## **SEEC FORM 23**

Self-Funded Candidate's Expenditure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised March 2012

TOWN CLERK'S OFFICE EAST HAVEN, CONN. gravino, corc

Do Not Mark in This Space For Official Use OFOWN CLERK

	COVER PAGE	Page 1 of 4
1. CANDIDATE NAME		
ON (	Last SIOSON	Suffix
2. CANDIDATE ADDRESS		
Street Address 12 WILKENDA AVE.	EAST HAVEN	State Zip Code CT. 04512
3. ELECTION DATE 4. OFFICE SOUGH	нт	5. DISTRICT NUMBER
	40 <u>D</u>	(I applicable)
6. TYPE OF REPORT (Check One Box)		
☐ January 10 ☐ 7th day preceding primary		al Statement (Specify Type)
☐ April 10 ☐ 30 days following primary	☐ 45 days following special election — · · ·	
☐ July 10 ☐ 7th day preceding election	☐ Amendment	to (Specify Type of Report)
October 10		
7. PERIOD COVERED		
Beginning 1	Date Ending Date	
7/1/19	9/20/19	,
11117	through /100///	na dia dia dia dia dia dia dia dia dia di
8. CERTIFICATION		
I hereby certify and state, under penalties of false sta <b>Expenditure Statement</b> for the period covered is tr	atement, that all of the information set forth on this ue, accurate and complete.	s Self-Funded Candidate's
SIGNATURE OF CANDIDATE	ONI SIOSON PRINTED NAME OF CANDIDATE	9   8   19 DATE (mm/dd/yyyy)
	SUMMARY	
	COLUMN A This Period	COLUMN B Aggregate
9. Expenditures Paid by Candidate (Section A - Page 2)	\$ 3,771.09	
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)		
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY F	FINE NOT TO EXCEED \$1 000 OB IMPRISONMENT FOR N	OT MODE THAN ONE VEAR OR BOTT

Detailed instructions for the SEEC Form 23 are available on the Commission website at www.ct.gov/seec or at the Commission's offices.

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION 20 Trinity Street · Hartford, Connecticut 06106-1628

NAME OF CANDIDATE	TYPE OF REPORT				
ONI SIOSON					
CONTROL OF THE SECOND	s Paid by Candidate				
VISTA PRINT		#5891			
275 WYMAN ST	City WALTHAM	State Zip Code MA 02451			
Date of Payment Purpose of Expenditure Description  07/22/19 A-OTH BUSINESS" CARD					
Name of Candidate (if applicable)  ON 1 S10 SON	Office Sought  MAYOR-TAST HA	☐ Yes <b>②</b> No  If yes, complete Section A. Addendum			
Name of Payee  VISTA PRINT		Amount # 92.18			
275 WYMAN ST	WALTHAM	State Zip Code			
Date of Payment / Purpose of Expenditure   Description     OS   19   19   A -Oth   BUSINUESS' CI		Is this expenditure coordinated with more than one candidate?			
Name of Candidate (if applicable)  Office Sought					
ONI SIOSON	MAYOZ-EAST HA	If yes, complete Section A. Addendum			
Name of Payce  OUTFRONT MEDIA		# 3620 —			
355 WASHNGFON AUE	NO. HAVEN	State Zip Code CT 06 473			
Date of Payment Purpose of Expenditure Description  8/12/19 A-316N BIWBOARD Si	16NS	Is this expenditure coordinated with more than one candidate?			
Name of Candidate (if applicable)  ONI Groson	Office Sought  MAYOR, -EAST HA	Yes No If yes, complete Section A. Addendum			
Name of Payee  LANAD ADVEDTISNG		# 800 —			
Street Address 329 WEST AUE	BRIDGEPORT	State Zip Code  C) 06604			
Date of Payment  Purpose of Expenditure  (by code)  A-SIGN  BILLIBOARD  SIGN  Name of Candidate (if applicable)	ėns	Is this expenditure coordinated with more than one candidate?			
ONI 51050N	MAYOR -EAST HA	Yes MNo  If yes, complete Section A. Addendum			
SUBI	TOTAL Section A - This Page 3,7	71,09			
TOTAL of additional Section A Pages					
TOTAL OF ALL EXPE	NSES PAID BY CANDIDATE (Enter total on Line 9 of Cover Page)				

## Section A. ADDITIONAL PAGE 3 of 4

NAME OF CANDIDATE	TYPE OF REPORT				
ONI SLOSON					
A. Expenses Paid by Candidate					
Name of Payee		# Amount			
LAMAR ADVERTISING		152A.00			
Street Address	City	State Zip Code			
32 MIDLAND ST.	WINDSOR,	CT 06025			
Date of Payment Purpose of Expenditure Description	κ.	Is this expenditure coordinated with			
Name of Candidate (if applicable)  Name of Candidate (if applicable)		more than one candidate?			
	Office Sought	☐ Yes ☑ No			
ONI SIOSON	MAYOR-EAST	Section A. Addendum			
Name of Payee		Amount			
HEADST MEDIA SUCS.		#999.0			
Street Address C	ity	State Zip Code			
100 GANDO DZ.	NEW HAUEN	C) 96511			
Date of Payment Purpose of Expenditure Description		Is this expenditure coordinated with			
09/04/9 A-WEB ONLINE COM Name of Candidate (if applicable)	, , , , , , , , , , , , , , , , , , , ,	more than one candidate?			
	Office Sought	☐ Yes ☑ Ño			
ON1 51050N	MAYOR - EAST HA	UEN If yes, complete Section A. Addendum			
Name of Payee		Amount			
1		1-1-10			
SHORE PUBLISHING		975 %			
Street Address C	MAD (Cons)	975 CO XX State Zip Code			
P.O.BOX 1010	MADISON	975 %x State Zip Code CI 06443			
Date of Payment Purpose of Expenditure Description	MADISON	State Zip Code C1 OG 443  Is this expenditure coordinated with			
Street Address  P.O. BOX 1010  Date of Payment Purpose of Expenditure (hy code)  O9/17/19 A-NEWS COURIER NEWSPA	MADISON	State Zip Code  C1 OG 443  Is this expenditure coordinated with more than one candidate?			
Date of Payment Purpose of Expenditure Description	MADISON	State Zip Code  C1 OG 443  Is this expenditure coordinated with more than one candidate?  Yes No			
P.O.BOX 1010  Date of Payment: Purpose of Expenditure (by code)  A-NEWS COURIER NEWSP.  Name of Candidate (if applicable)	MADISON	State Zip Code  C1 OG 443  Is this expenditure coordinated with more than one candidate?			
Street Address  P.O. BOX 1010  Date of Payment Purpose of Expenditure (hy code)  O9/17/19 A-NEWS COURIER NEWSPA	MADISON	State Zip Code  C1 OG 443  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete			
Street Address  P.O. BOX 1010  Date of Payment Purpose of Expenditure (by code)  A-WEWS COURIER NEWSP  Name of Candidate (if applicable)	MADISON  APER Office Sought	State Zip Code C1 OG 443  Is this expenditure coordinated with more than one candidate?  Yes No If yes, complete Section A. Addendum  Amount			
Street Address  P.O. BOX 1010  Date of Payment Purpose of Expenditure (by code)  A-WEWS COURIER NEWSP  Name of Candidate (if applicable)	MADISON	State Zip Code  Cl OG 443  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete Section A. Addendum			
Street Address  P.O. BOX 1010  Date of Payabert: Purpose of Expenditure (by code) A-NEWS COURIER NEWSP.  Name of Candidate (if applicable)  Street Address  Course of Expenditure (by code) COURIER NEWSP.	MADISON  APER Office Sought	State Zip Code  C1 OG 443  Is this expenditure coordinated with more than one candidate?  Yes MNo  If yes, complete Section A. Addendum  Amount  State Zip Code			
Street Address  P.O. BOX 1010  Date of Payment Purpose of Expenditure (by code)  A-WEWS COURIER NEWSP  Name of Candidate (if applicable)	MADISON  APER Office Sought	State Zip Code  C1 OG 443  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete Section A. Addendum  Amount  State Zip Code  Is this expenditure coordinated with			
Street Address  P.O. BOX 1010  Date of Payment Purpose of Expenditure (by code) A-WEWS COURIER NEWSP.  Name of Candidate (if applicable)  Street Address  Course of Expenditure Description	MADISON  APER Office Sought	State Zip Code  CI OG 443  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete Section A. Addendum  Amount  State Zip Code  Is this expenditure coordinated with more than one candidate?			
Street Address  P.O. BOX 1010  Data of Payment  Purpose of Expenditure (by code)  Description  COURTER NEWSP  COURTER NEWSP  Courter New SP  Courter New	MADISON  APER Office Sought	State Zip Code  CI OG 443  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete Section A. Addendum  Amount  State Zip Code  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete			
Street Address  P.O. BOX 1010  Data of Payment  Purpose of Expenditure (by code)  Description  COURTER NEWSP  COURTER NEWSP  Courter New SP  Courter New	MADISON  APER Office Sought	State Zip Code  CI OG 443  Is this expenditure coordinated with more than one candidate?  Yes INO  If yes, complete Section A. Addendum  Amount  State Zip Code  Is this expenditure coordinated with more than one candidate?  Yes INO			
Street Address  P.O. BOX 1010  Date of Payment Purpose of Expenditure (by code)  Name of Candidate (if applicable)  Purpose of Expenditure (by code)  Purpose of Expenditure (by code)  Purpose of Expenditure (by code)  Name of Candidate (if applicable)	MADISON  APER Office Sought	State Zip Code  CI OG 443  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete Section A. Addendum  Amount  State Zip Code  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete			
Street Address  P.O. BOX 1010  Date of Payment Purpose of Expenditure (by code)  Name of Candidate (if applicable)  Purpose of Expenditure (by code)  Purpose of Expenditure (by code)  Purpose of Expenditure (by code)  Name of Candidate (if applicable)	MADISON  APER Office Sought  Office Sought	State Zip Code  CI OG 443  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete Section A. Addendum  Amount  State Zip Code  Is this expenditure coordinated with more than one candidate?  Yes No  If yes, complete			

Name of Creditor  Street Address  City  City  State  Zip Code  State  Zip Code  State  State  Zip Code  State  Sta	Restited March 2012		EALEI	DITUKES			Page 3 of 4
Storet Address	NAME OF CANDIDA	TE			TYPE OF REPORT		
Name of Credition    Cally   State   Zaja Code	1CD4CodeCodeCodeCodeCodeCodeCodeCodeCodeCode	R	Evnenses Incurred by Ca	ndidate this Pariod by	t Not Poid		
Silver Address	Name of Creditor	THE	TIA		ECTOLI AIG	Am	ount Incurred
Date incurred   Purpose of Expenditure   Description   State							
Name of Cardidate (frapelicable)	Street Address			City	TATELO	State	Zip Code
Name of Cardidate (frapelicable)							
Name of Candidate (if applicable) Name of Candidate (if applicable) Name of Candidate (if applicable)  Date Incurred Purpose of Expenditure Name of Candidate (if applicable) Na	Date Incurred		Description				coordinated with
Street Address	Name of Candidate (if app	licable)		Office Sought			çandidate?
Name of Ceeditor  Street Address  City State  City State  Zip Code  La distance separation for conformation of Ceeditor  Name of Ceeditor  City State  Zip Code  State  Street Address  City State  Zip Code  State  Amount Incurred  Description  City State  Zip Code  State  Z	19 127			Office Sough			
Street Address    City   State   Zip Code							Section B. Addendum
Date Incurred Purpose of Expenditure for odd  Purpose  Purpose of Expenditure for odd  Purpose  Purpose of Expenditure for odd  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Pu	Name of Creditor					Ame	ount Incurred
Date Incurred    Purpose of Expenditure   Description   Purpose of Expenditure   Description   Purpose of Expenditure   Description   Descript	Street Address			City		State	Zip Code
Name of Cardidate (If applicable) Name o							
Name of Casdidate (\$\sigma_{\text{papella label}}\$   Office Sought   State   State   \$\text{per complete sociolisated with processory and the same of Casdidate (\$\sigma_{\text{papella label label}}\$   Office Sought   \$\text{Sought sociolisate of State   \$\text{per complete sociolisated with processory and the same of Casdidate (\$\sigma_{\text{papella label}}\$   Office Sought   \$Sought sociolisated with processor   \$\text{per complete s	Date Incurred		Description			L	
Name of Candidate (if applicable)  Office Sought  Street Address  City  State  Zip Code  State zip Code  Office Sought  Office Sought  Office Sought  Office Sought  State  State zip Code  State zip Code  Office Sought  Office Sought  Office Sought  Office Sought  Office Sought  Office Sought  State  Zip Code  State zip Code  Office Sought  Office Sought  Office Sought  Office Sought  Office Sought  Office Sought  State  State  State  In Code  Office Sought  Office So	·						more than one
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Street Address    City   State   Zip Code							If yes, complete Section B. Addendum
Street Address   City   State   Zip Code    Date Incurred   Purpose of Expenditure   Description	Name of Creditor					Amo	ount Incurred
Date Incurred							
Name of Candidate (if applicable)  Office Sought  O	Street Address			City		State	Zip Code
Name of Candidate (if applicable)  Office Sought  O							
Name of Candidate (if applicable)  Name of Creditor  Name of Creditor  Street Address  City  State  Zip Code  Date Incurred  Purpose of Expenditure (by code)  Name of Candidate (if applicable)  Office Sought  Superintian  Office Sought  Superintian  Superintian  Office Sought  Superintian	Date Incurred	Purpose of Expenditure (hy code)	Description		* ************************************		
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Street Address  City  State  Zip Code  Date Incurred  Purpose of Expenditure (by code)  Date Incurred  Purpose of Expenditure (by code)  Name of Candidate (if applicable)  Office Sought  SUBTOTAL Section B - This Page  TOTAL of additional Section B Pages  TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD (Enter total on Line 10 of Cover Page)							If yes, complete Section B. Addendum
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Date Incurred    Purpose of Expenditure (by code)   Description     Is this expenditure coordinated with more than one candidate?   Office Sought							
Name of Candidate (If applicable)  Office Sought  Office Sought  SUBTOTAL Section B - This Page  TOTAL of additional Section B Pages  TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD (Enter total on Line 10 of Cover Page)	Street Address	· · · · · · · · · · · · · · · · · · ·		City	***************************************	State	Zip Code
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TOTAL of additional Section B Pages  TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD BUT NOT PAID  (Enter total on Line 10 of Cover Page)							Section B. Addendum
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 10 of Cover Page)			SUBTO	OTAL Section B - This P	age		
BUT NOT PAID (Enter total on Line 10 of Cover Page)			TOTAL of	f additional Section B Pa	iges		
Previous Reported Expenses Unpaid and Still Outstanding			INCURRED BY CANDIDAT	사람들은 경우를 가는 사람들은 아이를 가는 것이 없는데 없었다.			
		P	revious Reported Expenses U	npaid and Still Outstan	ding		
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE BUT NOT PAID (Enter total on Line 11 of Cover Page)	ТОТ	'AL OF ALL EXP	ENSES INCURRED BY CAN			~****	

NAME OF CANDIDAT	<u> </u>		<del></del>		TYPE OF REPORT		· · · · · · · · · · · · · · · · · · ·
NAME OF CANDIDATE 117E OF REPORT							
g crepture, has the property and proposed and provide a serving of commences and assessment and assessment of the company of t	C. Itemiz	ation of Reimbursements to	o Ca	undidate Workers	and Consultants	annen en manne en en anderste Constantino	
C. Itemization of Reimbursements to Candidate Workers and Consultants  Last Name of Worker/Consultant  First					MI		
							;
Secondary Payee				<del> </del>			Amount
			·				
Street Address City State					State	Zip Code	
D						T	
Date of Payment	Purpose of Expenditure	Description			Is this expenditure coordinated with more than one candidate?		
Name of Candidate (if appli	icable)			Office Sought			☐ Yes ☐ No
							If yes, complete Section C. Addendum
Last Name of Worker/Consu	ltant			First			MI
				10.00			
Secondary Payee							Amount
Street Address			City			State	Zip Code
Date of Payment Purpose of Expenditure Interception Purpose of Expenditure Description				Is this expenditure coordinated with more than one candidate?			
Name of Candidate (if appli	cable)			Office Sought			☐Yes ☐ No
							If yes, complete Section C. Addendum
Last Name of Worker/Consultant First				MI			
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Street Address			City			State	Zip Code
Date of Payment	Purpose of Expenditure	Description		***************************************			la this avnorditure
Date of Faymen	e of Payment Purpose of Expenditure Description (the cade)				Is this expenditure coordinated with more than one candidate?		
Name of Candidate (if applied	cable)			Office Sought			□Yes □ No
							If yes, complete Section C. Addendum
		SUBTO	ΓAL	Section C - This Pa	ge		
WARRANT OF THE STATE OF THE STA		TOTAL, of	addi	tional Section C Pag	es		
TOTAL OF ALL R	EMIBURSEMEN	TS TO CANDIDATE WORK	ERS	AND CONSULTA	NTS		
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