |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |       |                        |  |
| Address   |   |   | Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i> |                         |       | Amount of Contribution |  |
| City  | State                                   | Zip Code  | Date Received  | Aggregate Contributions |       |                        |  |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b>  |   |   |  |                         |       |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |       |                        |  |
| Address   |   |   | City   |                         | State | Zip Code               |  |
| Date Received   | Expenditure #<br><i>(if applicable)</i> | Payment Type<br><input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution |  |                         |       | Amount of Receipt      |  |
| Description   |   |   |  |                         |       |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |       |                        |  |
| Address   |   |   | City   |                         | State | Zip Code               |  |
| Date Received   | Expenditure #<br><i>(if applicable)</i> | Payment Type<br><input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution |  |                         |       | Amount of Receipt      |  |
| Description   |   |   |  |                         |       |                        |  |
| <b>SUBTOTAL Section C — This Page</b>   |   |   |  |                         |       |                        |  |
| <b>TOTAL of additional Section C Pages</b>  |   |   |  |                         |       |                        |  |
| <b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b><br><i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i> |   |   |  |                         |       |                        |  |

**I. MONETARY RECEIPTS (Sections A—K)**

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

**I. MONETARY RECEIPTS (Sections A—K)**

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

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

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

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

|                        |                 |                 |
|------------------------|-----------------|-----------------|
| Date of Receipt        | Date of Receipt | Date of Receipt |
| Amount                 | Amount          | Amount          |
| <b>TOTAL SECTION G</b> |                 |                 |

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

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

**I. Anonymous Contributions**

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

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

**J. Interest from Deposits in Authorized Accounts**

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

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

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

**TOTAL SECTION K****SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

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

**II. EVENT ACTIVITY (Sections L1—L5)**

|   |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
|---|-------------|--|--|-------------------|--------------------------|--------|-------------|---|--|--------------------------|--|------|-------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |             |  | TYPE OF REPORT   |                   |                          |        |             |   |  |                          |  |      |       |          |
| Maturto for Mayor 2015  |             |  | July 10 Filing   |                   |                          |        |             |   |  |                          |  |      |       |          |
| <b>L1. Event Information</b>  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| Event #<br>Date of Event<br>06/04/15  | Letter<br>a | Description<br>Ad Book Beachfront Cocktail Party | Was this a fundraising event?<br><input checked="" type="radio"/> Yes <input type="radio"/> No |                   |                          |        |             |   |  |                          |  |      |       |          |
| Location: Street Address<br>160 Morgan Avenue   |             | City<br>East Haven                               | State<br>CT  | Zip Code<br>06512 |                          |        |             |   |  |                          |  |      |       |          |
| <b>Subpart 1: (All Committees)</b><br>Was this event hosted at a personal residence? <div style="float: right;"> <input checked="" type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)<br/> <input type="radio"/> No         </div>  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)<br/> <input checked="" type="radio"/> No         </div>  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.)<br/> <input checked="" type="radio"/> No         </div> <div style="float: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> </div>  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b><br>Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input checked="" type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)<br/> <input type="radio"/> No         </div>  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| <b>Subpart 3: (Town Committees ONLY)</b><br>Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.)<br/> <input type="radio"/> No         </div> <div style="float: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> </div>  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Event #<br/>Date of Event</td> <td style="width: 5%; padding: 2px;">Letter</td> <td style="width: 60%; padding: 2px;">Description</td> <td colspan="2" style="width: 15%; padding: 2px;">Was this a fundraising event?<br/><input type="radio"/> Yes   <input type="radio"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Location: Street Address</td> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> </table> |             |  |  |                   | Event #<br>Date of Event | Letter | Description | Was this a fundraising event?<br><input type="radio"/> Yes <input type="radio"/> No |  | Location: Street Address |  | City | State | Zip Code |
| Event #<br>Date of Event  | Letter      | Description                                      | Was this a fundraising event?<br><input type="radio"/> Yes <input type="radio"/> No            |                   |                          |        |             |   |  |                          |  |      |       |          |
| Location: Street Address  |             | City   | State  | Zip Code          |                          |        |             |   |  |                          |  |      |       |          |
| <b>Subpart 1: (All Committees)</b><br>Was this event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)<br/> <input type="radio"/> No         </div>   |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)<br/> <input type="radio"/> No         </div>   |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.)<br/> <input type="radio"/> No         </div> <div style="float: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> </div>   |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b><br>Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)<br/> <input type="radio"/> No         </div>   |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| <b>Subpart 3: (Town Committees ONLY)</b><br>Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.)<br/> <input type="radio"/> No         </div> <div style="float: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> </div>  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page   |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| TOTAL of additional Section L1 Pages  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |
| TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES<br>(Enter total on Line 16a, Column A of Summary Page Totals)  |             |  |  |                   |                          |        |             |   |  |                          |  |      |       |          |



## II. EVENT ACTIVITY (Sections L1—L5)

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

|  |                |
|--|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Maturo for Mayor 2015  | July 10 Filing |

## L3. Purchases of Advertising in a Program Book or on a Sign

|  |   |
|--|---|
| Name of Purchaser  | Purchase Made By:   |
| See attached schedule of business donors. Total at bottom of page. | <input type="radio"/> Business Entity <input type="radio"/> Other |
|  | <input type="radio"/> Individual/Sole Proprietorship              |

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|                   |   |
|-------------------|---|
| Name of Purchaser | Purchase Made By:   |
|                   | <input type="radio"/> Business Entity <input type="radio"/> Other |
|                   | <input type="radio"/> Individual/Sole Proprietorship              |

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|                   |   |
|-------------------|---|
| Name of Purchaser | Purchase Made By:   |
|                   | <input type="radio"/> Business Entity <input type="radio"/> Other |
|                   | <input type="radio"/> Individual/Sole Proprietorship              |

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|                   |   |
|-------------------|---|
| Name of Purchaser | Purchase Made By:   |
|                   | <input type="radio"/> Business Entity <input type="radio"/> Other |
|                   | <input type="radio"/> Individual/Sole Proprietorship              |

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|                   |   |
|-------------------|---|
| Name of Purchaser | Purchase Made By:   |
|                   | <input type="radio"/> Business Entity <input type="radio"/> Other |
|                   | <input type="radio"/> Individual/Sole Proprietorship              |

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

|  |            |
|--|------------|
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN<br>(Enter total on Line 16c, Column A of Summary Page Totals) | \$3,050.00 |
|--|------------|

## II. EVENT ACTIVITY (Sections L1—L5)

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

|  |         |                                    |                               |                         |   |          |
|--|---------|------------------------------------|-------------------------------|-------------------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |         |                                    |                               |                         | TYPE OF REPORT  |          |
| Maturo for Mayor 2015  |         |                                    |                               |                         | July 10 Filing  |          |
| <b>L3. Purchases of Advertising in a Program Book or on a Sign</b>   |         |                                    |                               |                         |   |          |
| Name of Purchaser  |         |                                    |                               |                         | Purchase Made By:   |          |
| Cohen & Acampora   |         |                                    |                               |                         | <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |          |
| Street Address   |         |                                    | City                          |                         | State   | Zip Code |
| 8 Frontage Road  |         |                                    | East Haven                    |                         | CT  | 06512    |
| Date Received  | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |   |          |
| 6/2/15   | 060415a | \$250.00                           | \$250.00                      |                         |   |          |
| Name of Purchaser  |         |                                    |                               |                         | Purchase Made By:   |          |
| Anastasio's Steakhouse   |         |                                    |                               |                         | <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |          |
| Street Address   |         |                                    | City                          |                         | State   | Zip Code |
| 640 Silver Sands Road  |         |                                    | East Haven                    |                         | CT  | 06512    |
| Date Received  | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |   |          |
| 6/1/15   | 060415a | \$250.00                           | \$250.00                      |                         |   |          |
| Name of Purchaser  |         |                                    |                               |                         | Purchase Made By:   |          |
| A. Anastasio and Son's Trucking  |         |                                    |                               |                         | <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |          |
| Street Address   |         |                                    | City                          |                         | State   | Zip Code |
| 80 Middletown Avenue   |         |                                    | New Haven                     |                         | CT  | 06513    |
| Date Received  | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |   |          |
| 6/1/15   | 060415a | \$250.00                           | \$250.00                      |                         |   |          |
| Name of Purchaser  |         |                                    |                               |                         | Purchase Made By:   |          |
| Foxon Park Beverages, Inc.   |         |                                    |                               |                         | <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |          |
| Street Address   |         |                                    | City                          |                         | State   | Zip Code |
| 103 Foxon Blvd.  |         |                                    | East Haven                    |                         | CT  | 06513    |
| Date Received  | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |   |          |
| 4/24/15  | 060415a | \$250.00                           | \$250.00                      |                         |   |          |
| Name of Purchaser  |         |                                    |                               |                         | Purchase Made By:   |          |
| Advanced Investigations  |         |                                    |                               |                         | <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |          |
| Street Address   |         |                                    | City                          |                         | State   | Zip Code |
| P.O. Box 9650  |         |                                    | New Haven                     |                         | CT  | 06533    |
| Date Received  | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |   |          |
| 6/1/15   | 060415a | \$250.00                           | \$250.00                      |                         |   |          |
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page   |         |                                    |                               | \$1250.00               |   |          |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page   |         |                                    |                               |                         |   |          |
| TOTAL of additional Section L3 Pages   |         |                                    |                               |                         |   |          |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN<br>(Enter total on Line 16c, Column A of Summary Page Totals) |         |                                    |                               |                         |   |          |

## II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Mature for Mayor 2015

July 10 Filing

### L3. Purchases of Advertising in a Program Book or on a Sign

|  |                    |   |  |  |                   |
|--|--------------------|---|--|--|-------------------|
| Name of Purchaser<br>Complete Sewer and Drain Services |                    |   |  | Purchase Made By:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Individual/Sole Proprietorship |                   |
| Street Address<br>117 Old Foxon Road                   |                    | City<br>East Haven                            |  | State<br>CT  | Zip Code<br>06513 |
| Date Received<br>6/2/15                                | Event #<br>060415a | Aggregate Purchases for All Events<br>\$50.00 | Amount of Program Ad Purchase<br>\$50.00 | Amount of Sign Purchase  |                   |

|   |                    |  |   |  |                   |
|---|--------------------|--|---|--|-------------------|
| Name of Purchaser<br>Advanced Tech Sewer & Drain Cleaning |                    |  |   | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                   |
| Street Address<br>86B Leonardo Drive                      |                    | City<br>North Haven                            |   | State<br>CT  | Zip Code<br>06473 |
| Date Received<br>6/2/15                                   | Event #<br>060415a | Aggregate Purchases for All Events<br>\$250.00 | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase  |                   |

|  |                    |  |   |  |                   |
|--|--------------------|--|---|--|-------------------|
| Name of Purchaser<br>Country Septic Service, LLC |                    |  |   | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                   |
| Street Address<br>86B Leonardo Drive             |                    | City<br>North Haven                            |   | State<br>CT  | Zip Code<br>06473 |
| Date Received<br>6/2/15                          | Event #<br>060415a | Aggregate Purchases for All Events<br>\$250.00 | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase  |                   |

|                                  |                    |  |   |  |                   |
|----------------------------------|--------------------|--|---|--|-------------------|
| Name of Purchaser<br>5 Dees, LLC |                    |  |   | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                   |
| Street Address<br>218 Foxon Road |                    | City<br>East Haven                             |   | State<br>CT  | Zip Code<br>06513 |
| Date Received<br>5/19/15         | Event #<br>060415a | Aggregate Purchases for All Events<br>\$250.00 | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase  |                   |

|  |                    |  |   |  |                   |
|--|--------------------|--|---|--|-------------------|
| Name of Purchaser<br>Fasano, Ippolito, & Lee |                    |  |   | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                   |
| Street Address<br>388 Orange Street          |                    | City<br>New Haven                              |   | State<br>CT  | Zip Code<br>06511 |
| Date Received<br>6/2/15                      | Event #<br>060415a | Aggregate Purchases for All Events<br>\$250.00 | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase  |                   |

|  |  |  |  |           |  |
|--|--|--|--|-----------|--|
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page   |  |  |  | \$1050.00 |  |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page   |  |  |  |           |  |
| TOTAL of additional Section L3 Pages   |  |  |  |           |  |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN<br>(Enter total on Line 16c, Column A of Summary Page Totals) |  |  |  |           |  |

## II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Maturio for Mayor 2015

July 10 Filing

### L3. Purchases of Advertising in a Program Book or on a Sign

|  |                    |  |   |  |                   |
|--|--------------------|--|---|--|-------------------|
| Name of Purchaser<br>Eco Life Incentives & Marketing Corp.   |                    |  |   | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                   |
| Street Address<br>420 Jericho Tpke., Ste 110   |                    | City<br>Jericho                                |   | State<br>NY  | Zip Code<br>11753 |
| Date Received<br>4/24/15   | Event #<br>060415a | Aggregate Purchases for All Events<br>\$250.00 | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase  |                   |
| Name of Purchaser<br>Cable Comm, LLC   |                    |  |   | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                   |
| Street Address<br>P.O. Box 143   |                    | City<br>Guilford                               |   | State<br>CT  | Zip Code<br>06437 |
| Date Received<br>4/25/15   | Event #<br>060415a | Aggregate Purchases for All Events<br>\$250.00 | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase  |                   |
| Name of Purchaser<br>Talmadge Park   |                    |  |   | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                   |
| Street Address<br>38 Talmadge Avenue   |                    | City<br>East Haven                             |   | State<br>CT  | Zip Code<br>06512 |
| Date Received<br>4/24/15   | Event #<br>060415a | Aggregate Purchases for All Events<br>\$250.00 | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase  |                   |
| Name of Purchaser  |                    |  |   | Purchase Made By:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship            |                   |
| Street Address   |                    | City   |   | State  | Zip Code          |
| Date Received  | Event #            | Aggregate Purchases for All Events             | Amount of Program Ad Purchase             | Amount of Sign Purchase  |                   |
| Name of Purchaser  |                    |  |   | Purchase Made By:<br><input type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship            |                   |
| Street Address   |                    | City   |   | State  | Zip Code          |
| Date Received  | Event #            | Aggregate Purchases for All Events             | Amount of Program Ad Purchase             | Amount of Sign Purchase  |                   |
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page   |                    |  |   | \$750.00   |                   |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page   |                    |  |   |  |                   |
| TOTAL of additional Section L3 Pages   |                    |  |   |  |                   |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN<br>(Enter total on Line 16c, Column A of Summary Page Totals) |                    |  |   |  |                   |

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

## II. EVENT ACTIVITY (Sections L1—L5)

|   |  |  |  |                    |
|---|--|--|--|--------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                     |  |  | TYPE OF REPORT   |                    |
| <b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>                   |  |  |  |                    |
| Name of Host<br><b>Daniel Adams</b>   |  |  | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |                    |
| Street Address<br><b>160 Morgan Avenue</b>  |  | City<br><b>East Haven</b>  |  | State<br><b>CT</b> |
| Zip Code<br><b>06512</b>  |  |  |  |                    |
| Description of Donation<br><b>Allowance of use of residence (no goods, food, or supplies used at all)</b> |  |  | Fair Market Value of Donation<br><b>\$500.00</b>   |                    |
| Event #<br><b>060415a</b>   | Aggregate Value of this Event—all hosts<br><b>500.00</b> | Aggregate Value of all Events—this host/candidate<br><b>500.00</b> |  |                    |
| Name of Host  |  |  | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i>            |                    |
| Street Address  |  | City   |  | State              |
| Zip Code  |  |  |  |                    |
| Description of Donation   |  |  | Fair Market Value of Donation  |                    |
| Event #   | Aggregate Value of this Event—all hosts                  | Aggregate Value of all Events—this host/candidate                  |  |                    |
| Name of Host  |  |  | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i>            |                    |
| Street Address  |  | City   |  | State              |
| Zip Code  |  |  |  |                    |
| Description of Donation   |  |  | Fair Market Value of Donation  |                    |
| Event #   | Aggregate Value of this Event—all hosts                  | Aggregate Value of all Events—this host/candidate                  |  |                    |
| Name of Host  |  |  | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i>            |                    |
| Street Address  |  | City   |  | State              |
| Zip Code  |  |  |  |                    |
| Description of Donation   |  |  | Fair Market Value of Donation  |                    |
| Event #   | Aggregate Value of this Event—all hosts                  | Aggregate Value of all Events—this host/candidate                  |  |                    |
| Name of Host  |  |  | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i>            |                    |
| Street Address  |  | City   |  | State              |
| Zip Code  |  |  |  |                    |
| Description of Donation   |  |  | Fair Market Value of Donation  |                    |
| Event #   | Aggregate Value of this Event—all hosts                  | Aggregate Value of all Events—this host/candidate                  |  |                    |
| <b>SUBTOTAL Section L5 — This Page</b>  |  |  |  |                    |
| <b>TOTAL of additional Section L5 Pages</b>   |  |  |  |                    |
| <b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b>          |  |  |  |                    |
| <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>  |  |  |  |                    |

## III. NONMONETARY RECEIPTS (Sections M—O)

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

|   |  |       |       |                   |                   |
|---|--|-------|-------|-------------------|-------------------|
| <b>N. Refundable Deposit to Telephone Company</b>                         |  |       |       |                   |                   |
| Last Name of Individual   |  | First | MI    | Date Deposit Made |                   |
| Residential Street Address  |  | City  | State | Zip Code          | Amount of Deposit |
| Name of Telephone Company   |  |       |       |                   |                   |
| Street Address  |  | City  | State | Zip Code          |                   |
| TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals) |  |       |       |                   |                   |

## IV. EXPENDITURES (Sections P—T)

|  |  |                 |   |          |
|--|--|-----------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |                 | TYPE OF REPORT  |          |
| Maturio for Mayor 2015   |  |                 | July 10 Filing  |          |
| <b>P. Expenses Paid by Committee</b>   |  |                 |   |          |
| Name of Payee  |  | Date of Payment | Method of Payment:  |          |
| Conquest Communications Group  |  | 4/24/15         | <input checked="" type="radio"/> Check # 1005<br><input type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City            | State   | Zip Code |
| 2812 Emerywood Pky Ste. 103  |  | Richmond        | VA  | 23294    |
| Purpose of Expenditure (by code)   | Description  | Event #         | Amount  |          |
| POLL   | Survey - 600 Voters  | n/a             | 7,000.00  |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                 |   |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |                 |   |          |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |                 |   |          |
| Name of Payee  |  | Date of Payment | Method of Payment:  |          |
| FedEx Office   |  | 4/27/15         | <input type="radio"/> Check #<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT      |          |
| Street Address   |  | City            | State   | Zip Code |
| 1078 West Main Street  |  | Branford        | CT  | 06405    |
| Purpose of Expenditure (by code)   | Description  | Event #         | Amount  |          |
| POST   | Overnight Postage  | n/a             | 25.75   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                 |   |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |                 |   |          |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |                 |   |          |
| Name of Payee  |  | Date of Payment | Method of Payment:  |          |
| US Post Office - Trolley Square  |  | 05/05/15        | <input type="radio"/> Check #<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT      |          |
| Street Address   |  | City            | State   | Zip Code |
| 175 Main Street, Ste. 2  |  | East Haven      | CT  | 06512    |
| Purpose of Expenditure (by code)   | Description  | Event #         | Amount  |          |
| POST   | Postage Stamps   | n/a             | 98.00   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                 |   |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |                 |   |          |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |                 |   |          |
| Name of Payee  |  | Date of Payment | Method of Payment:  |          |
| Staples  |  | 05/05/15        | <input type="radio"/> Check #<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT      |          |
| Street Address   |  | City            | State   | Zip Code |
| 85 North Main Street   |  | Branford        | CT  | 06405    |
| Purpose of Expenditure (by code)   | Description  | Event #         | Amount  |          |
| OFFICE   | Envelopes and Toner  | n/a             | 257.12  |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                 |   |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)            |                 |   |          |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |                 |   |          |
| SUBTOTAL Section P — This Page   |  |                 | 7,380.87  |          |
| TOTAL of additional Section P Pages  |  |                 | 5,147.01  |          |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE  |  |                 | 12,527.88   |          |
| (Enter total on Line 19, Column A of Summary Page Totals)                      |  |                 |   |          |



## IV. EXPENDITURES (Sections P—T)

|  |  |                 |  |          |
|--|--|-----------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                       |  |                 | TYPE OF REPORT   |          |
| Maturo for Mayor 2015  |  |                 | July 10 Filing   |          |
| <b>P. Expenses Paid by Committee</b>   |  |                 |  |          |
| Name of Payee  |  | Date of Payment | Method of Payment:   |          |
| Staples  |  | 05/21/15        | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City            | State  | Zip Code |
| 85 North Main Street   |  | Branford        | CT   | 06405    |
| Purpose of Expenditure (by code)   | Description  | Event #         | Amount   |          |
| OFFICE   | Business Cards (Tickets for event)   | 060415a         | 32.53  |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                 |  |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |                 |  |          |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |                 |  |          |
| Name of Payee  |  | Date of Payment | Method of Payment:   |          |
| Bottle Depot   |  | 6/4/15          | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City            | State  | Zip Code |
| 55 Frontage Road   |  | East Haven      | CT   | 06512    |
| Purpose of Expenditure (by code)   | Description  | Event #         | Amount   |          |
| FNDR   | Spirits for 6/4/15 Fundraiser  | 060415a         | 664.92   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                 |  |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |                 |  |          |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |                 |  |          |
| Name of Payee  |  | Date of Payment | Method of Payment:   |          |
| South Shore Wines & Spirit   |  | 06/04/15        | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City            | State  | Zip Code |
| 662/670 Coe Avenue   |  | East Haven      | CT   | 06512    |
| Purpose of Expenditure (by code)   | Description  | Event #         | Amount   |          |
| FNDR   | Spirits for 6/4/15 Fundraiser  | 060415a         | 84.05  |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                 |  |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |                 |  |          |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |                 |  |          |
| Name of Payee  |  | Date of Payment | Method of Payment:   |          |
| Minuteman Press  |  | 06/04/15        | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City            | State  | Zip Code |
| 330 Main Street  |  | East Haven      | CT   | 06512    |
| Purpose of Expenditure (by code)   | Description  | Event #         | Amount   |          |
| PRNT   | Printing of ad book for 6/4/15 event   | 060415a         | 153.33   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                 |  |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |                 |  |          |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |                 |  |          |
| SUBTOTAL Section P — This Page   |  |                 | 934.83   |          |
| TOTAL of additional Section P Pages  |  |                 | 4,212.18   |          |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE<br>(Enter total on Line 19, Column A of Summary Page Totals) |  |                 | 12,527.88  |          |

SEEC FORM 20  
Revised January 2015

## IV. EXPENDITURES (Sections P—T)

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|  |  |            |                 |  |  |
|--|--|------------|-----------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                       |  |            |                 | TYPE OF REPORT   |  |
| Maturio for Mayor 2015   |  |            |                 | July 10 Filing   |  |
| <b>P. Expenses Paid by Committee</b>   |  |            |                 |  |  |
| Name of Payee  |  |            | Date of Payment | Method of Payment:   |  |
| Staples  |  |            | 06/21/15        | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |  |
| Street Address   |  | City       | State           | Zip Code   |  |
| 85 North Main Street   |  | Branford   | CT              | 06405  |  |
| Purpose of Expenditure (by code)   | Description  | Event #    | Amount          |  |  |
| OFFICE   | Business Cards   | n/a        | 32.53           |  |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |            |                 |  |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |            |                 |  |  |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |            |                 |  |  |
| Name of Payee  |  |            | Date of Payment | Method of Payment:   |  |
| Forks and Fingers, Catering by Design  |  |            | 6/4/15          | <input checked="" type="radio"/> Check # 1006<br><input type="radio"/> Debit Card <input type="radio"/> EFT  |  |
| Street Address   |  | City       | State           | Zip Code   |  |
| 670 Main Street  |  | East Haven | CT              | 06512  |  |
| Purpose of Expenditure (by code)   | Description  | Event #    | Amount          |  |  |
| FNDR   | Catering for 6/4/15 Event  | 060415a    | 3,895.07        |  |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |            |                 |  |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |            |                 |  |  |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |            |                 |  |  |
| Name of Payee  |  |            | Date of Payment | Method of Payment:   |  |
| US Post Office - Trolley Square  |  |            | 06/22/15        | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |  |
| Street Address   |  | City       | State           | Zip Code   |  |
| 175 Main Street, Ste. 2  |  | East Haven | CT              | 06512  |  |
| Purpose of Expenditure (by code)   | Description  | Event #    | Amount          |  |  |
| POST   | Postage Stamps   | n/a        | 112.70          |  |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |            |                 |  |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |            |                 |  |  |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |            |                 |  |  |
| Name of Payee  |  |            | Date of Payment | Method of Payment:   |  |
| Facebook.com   |  |            | 5/1/15          | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |  |
| Street Address   |  | City       | State           | Zip Code   |  |
| 1 Hacker Wat   |  | Menlo Park | CA              | 04025  |  |
| Purpose of Expenditure (by code)   | Description  | Event #    | Amount          |  |  |
| A-WEB  | Facebook advertising   | n/a        | 9.13            |  |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |            |                 |  |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |            |                 |  |  |
|  | <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |            |                 |  |  |
| SUBTOTAL Section P — This Page   |  |            | 4,049.43        |  |  |
| TOTAL of additional Section P Pages  |  |            | 162.75          |  |  |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE<br>(Enter total on Line 19, Column A of Summary Page Totals) |  |            | 12,527.88       |  |  |

## IV. EXPENDITURES (Sections P—T)

|  |  |            |                 |                |  |
|--|--|------------|-----------------|----------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                              |  |            |                 | TYPE OF REPORT |  |
| Maturo for Mayor 2015  |  |            |                 | July 10 Filing |  |
| <b>P. Expenses Paid by Committee</b>   |  |            |                 |                |  |
| Name of Payee  |  |            | Date of Payment |                | Method of Payment:   |
| Facebook.com   |  |            | 5/11/15         |                | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address   |  | City       |                 | State          | Zip Code   |
| 1 Hacker Way   |  | Menlo Park |                 | CA             | 94025  |
| Purpose of Expenditure<br>(by code)  | Description  | Event #    |                 | Amount         |  |
| A-WEB  | Facebook advertising   | n/a        |                 | 50.00          |  |
| Expenditure #<br><i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>  |            |                 |                |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |            |                 |                |  |
| Name of Payee  |  |            | Date of Payment |                | Method of Payment:   |
| Facebook.com   |  |            | 6/1/15          |                | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address   |  | City       |                 | State          | Zip Code   |
| 1 Hacker Way   |  | Menlo Park |                 | CA             | 04025  |
| Purpose of Expenditure<br>(by code)  | Description  | Event #    |                 | Amount         |  |
| A-WEB  | Facebook advertising   | n/a        |                 | 112.75         |  |
| Expenditure #<br><i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>  |            |                 |                |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |            |                 |                |  |
| Name of Payee  |  |            | Date of Payment |                | Method of Payment:   |
|  |  |            |                 |                | <input type="radio"/> Check # _____<br><input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address   |  | City       |                 | State          | Zip Code   |
|  |  |            |                 |                |  |
| Purpose of Expenditure<br>(by code)  | Description  | Event #    |                 | Amount         |  |
|  |  |            |                 |                |  |
| Expenditure #<br><i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>  |            |                 |                |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |            |                 |                |  |
| Name of Payee  |  |            | Date of Payment |                | Method of Payment:   |
|  |  |            |                 |                | <input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input type="radio"/> EFT            |
| Street Address   |  | City       |                 | State          | Zip Code   |
|  |  | East Haven |                 |                |  |
| Purpose of Expenditure<br>(by code)  | Description  | Event #    |                 | Amount         |  |
|  |  |            |                 |                |  |
| Expenditure #<br><i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>  |            |                 |                |  |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |            |                 |                |  |
| SUBTOTAL Section P — This Page   |  |            |                 | 162.75         |  |
| TOTAL of additional Section P Pages  |  |            |                 | 0.00           |  |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b><br><i>(Enter total on Line 19, Column A of Summary Page Totals)</i> |  |            |                 | 12,527.88      |  |

## IV. EXPENDITURES (Sections P—T)

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

## IV. EXPENDITURES (Sections P—T)

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

|   |   |                  |                          |  |
|---|---|------------------|--------------------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>   |   |                  | TYPE OF REPORT           |  |
| <b>S. Expenses Incurred by Committee but Not Paid During this Period</b>  |   |                  |                          |  |
| Name of Creditor<br>Taylor Rental   |   |                  | Date Incurred<br>6/04/15 |  |
| Street Address<br>174 Cedar Street  |   | City<br>Branford |                          | State<br>CT      Zip Code<br>06405                           |
| Purpose of Expenditure<br>(by code) FNDR  | Description<br>Chairs, Tables, Linens for Event (Debit trans. didn't clear yet)   |                  | Event #<br>060415a       | Amount Incurred<br><i>(Estimate or Actual)</i><br><br>888.82 |
| Expenditure #<br><i>(if applicable)</i>   | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i><br><input checked="" type="radio"/> None of the below <input type="radio"/> Independent<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) |                  |                          |  |
| Name of Creditor  |   |                  | Date Incurred            |  |
| Street Address  |   | City             |                          | State      Zip Code  |
| Purpose of Expenditure<br>(by code)   | Description   |                  | Event #                  | Amount Incurred<br><i>(Estimate or Actual)</i>               |
| Expenditure #<br><i>(if applicable)</i>   | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below <input type="radio"/> Independent<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)            |                  |                          |  |
| Name of Creditor  |   |                  | Date Incurred            |  |
| Street Address  |   | City             |                          | State      Zip Code  |
| Purpose of Expenditure<br>(by code)   | Description   |                  | Event #                  | Amount Incurred<br><i>(Estimate or Actual)</i>               |
| Expenditure #<br><i>(if applicable)</i>   | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below <input type="radio"/> Independent<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)            |                  |                          |  |
| Name of Creditor  |   |                  | Date Incurred            |  |
| Street Address  |   | City             |                          | State      Zip Code  |
| Purpose of Expenditure<br>(by code)   | Description   |                  | Event #                  | Amount Incurred<br><i>(Estimate or Actual)</i>               |
| Expenditure #<br><i>(if applicable)</i>   | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below <input type="radio"/> Independent<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)            |                  |                          |  |
| SUBTOTAL Section S-This Page  |   |                  | 888.82                   |  |
| TOTAL of additional Section S Pages   |   |                  |                          |  |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID<br><i>(Enter total on Line 28, Column A of Summary Page Totals)</i> |   |                  | 888.82                   |  |
| Previously reported Expenses Unpaid and still Outstanding   |   |                  | 0.00                     |  |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID<br><i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>                   |   |                  | 888.82                   |  |
|   |   |                  |                          |  |

|  |   |                |  |   |          |
|--|---|----------------|--|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   | TYPE OF REPORT |  |   |          |
|  |   |                |  |   |          |
| <b>T. Itemization of Reimbursements and Secondary Payees</b>                   |   |                |  |   |          |
| Last Name of Worker/Consultant   |   | First          | MI   | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |                | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City           |  | State                                       | Zip Code |
| Purpose of Expenditure (by code)   | Description   | Event #        |  | Amount                                      |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="radio"/> Independent<br><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |  |   |          |
| Last Name of Worker/Consultant   |   | First          | MI   | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |                | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City           |  | State                                       | Zip Code |
| Purpose of Expenditure (by code)   | Description   | Event #        |  | Amount                                      |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="radio"/> Independent<br><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |  |   |          |
| Last Name of Worker/Consultant   |   | First          | MI   | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |                | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City           |  | State                                       | Zip Code |
| Purpose of Expenditure (by code)   | Description   | Event #        |  | Amount                                      |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="radio"/> Independent<br><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |  |   |          |
| Last Name of Worker/Consultant   |   | First          | MI   | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |                | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City           |  | State                                       | Zip Code |
| Purpose of Expenditure (by code)   | Description   | Event #        |  | Amount                                      |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="radio"/> Independent<br><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                |  |   |          |
| Last Name of Worker/Consultant   |   | First          | MI   | Date of Payment to Vendor, Person or Entity |          |
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| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City           |  | State                                       | Zip Code |
| SUBTOTAL Section T — This Page   |   |                |  |   |          |
| TOTAL of additional Section T Pages  |   |                |  |   |          |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS                |   |                |  |   |          |