## **SEEC FORM 23**

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

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

	COVER PAGE	rage 1 01 4				
1. CANDIDATE NAME						
First * M		Suffix				
ONI SIOSON	SIDSON					
2. CANDIDATE ADDRESS						
Street Address	City	State Zip Code				
12 WILKENDA AUE	EAST HAUEN	C1 06512				
3. ELECTION DATE 4. OFFICE SOUGHT	Γ	5. DISTRICT NUMBER				
(mm/dd/yyyh) 11/05/2019 MAYOT	2	(if applicable)				
6. TYPE OF REPORT (Check One Box)	, , , , , , , , , , , , , , , , , , , ,					
☐ January 10 ☐ 7th day preceding primary ☐		nental Statement (Specify Type)				
☐ April 10 ☐ 30 days following primary ☐	45 days following special election	nary O Election				
☐ July 10 ☐ 7th day preceding election	☐ Amendn	nent to (Specify Type of Report)				
☐ October 10						
7. PERIOD COVERED						
Beginning D	ate , Ending Date					
1 /	1010 10/2010					
10/29/2	through 1991219	<del></del>				
8. CERTIFICATION						
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Self-Funded Candidate's  Expenditure Statement for the period covered is true, accurate and complete.						
SIGNATURE OF CANDIDATE	BOULFACIO ON SIOSO A PRINTED NAME OF CANDIDATE	U 3/2019 DATE (mm/dd/yyyy)				
	SUMMARY					
	COLUMN A This Period	COLUMN B Aggregate				
9. Expenditures Paid by Candidate (Section A - Page 2)	\$1462 SD	\$146250				
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	INE NOT TO EXCEED \$1,000, OR IMPRISONMENT F	OR NOT MORE THAN ONE YEAR, OR BOTH.				

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

NAME OF CANDIDAT	E				TYPE OF REPORT		
	Lacker was a series and a series	A. Expenses Pa	id l	y Caudidate			
Name of Payee					han 1884 - 1884 - 1885 - 1884 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1	y managan merupakan dalah merupakan	Amount
Street Address			City			State	Zip Code
Speci Addiess		;	City			B.M.C	2.4 0000
					•		
Date of Payment	Purpose of Expenditure (by rule)	Description	coordina more th				Is this expenditure coordinated with more than one candidate?
Name of Candidate (if applicable)  Office Sought						☐Yes ☐ No	
					If yes, complete		
						1	Section A. Addendum
Name of Payee							Amount
Street Address			City			State	Zip Code
Street Address City			lanp sout				
Date of Payment	te of Payment Purpose of Expenditure (by code) Description					Is this expenditure coordinated with more than one candidate?	
Name of Candidate (if appli	cable)			Office Sought			☐Yes ☐ No
							If yes, complete
						2	Section A. Addendum
Name of Payee							Amount
Street Address			City			State	Zip Code
							1
Date of Payment	Date of Payment   Purpose of Expenditure   Description   Purpose of Expenditure   Purpose of Exp					Is this expenditure coordinated with more than one candidate?	
Name of Candidate (if appli	cable)			Office Sought		.,	□Yes □ No
							If yes, complete Section A. Addendum
Name of Payee							Amount
Street Address			City			State	Zip Code
20020							'
		I	L				1
Date of Payment	Purpose of Expenditure (by code)	Description					Is this expenditure coordinated with more than one candidate?
Name of Candidate (if applie	cable)			Office Sought			☐ Yes ☐ No
							If yes, complete
			-04-7				Section A. Addendum
SUBTOTAL Section A - This Page							
TOTAL of additional Section A Pages							
		TOTAL OF ALL EXPENS		PAID BY CANDID A Enter total on Line 9 of Cover			
		•	12	week to the nu vale and Coles	- "0"		

NAME OF CANDIDATE		TYPE OF REPORT	<u>1</u>	
ONI SLOSON				
A. Expenses P	aid by Candidate			
Name of Payee			1 1/	Amount
LAMAR ADVERTISING			1521	9.00
Street Address	City		State	Zip Code
32 MIDLAND ST.	WINDSOR	· - /	G	06095
Date of Payment Purpose of Expenditure Description	▶	•		Is this expenditure coordinated with
09/10/19 A-SIGN BILLBOARD	<b> </b>			more than one candidate?
Name of Canadada (I) applicable)	Office Sought	,		□Yes ☑No
ONI SIOSON	MAYO	2-EASTA	HAVEN	If yes, complete Section A. Addendum
Name of Payee			11	mount
HEADST MEDIA SUCS.			#99	19.0
Street Address	City	•	State	Zip Code
Date of Payment Purpose of Expenditure Description	NEW HAU	EN	$\lfloor C \rfloor$	96511
(try code)	MINNE STO	+1		Is this expenditure coordinated with
09/04/9 1-WEB ONLINE COI	Office Sought	1616N7	·	more than one candidate?
, , , ,		+ · + //		☐ Yes ☑ Ño  If yes, complete
Name of Payee	MAY012 -	EAST HA	EN 3	Section A. Addendum
			07	mount - Ca
Store Address	City		State 1	Zip Code
P.O.BOX 1010	MADISON		c/	
Date of Payment Purpose of Expenditure Description	1010010			OG 443
09/17/19 A-NEWS COURIER NEWS,	PAPER			coordinated with more than one
Name of Candidate (If applicable)	Office Sought			candidate?
ONI SIOSON	MAYOTT	- EAS ( H)	بر مرزاراد	1
Name of Payee	1.11/00	- LO(3 ( ) / )		mount.
SHORE PUBLISHING			111/10	250
Street Address	City		State :	Zip Code
P.O. BOX 1010	MADISON	)	CT	06443
Date of Payment Purpose of Expenditure Description				Is this expenditure
10/24/19 A-NEWS COURIER A	JEWSPAPE,	2		coordinated with more than one candidate?
Name of Candidate (if applicable)	Office Sought			Yes No
ONI SIOSON	MAYOR		St	If yes, complete ection A. Addendum
SUBTO	TAL Section A - This Pa	ge #	395,	50 6 XX
			<del></del>	<del></del>
				1

NAME OF CANDIDATE TYPE OF REPORT							
A PROPERTY OF THE PROPERTY OF	C. Itemiz	ation of Reimbursements to	o Ca	ndidate Workers	and Consultants		**************************************
Last Name of Worker/Consultant First				MI			
						т	
Secondary Payee							Amount
Street Address City State				Zip Code			
					I		
Date of Payment	Date of Payment Purpose of Expenditure Purpos				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/Consu	İtant			First			MI
Secondary Payee						T	Amount
, ,							
Street Address			City			State	Zip Code
Date of Payment	Purpose of Expenditure	Description	l				Is this expenditure
	thy code)						coordinated with more than one
N 60 51 66 1	113			0.07			candidate?
Name of Candidate (if appli	савлеј			Office Sought			☐ Yes ☐ No
							If yes, complete Section C. Addendum
Last Name of Worker/Consu	ltant			First			МІ
Dan Hame of Worker Comm	114411						
						T	
Secondary Payee							Amount
Street Address			City			State	Zip Code
							<u> </u>
Date of Payment	Purpose of Expenditure thy code!	Description					Is this expenditure coordinated with
							more than one candidate?
Name of Candidate (if applicable)		Office Sought			☐ Yes ☐ No		
					If yes, complete		
	1						Section C. Addendum
		QTIRTA	TAI	. Section C - This Pa	ge		
		50010	ı AL	, Section C - This Pa	5		
TORNY A TYPE AS A STATE OF THE							
TOTAL of additional Section C Pages							
TOTAL OF ALL REMIBURSEMENTS TO CANDIDATE WORKERS AND CONSULTANTS							