#### **SEEC FORM 20**

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

RECEIVED FOR FILING
TOWN-CLERK'S OFFICE
EAST HAVEN, CONN.

Page 1 of 17

- Stary Garrier CCTC
TOWN CLERK

Da Not Mark in This Space For Official Use Only

#### COVER PAGE

1. NAME OF COMMITTEE									
Maturo for Mayor 2015									
2. TREASURER NAME									
First		MI	1	.ast					Suffix
Danelle		L		Feeley					
3. TREASURER ADDRESS						Pass			
Street Address			City			•	State	Zip C	ode
28 Ozone Road			East	Haven			CT	065	12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	te only if	Candidate	Committee)			176 grad 16	RICT NUMBER
(mm/dd/yyyy) 11/3/2015	Mayor							(if applicable	)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI	I	Last					Suffix
Joseph				Mature	)				Jr.
8. TYPE OF REPORT (Check One Box)							n le skiji n Vije vi <u>199</u>		
O January 10 filing	7th day preced	ding primar	ry	O7th	day preceding referendum		nitial Cont		r Disbursement
O April 10 filing	○30 days follow	ving primar	ту	O45	lays following referendum	O/	\mendmen	it to	
<ul><li>July 10 filing</li></ul>	O7th day preced	ling electio	n	O Dei	icit	Т	ype of Rep	ort:	
October 10 filing	12th day prece			OTer	nination	-			
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No		011						
9, PERIOD COVERED									
	Beginning Dat	te			Ending Date				
-	4/1/2015		_	thru	6/30/2015				
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the per	enalties of false s	rue, accur	rate an	l of the id com	olete.	this Iten	nized Can		
		erender -			, , , , , , , , , , , , , , , , , , ,			7/09/1	
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)		PRINT	NAME (	F SIGNER			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 This Period	COLUMN B Aggregate		
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	3,050.00	11,975.00		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	19,385.00	60,260.00		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	53,744.22	60,260.00		
19. Expenses Paid by Committee (Section P)	12,527.88	19,043.66		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	41,216.34	41,216.34		
21. In-Kind Donations not Considered Contributions Received (Section L4)				
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	500.00			
23. In-Kind Contributions Received (Section M)				
24. Refundable Deposit to Telephone Company (Section N)				
25. Loan Balance				
25a. + Loans Received (Section D)				
25b. + Interest and Penalties on Loan				
25c Payments on Loan				
25d. Total Outstanding Loan Amount				
26. Campaign Expenses Paid by Candidate (Section Q)				
27. Expenses Incurred on Committee Credit Card (Section R)				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	888.82			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	888.82			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Maturo for Mayor 2015	July 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Individ	luals
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, Yes If contribution is in excess of \$400 to a candidate for a chief executive	officer of a municipality. Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state contractor or prospective state  If yes, indicate which branch or branches of government the contract is with:  Observative	_ O No
Method of Contribution: Date Received	Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	
Last Name First	МІ
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	
Is this contribution associated with an event reported in Section L1?  Yes No Section L1?  If yes, list Event # Security	ŎNo ]
	Aggregate Contributions
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order	
Last Name First	MI
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	
Constitute of the life of the	
If contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract we valued at more than \$5,000?  Yes   No	
Is this contribution associated with an event reported in Section L1?  Yes No Section L1?  If yes, list Event # Security	contractor? Yes No
Method of Contribution: Date Received A	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	
SUBTOTAL Section B — This P	age
TOTAL of additional Section B Pa	ges
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	F REPORT		
Maturo for Mayor 2015	July 10 Fili	n o		
A. Total Contributions from Small Contributors-Receive				
(See instructions for definition of Small Contributor)	\$			
			vocan racionalità della	
D. Itamizad Car	tributions from Indivi	duale		
Last Name	First	QUAIS		MI
Acampora	John			
	City		State Zi	p Code
8 Frontage Road	East Haven		CT	06512
Principal Occupation	Name of Employer	The state of the s		
Attorney	Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount	of Contribution
	tate contractor or prospective statch or branches is with:	te contractor?		
Method of Contribution:	Date Received	Aggregate Contributions	-	
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/2/15	\$250.00		\$250.00
Lost Name	First			MI
Altieri	Mark			
Residential Street Address 89 Woosley Avenue	Sity Trumbull			Code 06611
Principal Occupation	Name of Employer		1	
Consultant	Conveo Energy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? IX No does contributor or business he/she is valued at more than \$5,000?			Amount	of Contribution
Is this contribution associated with an way Yes event reported in Section L1? If yes, list Event # 060415a Is contributor a principal of a substitution of government the contract		te contractor? Yes  X No  Legislative		·
Method of Contribution:	Date Received	Aggregate Contributions	1	
☐ Cash ☐ Payroll Deduction ☐ Money C	Order 6/4/15	\$500.00		\$500.00
Last Name	First			MI
Anastasio	Andrew			
Residential Street Address  12 Pleasant Drive	North Haven		'	Code 06512
Principal Occupation	Name of Employer			
Owner/Member	Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes does contributor or business he/she is valued at more than \$5,000?			Amount	of Contribution
Is this contribution associated with an	ate contractor or prospective stat ch or branches	🛛 No		
If yes, list Event #	is with: Executive  Date Received	Aggregate Contributions		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (		\$750.00		\$750.00
	OTAL Section B — This		<u> </u>	\$1500.00
TOTAL	of additional Section B F	'ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections A B, Column A of Summary Page			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Maturo for Mayor 2015	July 10 Fili			
A. Total Contributions from Small Contributors-Receiv		118		
1 "	SUBTOTAL SECTION A	\$		
P. Itamizad Co.	ntributions from Indivi	duale		
Last Name	First	duais	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?    Yes   If contribution is in excess of \$400			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a     Yes   Is contributor a principal of a section L1?   No   If yes, indicate which brance of government the contraction of government the government of government the government that the government of government of government the government of government the government of government the government of government the government of government of government the government of government o		e contractor?		
Method of Contribution:	Date Received	Aggregate Contributions	]	
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/1/15	\$500.00	\$250.00	
Last Name	First	77 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	МІ	
Antonucci	Paula			
Residential Street Address 32 Justine Drive	<sup>City</sup> North Haven	:	State Zip Code CT 06473	
Principal Occupation	Name of Employer			
Secretary	Laydon Construct	ion		
Is contributor a lobbyist, spouse,	o a candidate for a chief excentive	officer of a municipality,	Amount of Contribution	
or dependent child of a lobbyist?			J	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a		e contractor? Yes  X No  Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	]	
☐ Cash 🔞 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/29/15	\$500.00	\$500.00	
Last Name	First	,	MI	
Brancati Residential Street Address	Tracey San Ango	Υ	State Zip Code	
58 Vista Terrace	City New Haven		State Zip Code 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 does contribute or business he/she is valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  X Yes Is contributor a principal of a story of the section L1?  No If yes, indicate which bran	tate contractor or prospective state ch or branches	XI No		
## ## ## ## ## ## ## ## ## ## ## ## ##		Aggregate Contributions		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$1,000.00	\$500.00	
SUBT	OTAL Section B — This		\$1250.00	
TOTAL	of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page T			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Maturo for Mayor 2015	July 10 Filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	S		
B. Itemized Con	ntributions from Indivi	duals	
Last Name	First		МІ
Burlakoff Residential Street Address	Ronald		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?  If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a section L1?   No   If yes, indicate which brane of government the contraction of government the government that the government that the government of government the government that the		e contractor?	
Method of Contribution:	Date Received	Aggregate Contributions	,
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$750.00	\$500.00
Losi Name	First		Mi
Carbo Residential Street Address	Paul		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?  Yes If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a Section L1?  If yes, list Event # 060415a Section L1?		e contractor? Yes  No Legislative	
Method of Contribution:	į į	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	0, 1, 10	\$375.00	\$250.00
Last Name Consiglio	First Vincent		MI
	City	] ;	State Zip Code
30 Timberland Drive	East Haven		CT 06513
Principal Occupation Plumber	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract \[ \sum_{Yes} \] No	officer of a municipality, with said municipality	Amount of Contribution
event reported in Section L1?	is with:	Legislative	3
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money (	Date Received	Aggregate Contributions	#0 F0 00
	Order 6/2/15  OTAL Section B — This	\$250.00 Page	\$250.00 \$1000.00
	of additional Section B P		\$200i00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A 3, Column A of Summary Page 7		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Maturo for Mayor 2015	July 10 Fili	ng	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$		
B. Itemized Co	ntributions from Indivi	duals	
Last Name	First		MI
Conway	John		
Residential Street Address 100 West River Street	City Milford	İ	State Zip Code CT 06460
Principal Occupation	Name of Employer		C1   00400
Attorney	Loughlin & Fitzge	rald	
Is contributor a lobbyist, spouse,   Yes If contribution is in excess of \$400			Amount of Contribution
or dependent child of a lobbyist?    No does contributor or business he/she valued at more than \$5,000?	is associated with have a contract	with said municipality	Amedia of Controller
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a	state contractor or prospective stat neh or branches ct is with:	e contractor?	
Method of Contribution:	Date Received	Aggregate Contributions	-
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/1/15	\$500.00	\$500.00
Lost Name	First		MI
Coppola	John		
Residential Street Address 10 Caroline Street	<sup>City</sup> Milford		State Zip Code CT 06460
Principal Occupation	Name of Employer		
Realtor	William Raveis		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		e contractor?	
Method of Contribution:		Aggregate Contributions	
☐ Cash	Order 6/30/15	\$100.00	\$100.00
Last Name	First		МІ
Coyle Residential Street Address	Charles		J
24 Columbus Ave	city East Haven	-	State Zip Code CT 06512
Principal Occupation	Name of Employer		
Foreman	Town of E.H.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #060415a   Section L1?   If yes, indicate which brain of government the contraction of government the contraction.		XI No	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	J 0/2/10	\$375.00	\$250.00
	OTAL Section B — This		\$850.00
TOTAL  TOTAL OF ALL CONTRIBUTIONS FROM	of additional Section B P		
	3, Column A of Summary Page T		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	· · ·	TYPE OF REPORT	
Maturo for Mayor 2015	July 10 Filing		
A. Total Contributions from Small Contributors-Receiv		*5	
	SUBTOTAL SECTION A	\$	
B. Itemized Co.	ntributions from Indivi	duals	West, I
Last Name	First		MI
Crisci	Louis	KKIII KUUPKIN KUUDON KKOONIN KUUDUUN KUUPKIN ON	
· · · · · · · · · · · · · · · · · · ·	City East Haven	8	State Zip Code CT 06513
12 Jeffrey Road  Principal Occupation	Name of Employer		GI   00313
Attorney	Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?     Yes   If contribution is in excess of \$400   does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
	state contractor or prospective state	e contractor? Yes Xi No	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/4/15	\$375.00	\$250.00
Lost Name	First		МІ
Criscuolo, Jr.	Anthony		
Residential Street Address 370 Thompson Avenue	<sup>City</sup> East Haven	S	tate Zip Code 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 does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a  Is contributor a principal of a section L1?  If yes, list Event # 060415a		e contractor?	
Method of Contribution:		Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/1/15	\$750.00	\$500.00
Last Name	First		MI
Davia Residential Street Address	Carl		tate Zip Code
180 Morgan Avenue	<sup>City</sup> East Haven	٥	CT 06512
Principal Occupation	Name of Employer		
Real Estate	Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?      Yes   If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a section L1?   No   If yes, indicate which bran of government the contract	t is with:   Executive	XI No ☐ Legislative	
Method of Contribution:	<u>, ,                                   </u>	Aggregate Contributions	40=0.00
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$1,000.00	\$250.00
	OTAL Section B — This		\$1000.00
	of additional Section B P		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	[ INDIVIDUALS (Sections A 3, Column A of Summary Page 1		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Maturo for Mayor 2015	July 10 Fili	ng	
A. Total Contributions from Small Contributors-Receiv	ved this Period ONLY SUBTOTAL SECTION A	s	
		7/13/2//	
B. Itemized Co	ntributions from Indivi	duals	
Last Name	First		MI
Dicaprio	Barbara		
Residential Street Address 5 Mansfield Grove Rd., #40	City East Haven		State Zip Code CT 06512
Principal Occupation	Name of Employer		OI JOOLA
Owner/Member	Self		
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executiv	e officer of a municipality.	Amount of Contribution
or dependent child of a lobbyist?	is associated with have a contract	with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a   Section L1?   Is contributor a principal of a section L1?		te contractor? Yes  X No	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/19/15	\$750.00	\$750.00
Last Name	First		MI
Falcigno Residential Street Address	Stephen		State Zip Code
26 Diclon Road	City Woodbridge		CT 06525
Principal Occupation	Name of Employer		
Attorney	Self		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?  IXI No lobbyist?  IXI No lobbyist is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	et is with:	☐ Legislative	
Method of Contribution:	<b>;</b>	Aggregate Contributions	1070.00
☐ Cash ② Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	0/2/20	\$250.00	\$250.00
Last Name Farrell	First Jim		MI
Residential Street Address	City		State Zip Code
7 Erico Drive	East Haven		CT 06512
Principal Occupation	Name of Employer	ntu Cuadit Union	
CEO		nty Credit Union	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
event reported in Section L17	t is with:	Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	+0 = 0 0 0
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	1 0/1/10	\$375.00	\$250.00
	OTAL Section B — This		\$1250.00
	of additional Section B F		110000000000000000000000000000000000000
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 13, Column A of Summary Page		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	CONTRACTOR OF THE PROPERTY OF	TYPE OF REPORT	
Maturo for Mayor 2015	July 10 Fili	ng	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		s	
B. Itemized Co	ntributions from Indivi	duals	
Last Name	First		М
Foster Residential Street Address	Carolyn  City	MINISTER PROPERTY OF THE PROPE	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? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a		e contractor? Yes X No	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$1,000.00	\$500.00
Losi Name Gallo, D.D.S.	First Karen		MI
	City	T <sub>s</sub>	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?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?	et is with:	☐ Legislative	
Method of Contribution:		Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Last Name	Order 6/4/15	\$250.00	\$250.00
Giordano	John		MI
	City	S	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 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?    Section L1?   Section L1?   If yes, indicate which brane of government the contraction of section L1?   If yes, indicate which brane of section L1?   Section L1?   If yes, indicate which brane of section L1?   If yes, indicat	t is with: 🔲 Executive	☑ No  □ Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	<b>L</b>
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$750.00	\$500.00
SUBT	OTAL Section B — This	Page	\$1250.00
TOTAL	of additional Section B P	ages	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I	I INDIVIDUALS (Sections A 3, Column A of Summary Page 1		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Maturo for Mayor 2015	July 10 Fili	ng		
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)	\$			
B. Itemized Con	ntributions from Indivi	duals		
Last Name	First	,	МІ	
Gravino Residential Street Address	Mark City		State Zip Code	
218 Elaine Terrace	New Haven		CT 06512	
Principal Occupation	Name of Employer	and the second s		
Owner	East West Produc	tions		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?      Yes   If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a   If yes, list Event # 0		e contractor?		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$750.00	\$500.00	
Last Name Gravino	Stacy		MI	
	City	T s	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?  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a	t is with:   Executive	☐ Legislative		
Method of Contribution:		Aggregate Contributions		
☐ Cash	Order 5/29/15 First	\$500.00	\$250.00	
Hennessey	Thomas		MI	
	City	S	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?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution	
event reported in Section L1?	is with:	⊠ No ☐ Legislative		
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order   5/25/15   \$750.00   \$500.00				
	Order   5/25/15  OTAL Section B — This	\$750.00	\$500.00	
	of additional Section B P		\$1250.00	
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A	. + B)	44004 1035 5744 6244 6344 6444 6444 6444 6444 6444 64	
(Enter total on Line 1.	3, Column A of Summary Page I	outisj		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Maturo for Mayor 2015	July 10 Fili	July 10 Filing		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Co	ntributions from Indiv	riduals		
Last Name	First		MI	
Hennessey	Linda	W//www.massachusesta.com		
Residential Street Address 34 Columbus Avenue	City East Haven		State Zip Code CT 06512	
Principal Occupation		e The state of the	CI 00512	
Manager/Owner	Name of Employer  A.F. Forbes, Inc,			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400		va officer of a numicinality	Amount of Contribution	
or dependent child of a lobbyist?    No does contributor or business he/she valued at more than \$5,000?	is associated with have a contrac	t with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?   Yes   Is contributor a principal of a second reported in Section L1?		ate contractor? Yes  X No  Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 5/25/15	\$750.00	\$500.00	
Last Name	First		MI	
Hollenbeck	Joyce			
Residential Street Address 38 Evergreen Drive	Cily North Branford		State Zip Code CT 06471	
Principal Occupation	Name of Employer			
Secretary	Town of E.H.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nte contractor? Yes X No		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/30/15	\$250.00	\$100.00	
Last Name	First		МІ	
Illingworth	William			
Residential Street Address 175 South End Road, C-21	<sup>City</sup> East Haven		State Zip Code CT 06512	
Principal Occupation	Name of Employer		01 0001	
State Marshal	Self			
ls contributor a lobbyist, spouse,   Yes If contribution is in excess of \$400 t	o a candidate for a chief executiv	ve officer of a municipality.	Amount of Contribution	
or dependent child of a lobbyist?				
event reported in Section L1?  If yes, list Event #	t is with:	□ Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	0/17/10	\$1,000.00	\$500.00	
	OTAL Section B — This		\$1100.00	
	of additional Section B I			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	[INDIVIDUALS (Sections A 3, Column A of Summary Page			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maturo for Mayor 2015	July 10 Fil	ing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
B. Itemized Co	ntribu	tions from Indivi	duals		
Last Name	Firs	1			MI
Koelle		Paul			
Residential Street Address	City			State	Zip Code
269 Cosey Beach Ave.	L E	ast Haven	ssondaran cambanan sod da minalo in deserbito de de de la	СТ	06512
Principal Occupation		Name of Employer			
Biotech Engineering		Protein Sciences			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?     Yes   If contribution is in excess of \$400				Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a second reported in Section L1?   No	nch or br	anches	contractor? Yes  No  Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/4/15	\$60.00		\$60.00
Lest Name	First				MI
Kolb		Koren			
	City		<u> </u>	State	Zip Code
49 High Street	E	ast Haven		СТ	06512
Principal Occupation		Name of Employer			
Admin. Assistant		Kolb & DiSilvestro			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amou	int of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a   Is contributor a principal of a section L1?  If yes, list Event # 060415a   Is contributor a principal of a section L1?  If yes, list Event # 060415a   Is contributor a principal of a section L1?	nch or bi	ranches	IX No		
Method of Contribution:		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/1/15	\$500.00		\$500.00
Last Name	First				MI
Kuchar		Tom			
· · · · · · · · · · · · · · · · · · ·	City	•		State	Zip Code
900 Mix Ave., Apt. 92		amden		СТ	06514
Principal Occupation		Name of Employer			
Scientist		Protein Sciences	721-12X-1271-77X-12-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	The gray and the control of the cont	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				Amou	ent of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a   Is contributor a principal of a substitution of government the contract	ch or bratis	anches   Executive			
Method of Contribution:		i	Aggregate Contributions		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/28/15	\$250.00		\$250.00
SUBT	OTAL	Section B — This l	Page		\$810.00
		litional Section B Pa			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		TDUALS (Sections A in A of Summary Page T			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maturo for Mayor 2015			July 10 Filing			
A. Total Contributions from Small Contributors-Receiv		s Period ONLY TAL SECTION A	\$			
				-14-5 is someony recessor		
B. Itemized Co.	ntribu	tions from Indivi	duals			
Last Name	Firs				MI	
Lee		Timothy				
	City			State	Zip Code	
23 Tux Road	L^	ladison		СТ	06443	
Principal Occupation		Name of Employer				
Attorney		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$400	to a cand is associ	ated with have a contract  Yes No	with said municipality	Amoi	ant of Contribution	
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a section L1?   No   If yes, indicate which brate of government the contract of government the government of government the contract of government the government of gove	nch or br	anches	contractor?			
Method of Contribution:		Date Received	Aggregate Contributions	_		
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/4/15	\$250.00		\$250.00	
Last Name	First				MI	
Leonardi		Peter				
Residential Street Address 2 South Street	City E	ast Haven		State CT	Zip Code 06512	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand is associ	idate for a chief executive ated with have a contract  Yes X No	officer of a municipality with said municipality	, Amou	ent of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a    Section Section Section Section L1?    If yes, list Event # 060415a    If yes, list Event # 060415a    Section	nch or b	ranches	e contractor? Yes X No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash	Order	6/4/15	\$500.00		\$250.00	
Last Name	First				MI	
Longobardi	<b></b>	Aniello				
Residential Street Address 70 Centerbrook Road	City H	lamden		State CT	Zip Code 06518	
Principal Occupation		Name of Employer				
Process Server		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes of Contribution is in excess of \$400 to does contributor or business he/she		ated with have a contract		, Amor	ınt of Contribution	
valued at more than \$5,000?		☐ Yes 🗓 No		4		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a	nch or br	anches	contractor? Yes  X) No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☑ Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		4/24/15	\$375.00		\$125.00	
	*****	. Section B — This			\$625.00	
		ditional Section B P				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A nn A of Summary Page 1				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maturo for Mayor 2015		July 10 Filin	July 10 Filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	s				
B. Itemized Con	ntributions from Indivi	duals			
Last Name	First		МІ		
Marchetti Residential Street Address	Augustus		San Zin Code		
21 Conifer Drive	<sub>City</sub> Branford	,	State Zip Code CT 06405		
Principal Occupation	Name of Employer	ONE AND			
Insurance	Marchetti, Brown	, and Bishop			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Amount of Contribution		
		e contractor?			
Method of Contribution:	Date Received	Aggregate Contributions			
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/1/15	\$750.00	\$500.00		
Last Name	First		MI		
McKay Residential Street Address	Ken City		tate 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?  Yes If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a    Is contributor a principal of a section L1?  If yes, list Event # 060415a	t is with:     Executive	☐ Legislative			
Method of Contribution:		Aggregate Contributions			
☐ Cash	0/1/10	\$450.00	\$250.00		
Last Name Nastri	First Robert		MI		
	City	S	tate Zip Code		
55 Thompson Street, #14A	East Haven		CT 06512		
Principal Occupation	Name of Employer				
Retired	Retired		y-2-5-2		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #060415a Section L1?	is with:   Executive	XI No ☐ Legislative			
Method of Contribution:		Aggregate Contributions			
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order   6/2/15	\$500.00	\$250.00		
SUBT	OTAL Section B — This	Page	\$1000.00		
TOTAL	of additional Section B P	ages	AMAZINI MAZINI MAZI		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page 1				

NAME OF COMMITTIEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Maturo for Mayor 2015	July 10 Filing			
A. Total Contributions from Small Contributors-Receiv	\$			
(acc man more) and a series of the control of the c	SUBTOTAL SECTION A	<u></u>		
B. Itemized Co.	ntributions from Indivi	duals		
Last Name	First		MI	
Parente	Linda			
	City	1	State Zip Code	
7 Farm River Road	East Haven		CT 06512	
Principal Occupation	Name of Employer			
Apt. Finder	Apt. Finder Pub	00		
Is contributor a lobbyist, spause, or dependent child of a lobbyist?      Yes   If contribution is in excess of \$400			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a second reported in Section L1?   No		e contractor?		
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash 🖾 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/4/15	\$500.00	\$500.00	
Last Name	First	AND THE PROPERTY OF THE PROPER	MI	
Perelli	Joe			
Residential Street Address 377 Main Street, P.O. Box 351	<sup>City</sup> West Haven	S	tate Zip Code CT 06516	
Principal Occupation	Name of Employer	•	***************************************	
Appraiser	Self-Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a   Section L1?   Section L1.	te centractor?			
Method of Contribution:		Aggregate Contributions		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/28/15	\$250.00	\$250.00	
Last Name	First		MI	
Perno Residential Street Address	Geraldine		tate Zip Code	
37 Hope Hill Road	<sup>City</sup> Wallingford	3	tate Zip Code CT 06512	
Principal Occupation	Name of Employer			
Educator	Wallingford BOI	}		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution	
	tate contractor or prospective state ch or branches t is with;	☑ No □ Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	40 <b>=</b> 0 0 0	
□ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money		\$500.00	\$250.00	
	OTAL Section B — This		\$1000.00	
	of additional Section B P			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page 1			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Maturo for Mayor 2015	July 10 Filing			
A. Total Contributions from Small Contributors-Receiv	\$			
(See Instructions for defination of Small Contributor)	SUBTOTAL SECTION A			
	ntributions from Indivi	duals		
Last Name	First		MI	
Rizza Residential Street Address	Paul 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?  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
		contractor? Yes XV No		
Method of Contribution:		Aggregate Contributions \$375.00	#2F0.00	
☐ Cash 🖾 Personal Cheek ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Last Name	Order 5/28/15	\$375.00	\$250.00	
Sgrignari	Lawrence		MI	
	City	S	tate Zip Code	
118 Angela Drive	East Haven		CT 06512	
Principal Occupation	Name of Employer Self			
Attorney  Is contributor a lobbyist, spouse,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #060415a		contractor?		
Method of Contribution:		Aggregate Contributions		
☐ Cash	Order 6/4/15	\$500.00	\$250.00	
Tracey	Steve		, wii	
	City	S	tate Zip Code	
58 Edgar Street	East Haven		CT 06512	
Principal Occupation	Name of Employer		•	
Bail Bondsman	Self	······································	20.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?     Yes   If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
event reported in Section L1?  If yes, list Event #	t is with: 🔲 Executive	XI No ☐ Legislative		
Method of Contribution:  □ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money		Aggregate Contributions	<b>.</b>	
	0/2//10	\$250.00	\$250.00	
SUBT	OTAL Section B — This l	Page	\$750.00	
TOTAL	of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page T			

		,.,,,,,,,,,,,,,,,,,	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Maturo for Mayor 2015	July 10 Fili	ng	
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)	\$		
	ntributions from Indivi	duals	
Last Name	First		MI
Valentino	Aquin		
Residential Street Address 23 Park Street	City East Haven		State Zip Code CT 06512
Principal Occupation	Name of Employer		01 00314
Retired	Retired		
Is contributor a lobbyist, spouse,   Yes If contribution is in excess of \$400	to a candidate for a chief executiv	e officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?			
	tate contractor or prospective statech or branches t is with:	Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	4250.00
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$400.00	\$250.00
Last Name White, Jr.	First		MI
	Kevin	, 	state Zip Code
6 Taylor Avenue	City East Haven	2	CT 06512
Principal Occupation	Name of Employer		· · · · · · · · · · · · · · · · · · ·
Engineer	Town of E.H.		
Is contributor a lobbyist, spouse, If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a   If yes, indicate which branches   1600415a   1700   17		XX No	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Payroll Deduction ☐ Money	Order 6/4/15	\$375.00	\$250.00
Last Nome	First		MI
Zullo	Alfred		
Residential Street Address 357 Horsepond Road	City Madison	S	tate Zip Code CT 06443
Principal Occupation	Name of Employer		01 100110
Attorney	Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?			Amount of Contribution
event reported in Section L1?    If yes, list Event # 060415a   No   If yes, indicate which bran     of government the contract	is with:	■ Legislative	
Method of Contribution:	<u>  </u>	Aggregate Contributions	
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (	Order 6/1/15	\$1,000.00	\$500.00
SUBT	OTAL Section B — This I	Page	\$1000.00
TOTAL	of additional Section B Pa	ages	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections A 3, Column A of Summary Page T		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Maturo for Mayor 2015		July 10 Filing		
A. Total Contributions from Small Contributors-Receiv	-	***************************************		
	SUBTOTAL SECTION A	\$		
B. Itemized Con	ntributions from Indivi	duals		
Last Name	First		Ml	
Zullo	Joseph			
Residential Street Address 28 Ozone Road	City East Haven		State Zip Code CT 06512	
Principal Occupation	Name of Employer		01 00014	
Attorney	Zullo and Jacks, Ll	LC		
Is contributor a lobbyist, spause, or dependent child of a lobbyist?  Description of the lobbyist of the lobby			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060415a  Is contributor a principal of a section L1?  If yes, indicate which brance of government the contraction of government the contraction.		e contractor? Yes (X) No		
Method of Contribution:	Date Received	Aggregate Contributions	1	
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 5/30/15	\$750.00	\$500.00	
Lost Name	First		MI	
Zullo Residential Street Address	Roseann	······································	State Zip Code	
357 Horsepond Road	City Madison	ľ	State Zip Code CT 06443	
Principal Occupation	Name of Employer			
Paralegal	Zullo and Jacks, LI	.C		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0604.15a Is contributor a principal of a section L1? If yes, list Event # 0604.15a		e contractor? Yes  X No  Legislative		
Method of Contribution:		Aggregate Contributions		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	0/00/10	\$200.00	\$200.00	
Last Name	First		MI	
Residential Street Address	City .	S	State Zip Code	
Principal Occupation	Name of Employer			
	Trumo et Zimproyet			
Is contributor a lobbyist, spouse,			Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes Is contributor a principal of a start of government the contract of government the g		contractor? Yes		
Method of Contribution:	i i	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order			
SUBT	OTAL Section B — This	Page	\$700.00	
TOTAL	of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page T			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	erri (1)	
		C1. C	Contributio	ons from (	Other Com	mittees		
Name of Committee	<b>***</b>				Name of Tre			
Address				Is this con event repo	rted in Section	ated with an Yes No L1? , list Event #	Amount of	Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee		очительный почительной почительной почительной почительной почительной почительной почительной почительной почи			Name of Tre	asurer		
Address				Is this con event repo	rted in Section 1	ated with an Yes No L1? , list Event #	Amount of	Contribution
City		State	Zip Code	Date Re	ceived	Aggregate Contributions		
Name of Committee					Name of Tre	asurer		
Address				Is this con event repo	rted in Section 1	ated with an Yes No L1? list Event #	Amount of	Contribution
City		State	Zip Code	Date Re	ceived	Aggregate Contributions		
	C2. Re	eimbursement	ts or Surpl	us Distril	outions fro	m other Committees		
Name of Committee					Name of Tre	asurer		
Address				City	<b></b>		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimburseme	ent for shared e	expense C	Surplus Distrib	ution	Amount	of Receipt
Description								
Name of Committee					Name of Trea	asurer		
Address				City	<b>.</b>		State	Zip Code
Date Received	Expenditure # (If applicable)	Payment Type  O Reimburse	ment for shared	l expense (	Surplus Distr	ibution	Amount	of Receipt
Description								
			SUBTO	TAL Secti	on C — Thi	s Page		
	<b>ጥጥል፤ </b>	LL COMMIT		and a summary and a supplement	al Section C			restations to entry annexation, and entry
		C1 + C2) (Enter to						
								j

Revised January 2015	I. MONETAKI	KEC.	E11 19 (Sect	1008 A-K)		
NAME OF COMMITTEE (Provide Complete Name	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					
		<del> </del>				
	D. Loans	Receiv	ed this Period			
Name of Lender			Source of Loan:  Bank Canc	lidate 🔘 Individu	at Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (If applicable)				•	<del></del>	Amount Received
Street Address	City			State	Zip Code	
Name of Lender	The state of the s		Source of Loan:  Bank Cand	lidate ( ) Individu	al Other	Date of Receipt
Street Address	City			State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (If applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender	The state of the s		Source of Loan: OBank Cand	lidate ( ) Individu	al Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	<u> </u>			•		Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECTI	ON D		
E. Receipts from Entit	ies other than Indiv	iduals o	r Other Comp	nittees (Refere	ndum Committe	es ONLY)
Name of Entity						
Street Address	•			Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	butions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	butions	
Name of Entity						
Street Address	************			Date Received		Amount Received
Dity		State	Zip Code	Aggregate Contri	butions	
			TOTAL SECTI	ON E	;	

					<del>,</del>	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						OF REPORT
F. Ar	nount Transferred	from Affi	liated Bu	ısiness Treasury (Busit	tess Entit	y Committees ONLY)
Date of Receipt	Is this transaction associated in Section		8Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		8Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associated in Section		8Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associevent reported in Section		8Yes No	If yes, list Event #		Amount
			ta 144 erranna (1440 eta 1414 filologia (1444 eta 1444 e	TOTAL SECTION	٧F	
G. Amount Trans	ferred from Affilia	ted Labor	Union o	r Other Organization	Treasu	xy (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of R	eceipt
Amour	ıt		A	mount		Amount
				TOTAL SECTION	G	
	- And the second se		i Mayan kapit ng ay gita kayan ke ikin ana it kananin 2000 ki	isideedii Aada ka		
н.	Personal Funds of	the Candi	date Rec	eived this Period (Car	didate Co	ommittees ONLY)
Date of Receipt	Method of payment:					Amount
gard of the same	<b>O</b> Cash	Oı	Personal Che	eck O Credit/Debit (	Card	
Date of Receipt	Method of payment:  Cash	O 1	Personal Che	cck Credit/Debit (	Card	Amount
Date of Receipt	Method of payment:					Amount
	OCash	O i	Personal Che	ck Credit/Debit (	Card	
Date of Receipt	Method of payment:			441/8200		Amount
	O Cash	О	Personal Che	ck O Credit/Debit C	Card	
				TOTAL SECTION	Н ИС	
		I. An	onymou	s 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.

Page 7 of 17

Revised January 2915	1. MONETAKT RECEIPTS	Sections A	<u> </u>	K)		1180.011.
NAME OF COMMITTEE (Provide Complete Num	e as Registered with Filing Repository)		TYP	E OF RE	PORT	
	J. Interest from Deposits in Author	rized Accoun	ıts			
Name of Institution				Received		Amount
Street Address	City		State	Zip	Code	
Name of Careful days			Data	Received		Å
Name of Institution			Date	Received		Amount
Street Address	City		State	Zip	Code	
					180 T T 180 T T T T 180 T T T T T T T T T T T T T T T T T T T	
	TO	TAL SECTIO	ΝJ			
K. Misc	ellaneous Monetary Receipts not Co	onsidered Co	ntri	bution	s	
Name				Date of T	ransaction	Amount Received
Street Address	City		Sta	te	Zip Code	
Succe realizes	City				-F ****	
Description						
Name				Date of Ti	ransaction	Amount Received
						Amount Received
Street Address	City		Sta	te	Zip Code	
Description						
					*****	
Name				Date of Tr	ansaction	Amount Received
Street Address	City		Stat	le	Zip Code	
Description						i
Name				Date of Tr	ansaction	Amount Received
Street Address	City		Sta	ie I	Zip Code	
Succi radices	City				inp code	
Description						
			1	The same of the supplemental of the Permanent of the Sec		
	TOTALS	SECTION K				***************************************
SUMMARY	OF OTHER MONETARY RECEI	PTS (Section	ıs D	throug	gh K)	
Total Loans Received this Period (Section	D)					
Total Receipts from Entities other than In	dividuals or Other Committees (Section E)		+			
Total Amount Transferred from Affiliated	Business Treasury (Section F)		+			
Total Amount Transferred from Affiliated	Labor Union or Other Organization Treas	ury (Section G)	+			
Total Amount of Personal Funds of the Ca	andidate Received this Period (Section H)		+			
Total Amount of Interest from Deposits in	Authorized Accounts (Section J)		+			
Total Miscellaneous Monetary Receipts no			+	•		
	Total of Othe	er Monetary	Rec	eipts	and the second s	
(Add Sec	tions D through K) (Enter total on Line 15, Colu					İ

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

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository,	·	TYPE OF REPORT		
Maturo for Mayor 2015					
	. L1, Ever	nt Information			
Event # Date of Event Letter 06/04/15 a	Description Ad Book Beachfront Cocktail Party			Was this a fu	ndraising event
Location: Street Address		City		State	Zip Code
160 Morgan Avenue		East Haven		ст	06512
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section L.     Associated with a Hot purchases made by hos     No	use Party and complet	te required infor	mation for any
Did this fundraiser includ of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec  No	eipts here.)	\$	
	nittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	mittees other than Exploratory  Yes (If yes, go to Section L.  or on a Sign and comp	3 Purchases of Advert		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	reipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fur	ndraising event?
Location: Street Address	1	City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section LS Associated with a Hou purchases made by host ONo	ise Party and complete	e required infor	Contributions mation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required		not Considered (	Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	mittees other than Exploratory OYes (If yes, go to Section L3 or on a Sign and comp ONo	Purchases of Adverti		Program Book
Subpart 3: (Town Comn Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	eipts here.)	\$	
SUBTOTAL Section	n L1Subpart I (All Committees) Total Receipts fr	om Sale of Donated Items — '	This Page		
		tion L1—Subpart 3 <i>(Town Committ</i> elpts from Food Purchases — 1			
	TRACT.	TOTAL of additional Section	Li Pages		
		APTS FROM SMALL PUR			

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

					1 ==			
	(Provide Complete Name as Registe	ved with Filing Reposit	tory)		TYPE OF REPORT			
Maturo for Mayor 201								
N	L3. Purchase	es of Advertisi	ing in a Progr	am Book or o	on a Sign			
Name of Purchaser							se Made By:	<b>O</b> 04
See attached schedul	e of business donors. Tota	al at bottom of p	page.		i	Business Entity Other		
Street Address	- 110mg		l cru		<u>l</u>	Oinc	lividual/Sole I	
affeet Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purchas	se .	Amount of Si	gn Purchase
Name of Purchaser								
ivaine of Parchaser						_	e Made By:	Outure
						_	siness Entity	Other
Street Address			City			<b>O</b> ma	ividual/Sole P	Zip Code
							Dialy	Zip Collo
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purchas	ie z	Amount of Sig	gn Purchase
Name of Purchaser						Purchase	e Made By:	<u> </u>
							siness Entity	Other
						O Ind	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
							:   	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	e /	\ \mount of Sig	gn Purchase
Name of Purchaser					I	Purchase	Made By:	
					1 1	_	siness Entity ividual/Sole P	Other
Street Address			City	** ************************************		<u> </u>	State	Zip Code
								•
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	e A	Amount of Sig	n Purchase
Name of Purchaser					l r	\	Made By:	
name of tableset							iness Entity	Other
					ľ.	_	vidual/Sole Pr	_
Street Address			City				State	Zip Code
								-
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purchase	- A	mount of Sig	n Purchase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book —	- This Page	.l		
	SUBTOTAL Section	on L3 Total Purcl	hases of Advertis	sing on a Sign —	- This Page	<del></del>		
			TOTAL of a	dditional Section	n La Pauce	,		
	OF THE DIP OF A COLUMN	D 1 10 10 10 10 10 10 10 10 10 10 10 10 1						
TOTAI	L OF ALL PURCHASES O		G IN A PROGR <i>i</i> Line 16c, Column			050.0	0	

	ublic Act 11-48, effec al purchases from a co							
NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposit	ory)		TYPE OF REPO	RT		
Maturo for Ma	yor 2015				July 1	0 Fil	ing	
	L3. Purchase	s of Advertisi	ng in a Progra	ım Book or o	n a Sign			
Name of Purchaser			· · · · · · · · · · · · · · · · · · ·	end of the section of		Purchas	e Made By:	<del></del>
Cohen & Acampora							siness Entity	☐ Other
Street Address			Loin			□ Inc	1	Proprietership
8 Frontage Road			City East Have	n			State CT	Zip Code 06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Si	ign Purchase
6/2/15	060415a	\$250.00	\$250.00					
Name of Purchaser						Purchas	e Made By:	
Anastasio's Steakhou	¢6					🔀 Bu	siness Entity	☐ Other
						□ Ind	ividual/Sole F	roprictorship
Street Address			City	,			State	Zip Code
640 Silver Sands Roa	d 		East Havei	n			CT	06512
Date Received	Event #	Aggregate Purchases	e Purchases for All Events Amount of Program Ad Purch			se A	Amount of Si	gn Purchase
6/1/15	060415a	\$250.00			\$250.00	ļ		
Name of Purchaser						Purchase	e Made By:	
A. Anastasio and Son'	s Trucking						siness Entity ividual/Sole F	Other Proprietorship
Street Address			City				State	Zip Code
80 Middletown Aveni	ıe		New Have	n			CT	06513
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prop	gram Ad Purcha	se /	Amount of Si	gn Purchase
6/1/15	060415a	\$250.00			\$250.00			
Name of Purchaser	,			<u> </u>		Purchase	Made By:	
Foxon Park Beverage	s, Inc.					X Bus	iness Entity	☐ Other
Street Address						□ Indi	vidual/Sole P	
			City				State	Zip Code
103 Foxon Blvd.	T		East Haver	T			СТ	06513
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prop	gram Ad Purchas	e A	mount of Sig	ın Purchase
4/24/15	060415a	\$250.00			\$250.00			
Name of Purchaser						Purchase	Made By:	
Advanced Investigation	ons						iness Entity	☐ Other
Street Address			City	·		Lindi	vidual/Sole Pi State	Zip Code
P.O. Box 9650			New Haver	ı			СТ	06533
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchas	e A	mount of Sig	ın Purchase
6/1/15	060415a	\$250.00			\$250.00	i		
i ini maniferia in anno maniferia de la manife	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book —	This Page			\$1250.00
	SUBTOTAL Section	on L3 Total Purch	nases of Advertisi	ng on a Sign —	This Page			
			TOTAL of ad	lditional Section	1 L3 Pages			
TOTAI	OF ALL PURCHASES O		G IN A PROGRA Line 16c, Column A		1			

	Public Act 11-48, effort al purchases from a	_	•		***			
NAME OF COMMITTEE	े (Provide Complete Name as Reg.	istered with Filing Repost	tory)		TYPE OF REPO	ORT		
Maturo for Ma	ayor 2015				July :	10 Filing		
	L3. Purcha	ses of Advertis	ing in a Progr	am Book or e				
Name of Purchaser		· · · · · · · · · · · · · · · · · · ·	We have been a second as a second as a second as a second as a second as a second as a second as a second as a	·		Purchase Made By:		
Complete Sewer and	Drain Services					☐ Business Entity ☐ Other		
Street Address						X In	dividual/Sole I	
117 Old Foxon Road			City East Have	East Haven			State	Zip Code 06513
Date Received	Event#	Aggregate Purchase	Aggregate Purchases for All Events Amount of Program Ad Pu		gram Ad Purch	ase	Amount of S	gn Purchase
6/2/15	060415a	\$50.00			\$50.00			
Name of Purchaser						Purcha	se Made By:	
A donner of March Comme	a D					i	isiness Entity	Other
Advanced Tech Sewe					□in	dividual/Sole I	roprictorship	
Street Address			City				State	Zip Code
86B Leonardo Drive			North Ha	ven			СТ	06473
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	gn Purchase
6/2/15	060415a	\$250.00			\$250.00			
Name of Purchaser						l	se Made By:	
Country Septic Service, LLC							isiness Entity	☐ Other
Street Address			City		· · · · · · · · · · · · · · · · · · ·	Line	dividual/Sole F	Zip Code
86B Leonardo Drive			North Hav	ven			CT	06473
Date Received	Event #	Aggregate Purchase	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	gn Purchase
6/2/15	060415a	\$250.00			\$250.00			
Name of Purchaser				!		Purchase Made By:		
5 Dees, LLC							siness Entity	☐ Other
Street Address			Lois				lividual/Sole P	roprietorship Zip Code
			City				State	'
218 Foxon Road	1		East Have	7		<del></del>	CT	06513
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise .	Amount of Si	ın Purchase
5/19/15	060415a	\$250.00			\$250.00			
Name of Purchaser							e Made By:	
Fasano, Ippolito, & Le	ee						siness Entity lividual/Sole P	☐ Other roprietorship
Street Address			City				State	Zip Code
388 Orange Street			New Have	n		,	CT	06511
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prop	ram Ad Purcha	se ,	Amount of Sig	n Purchase
6/2/15	060415a	\$250.00			\$250.00			
	SUBTOTAL Section L3	Total Purchases of	Advertising in P	rogram Book —	This Page			\$1050.00
	SUBTOTAL Sec	ction L3 Total Purc	hases of Advertis	ing on a Sign —	This Page			
			TOTAL of a	dditional Section	n L3 Pages			
ТОТА	L OF ALL PURCHASES	OF ADVERTISIN	G IN A PROGRA	AM BOOK or C	N A SIGN			

(Enter total on Line 16c, Column A of Summary Page Totals)

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

		III II V III ( I II C )		sections 131	110)			
		, effective January 1 m a committee tag s						
NAME OF COMMITTI	EE (Provide Complete Name	as Registered with Filing Reposit	ory)		TYPE OF REPO	)RT	·····	
Maturo for M	layor 2015				July :	10 Fil	ing	
	L3, Pu	rchases of Advertisi	ng in a Prog	ram Book or o	on a Sign			
Name of Purchaser							se Made By:	
Eco Life Incentives	& Marketing Corp.					1	isiness Entity dividual/Sole :	☐ Other  Proprietorship
Street Address			City				State	Zip Code
420 Jericho Tpke., S	Ste 110		Jericho				NY	11753
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purch	ase	Amount of Si	I Ign Purchase
4/24/15	060415a	\$250.00			\$250.00			
Name of Purchaser						Purchas	se Made By:	
Cable Comm, LLC						☑ Bu	siness Entity	☐ Other
_	UNIV. ALBERTA REAL PROPERTY AND A STATE OF THE STATE OF T		r			☐ Ind	lividual/Sole I	<del></del>
Street Address			City				State	Zip Code
P.O. Box 143			Guilford	<b>-</b>			СТ	06437
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	gn Purchase
4/25/15	060415a	\$250.00			\$250.00			
Name of Purchaser						ļ	e Made By:	——————————————————————————————————————
Talmadge Park							siness Entity lividual/Sole F	Other
Street Address	<u></u>		City			<u> </u>	State	Zip Code
38 Talmadge Avenu	ıe		East Hav	en			СТ	06512
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise /	Amount of Si	Ign Purchase
4/24/15	060415a	\$250.00			\$250.00			
Name of Purchaser						Purchas	e Made By:	
						□ Bus	siness Entity	☐ Other
Street Address						□ Ind	ividual/Sole P	<del>,</del>
pucci Mudiess			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	ın Purchase
Name of Purchaser						<u></u>	W 1 5	
Jame of Phicusser							e Made By: siness Entity	Other
							ividual/Sole P	
treet Address			City			į	State	Zip Code
Date Received	Event #	Aggregate Purchases t	or All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	in Purchase
	SUBTOTAL South	on I 2 Total Buyahasas of	A duoutloina in 1	Program Pask	This Dage		······································	\$750.00
		on L3 Total Purchases of A  L Section L3 Total Purch						φ/ 30.00
				additional Sectio		****************	······································	
тот	AL OF ALL PURCHA	ASES OF ADVERTISING	ency and a second of the secon			•		

(Enter total on Line 16c, Column A of Summary Page Totals)

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

NAME OF COMMITT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
THE THE THE THE THE THE THE THE THE THE	T A	In-Kind Donation	s Not Consid	ered Contributions					
Name of Donor	LIT	. III-IMIU DONALIOIE	a rec Constu	Cita Contributions	***************************************				
Street Address	All the second		City			State	Zip Code		
Street Address			City			State	Zip Code		
Donation Given By:  Business Entity	Description of Donation				Fair	Market V	alue of Donation		
O Individual O Sole Proprietorship	Date Received	Event #	Event # A		Aggregate Value for this Event				
Name of Donor					Stantenhaldet (Stante de Jesé (Státa)		eki (hadeadeadeadean eta arraga eta arraga eta arraga eta arraga eta arraga eta arraga eta arraga eta arraga e		
Street Address			City			State	Zip Code		
Donation Given By:  Business Entity	Description of Donation	onation				L Market Va	lue of Donation		
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event					
Name of Donor									
Street Address			City			State	Zip Code		
Donation Given By:  Business Entity	Description of Donation				Fair i	Market Va	lue of Donation		
Olndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for this Event					
Name of Donor									
Street Address			City			State	Zip Code		
Donation Given By:  Business Entity	Description of Donation				Fair N	I Iarket Va	Luc of Donation		
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for this Event					
	al manusaria managaria de la composição de la composição de la composição de la composição de la composição de	SUB	TOTAL Section	1 L4 — This Page					
		TOTA	AL of additional	Section L4 Pages					
тот	AL OF ALL IN-KIND (	DONATIONS NOT CO Enter total on Line 21, C							
			mantak karen 1941 an 1960 man 1960 maniak disepakan disepakan disepakan disepakan disepakan disepakan disepaka		and the second s		TO TO THE STATE OF		

# II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT		
L5. I	n-Kind Donations Not Consider	red (	Contributions Associa	ted with a H	Iouse Par	v	
Name of Host	The state of the s				supporting more than one candidate or		
Daniel Adams				committee? (	Yes <b>(a)</b> No emplete Itemization in Addendum L5		
Street Address			City			State	Zip Code
160 Morgan Avenue			East Haven			СТ	06512
Description of Donation Allowance of use of reside	ence (no goods, food, or supplies us	ed at	t all)		Fair Mai \$500.0		of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate	7500.0	O	
060415a	500.00	50	00,00			No. 2 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000	
Name of Host				Is this event s committee?	upporting mo	ore than on	e candidate or
					mplete Itemiza		endum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host				Is this event s	upporting mo	re than on	e candidate or
committee? (				Yes ONe		endum 15	
Street Address			City	7,700,000		State	Zip Code
							-
Description of Donation					Fair Mar	ket Value o	f Donation
F#	A	T		-44 1: T.4.			
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events— <i>this ho</i>	si/canaiaaie			
Name of Host	**************************************			Is this event s	upporting mo	re than on	e candidate or
				committee? (	∫Yes ∪No nplete Itemiza		endum I.5
Street Address			City	27 503, 001	inpieto renitizi	State	Zip Code
			·				
Description of Donation		I			Fair Mar	ket Value of	f Donation
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	st/candidate			
		SUB'	TOTAL Section L5 — T	his Page			
	To	ОТА	L of additional Section 1	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on L		ONSIDERED CONTRIE 2, Column A of Summary P				

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

Resided January 2015	.1. 1101111101	JEIAKI KEC	EII IB (Beens	110 111 0)			
NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		TYPE OF REPORT			
The second secon	певаттивопатом в мерения и перединувания в при при при при при при при при при при	M. In-Kind Con	 tributions			<u> </u>	
Name							
						I Zim Godo	
Street Address			City		State	Zip Code	
Type of contributor: Committee	Contribution						
Ondividual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to a candidate for a chief 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?  Yes  No					larket Value Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yes,	tor a principal of a state co indicate which branch or rument the contract is with	branches	O <sub>No</sub>		1945	
Name							
Street Address			City		State	Zip Code	
Type of contributor: Committee Olndividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind (	Contribution		.1.	
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or valued at more than	excess of \$400 to a candi- business he/she is associans \$5,000?	date for a chief executive of ted with have a contract w	officer of a municipality, ith said municipality		Market Value Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   If yes, indicate which branch or branches   Yes   Is contributor a principal of a state contractor?   Yes   If yes, indicate which branch or branches   Yes   If yes, indicate which branch or branches   Yes   Yes   If yes, indicate which branch or branches   Yes   Ye							
Name							
Street Address			City		State	Zip Code	
Type of contributor: Committee Olndividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind C	Contribution	,l	4	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		excess of \$400 to a candid business he/she is associate \$5,000?				Market Value Contribution	
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	Yes Is contribut	tor a principal of a state co ndicate which branch or l rament the contract is with	ntractor or prospective sta	_ ONo I			
1) yes, no 2 tone "	0.80		Section M — This Pag				
		TOTAL of addi	tional Section M Page	28			
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)							
N. Refundable Deposit to Telephone Company							
Last Name of Individual		First		MI	Date Deposit	Made	
Residential Street Address		City		State Zip Code	-	Amount of Deposit	
Name of Telephone Company		<u> </u>			$\dashv$		
Street Address		City		State Zip Code			
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)							

SEEC FORM 20

#### IV. EXPENDITURES (Sections P-T)

,,		`	•			
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maturo for Mayo	or 2015		July 10 Filing			
	P. Expenses	Paid by Committee	;			
Name of Payee Conquest Comm	nunications Group		Date of Payment 4/24/15	Method of Payment:  Check # 1005  Debit Card  DEFT		
Street Address 2812 Emerywoo	d Pky Ste. 103	City Richmond	<u> </u>	State Zip Code VA 23294		
Purpose of Expenditure (by code) POLL	Description Survey - 600 Voters		Event#	Amount 7,000.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contre					
Name of Payce FedEx Office		0	Date of Payment 4/27/15	Method of Payment: O Check #  Debit Card DEFT		
Street Address 1078 West Main S	Street	City Branford	·	State Zip Code CT 06405		
Purpose of Expenditure (by code) POST	Description Overnight Postage	Event# n/a	Amount 25.75			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	o) Independ				
Name of Payee US Post Office - Trolley Square Date of Payment 05/05/15				Method of Payment:  Check #  Debit Card  DEFT		
Street Address 175 Main Street, S	Ste. 2	City East Haven		State Zip Code CT 06512		
Purpose of Expenditure (by code) POST	Description Postage Stamps		Event# n/a	Amount 98.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in kind control	re)     Indepen	-			
Name of Payee Staples			Date of Payment 05/05/15	Method of Payment:  Check #  Debit Card  EFT		
Street Address 85 North Main St	reet	City Branford		State Zip Code CT 06405		
Purpose of Expenditure (by code) OFFICE	Description Enevlopes and Toner		Event# n/a	Amount 257,12		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) [Independ	ŕ			
	S	UBTOTAL Section P —				
	TO	FAL of additional Sectio	on P Pages 5,147.01			
	TOTAL OF ALL EXPE	NSES PAID BY COM 19, Column A of Summary				

SEEC FORM 20 Reshed January 2015

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maturo for Mayo	r 2015		July 10 Filing				
	P. Expenses	Paid by Committee					
Name of Payee Staples			Date of Payment 05/21/15	Method of Payment: O Check # O Debit Card OEFT			
Street Address 85 North Main St	reet	City Branford		State Zip Code CT 06405			
Purpose of Expenditure (by code) OFFICE	Description Business Cards (Tickets for event)		Event# 060415a	Amount 32.53			
Expenditure # (if applicable)							
Name of Payee Bottle Depot	Method of Payment: Check # Debit Card DEFT						
Street Address 55 Frontage Roac		City East Haven		State Zip Code CT 06512			
Purpose of Expenditure (by code) FNDR	Description Spirits for 6/4/15 Fundraiser		Event # 060415a	Amount 664.92			
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA  OB  OC  D							
Name of Payee South Shore Wine	Method of Payment: Check # Debit Card DEFT						
Street Address 662/670 Coe Ave	nue	City East Haven		State Zip Code CT 06512			
Purpose of Expenditure (by code) FNDR	Description Spirits for 6/4/15 Fundraiser		Event# 060415a	Amount 84.05			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	e) Indepen					
Name of Payce Minuteman Press	5		Date of Payment 06/04/15	Method of Payment: Check # Debit Card EFT			
Street Address 330 Main Street		City East Haven		CT Zip Code CT 06512			
Purpose of Expenditure (by code) PRNT	Description Printing of ad book for 6/4/15 event		Event # 060415a	Amount 153.33			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD						
	SI	UBTOTAL Section P —	-				
		FAL of additional Sectio					
	TOTAL OF ALL EXPER (Enter total on Line	NSES PAID BY COM 19, Column A of Summary					

SEEC FORM 20

#### IV. EXPENDITURES (Sections P—T)

	ITEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maturo for Mayo	or 2015		July 10 Filling			
	P. Expenses	Paid by Committee				
Name of Payee Staples		·	Date of Payment 06/21/15	Method of Payment: O Check #  © Debit Card DEFT		
Street Address 85 North Main S	treet	City Branford	1	State   Zip Code   CT   06405		
Purpose of Expenditure (by code) OFFICE	Description Event # Business Cards n/a			Amount 32.53		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri					
Name of Payee Forks and Finger	Method of Payment:  Check # 1006  Debit Card  Defit					
Street Address 670 Main Street		City East Haven		State Zip Code CT 06512		
Purpose of Expenditure (by code) FNDR	Description Event # Catering for 6/4/15 Event 060415a			Amount 3,895.07		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unli  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	) Independ	·			
Name of Payee US Post Office - Ti	Method of Payment: Check # Debit Card DEFT					
Street Address 175 Main Street, S		<sup>City</sup> East Haven		State Zip Code CT 06512		
Purpose of Expenditure (by code) POST	Description Postage Stamps		Event # n/a	Amount 112.70		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	) Independ	lent			
Name of Payee Facebook.com			Date of Payment 5/1/15	Method of Payment: O Check #  Debit Card OEFT		
Street Address 1 Hacker Wat		<sup>City</sup> Menlo Park		State Zip Code CA 04025		
Purpose of Expenditure (by code) A-WEB	Description Facebook advertising		Event# n/a	Amount 9.13		
Enpenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	O Independe	•			
	SU	BTOTAL Section P —				
		AL of additional Section				
	TOTAL OF ALL EXPEN (Enter total on Line 1	SES PAID BY COM 19, Column A of Summary F				

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Maturo for Mayo	or 2015		July 10 Filing		
	P. Expenses	Paid by Committee	MANAGEMENT AND AND AND AND AND AND AND AND AND AND		
Name of Payee			Date of Payment	Method of Payment:	
Facebook.com			5/11/15	O Check #	
Street Address		City		State Zip Code	
1 Hacker Way		Menlo Park		CA 94025	
Purpose of Expenditure	Description		Event #	Amount	
(by code) A-WEB	Facebook advertising		n/a	50.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	doss "None of the helow" is a	ahaokad)	-	
(if applicable)	None of the below	tess frome of the octor to a	Heckeny		
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		tionOAOBOCOD		
Name of Payee			Date of Payment	Method of Payment;	
Facebook.com			6/1/15	O Check #	
Street Address	-	City		O Debit Card O EFT State Zip Code	
1 Hacker Way		Menlo Park		CA 04025	
·					
Purpose of Expenditure (by code) A-WEB	Description		Event #	Amount	
A-WCD	Facebook advertising		n/a	112.75	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unl	less "None of the below" is c	hecked)	†	
(if applicable)					
	Coordinated with reimbursement sought (joint expenditure)		_		
Name of Payee	Coordinated without reimbursement sought (in-kind contrib	nution) Organizati	Date of Payment	La c-d d - CDarmante	
Name of Layee			Date of rayment	Method of Payment:  O Check #	
				O Debit Card OEFT	
Street Address		City		State Zip Code	
Purpose of Expenditure	Description		Event#	Amount	
(by code)				1 KMOMAL	
Propagations #				-	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	checked)		
	None of the below Coordinated with reimbursement sought (joint expenditure	e) Independ	lent		
	Coordinated without reimbursement sought (in-kind contri	·	tiorOAOBOCOD		
Name of Payee			Date of Payment	Method of Payment:	
				O Check #	
Street Address		City	<u></u>	O Debit Card O EFT State Zip Code	
		East Haven			
n enditue	<u> </u>		· . "		
Purpose of Expenditure (by code)	Description	['	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unla	ess "None of the below" is ci	hecked)		
19 topposition	None of the below	~			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	~ ~		[	
		, Organizati	on OA OB OC OD		
zyjiohani taji ogunasiya dayomiyo ayong ayong ayong a	SU	JBTOTAL Section P —	This Page 162.75		
	ТОТ	AL of additional Section	1 P Pages 0.00		
<del></del>	TOTAL OF ALL EXPEN (Enter total on Line )	NSES PAID BY COM! 19, Column A of Summary P			
		. ,	-3		

NAME OF COMM	TTEE (Provide Complete Name as Registered with	TYPE OF REPOR	TYPE OF REPORT			
	O Con	angian Eunangan Daid	hy Candidata			
Name of Payee (Name o	f Vendor, Person or Entity who candidate paid direct	ppaign Expenses Paid	Date of Payment	Is reimbursement claimed?  O Yes O No		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Name of Payee (Name o	Vendor, Person or Entity who candidate paid direct	y)	Date of Payment	Is reimbursement claimed?  O Yes O 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	r)	Date of Payment	Is reimbursement claimed?  Yes 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?  Yes No		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event#	Amount		
Name of Payee ( <i>Name of</i>	Vendor, Person or Entity who candidate paid directly	)	Date of Payment	Is reimbursement claimed?  Yes No		
Street Address		City		State Zip Code		
Purpose of Expenditure by code)	Description	<b>1</b>	Event #	Amount		
Name of Payee (Name of	vendor, Person or Entity who candidate paid directly	)	Date of Payment	Is reimbursement claimed?  Yes No		
Street Address		City		State Zip Code		
Purpose of Expenditure by code)	Description		Event#	Amount		
		SUBTOTAL Sec	ction Q — This Page			
			nal Section Q Pages			
		ALL EXPENSES PAID or total on Line 26, Column A o				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF RE	TYPE OF REPORT				
	R. Expenses l	ncurred on Committe	ee Credit Card	2,441.20				
ame of Issuing Insti		Type of Credit Car						
		O Visa	Master Card ODiscover	American Express Oother:				
ame of Vendor, Person	or Entity			Date of Transaction				
treet Address		City		State Zip Code				
rpose of Expenditure y code)	Description	<b>I</b>	Event#	Amount				
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum R  None of the below  Coordinated with reimbursement sought (jo	pint expenditure)	below" is checked) Independent Organization	с Ов				
ame of Vendor, Person o	or Entity			Date of Transaction				
treet Address		City		State Zip Code				
irpose of Expenditure y code)	Description		Event #	Amount				
xpenditure # f <i>applicable</i> )	Type of Expenditure (Itemization in Addendum R  None of the below  Coordinated with reimbursement sought (jo	oint expenditure)	below" is checked)  Independent  Organization A OB O	с Ов				
	- Cath.			b				
ame of Vendor, Person o	и Ешпу			Date of Transaction				
	i Eiliny	City		State Zip Code				
fame of Vendor, Person of treet Address  upose of Expenditure y code)	Description	City	Event #					
treet Address upose of Expenditure		Required unless "None of the lint expenditure)	below" is checked)	State Zip Code  Amount				
reet Address  upose of Expenditure y code)	Description  Type of Expenditure (Itemization in Addendum R. O None of the below Coordinated with reimbursement sought (jo	Required unless "None of the lint expenditure)	helow" is checked) Independent Organization: A B C	State Zip Code  Amount				
rpose of Expenditure code)	Description  Type of Expenditure (Itemization in Addendum R. O None of the below Coordinated with reimbursement sought (jo	Required unless "None of the and interpretation of the contribution  Independent Organization: A B C	State Zip Code  Amount					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE					E OF REPORT			
Name of Creditor  Taylor Rental	S. Expenses Incurred by Com	mittee but Not Paid	During thi	s Period	Date Incu			
Street Address 174 Cedar Street		City Branford			State CT	Zip Code 06405		
Purpose of Expenditure (by code) FNDR	Description Chairs, Tables, Linens for Event (Debit trans.	didn't clear yet)	Amount Incurred (Estimate or Actual) 888,82					
Expenditure # 6f applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	- 888	.82					
Name of Creditor					Date Incu	red		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#			ount Incurred timate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continuous)	Indepe	ndent	ов Ос Ор				
Name of Creditor					Date Incurred			
Street Address		City		State	Zip Code			
Purpose of Expenditure by code)	Description		Eyent#			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ure) Indepe	ndent	)в Ос Ор				
SUBTOTAL Section S-This Page 888.82								
TOTAL of additional Section S Pages								
FOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals) 888.82								
Previously reported Expenses Unpaid and still Outstanding 0.00								
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)  888.82								

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TY	TYPE OF REPORT					
	T. Itemization of Reiml	bui	rsements	and Secor	ıdary Pa	vees				
Last Name of Worker/Consultant		Fi				<b>V</b>	MI	Date of Person of	Payment to V or Entity	endor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		<u> </u>					n Section P:	_	Worker/Cons	ultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City			<u>  • • • • • • • • • • • • • • • • • • •</u>	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	<u></u>
Purpose of Expenditure (by code)	Description		<u></u>		Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditi	ше)	O Indepe	is checked)	О В C	) О			
Last Name of Worker/Cons	ultant	Fir	rst				MI	Date of I Person o	Payment to Ve r Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	I					Section P:	_	Worker/Const bit Card <b>(</b>	DEFT
Street Address of Vendor, F	erson 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 Require  None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind)	nditu	не)	O Indep	is checked) endent O	O C	СОВ			
Last Name of Worker/Cons	vitant	Fír	st				МІ	Date of I Person o	Payment to Ve r Entity	endor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to reported in Chec	Section P:	_	Worker/Consu	ltant as
Street Address of Vendor, F	erson 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 Require  None of the below  Coordinated with reimbursement sought (joint exper  Coordinated without reimbursement sought (in-kind	ıditu	ıre)	O Indepe	endent O	ОВС	С • В			
		s	UBTOTAI	. Section T –	– This Pag	ge				
TOTAL of additional Section T Pages										
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VO	RKERS A	AND CONS	ULTANI	rs				
		_								