

# SEEC FORM 23

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



RECEIVED FOR FILING

OCT 31 2019

TOWN CLERK'S OFFICE  
EAST HAVEN, CONN.

*Stacy Grwink, CTC*  
Do Not Write in This Space For Other TOWN CLERK

## COVER PAGE

Page 1 of 4

1. CANDIDATE NAME			
First <i>ONI SIOSON</i>	MI	Last <i>SIOSON</i>	Suffix
2. CANDIDATE ADDRESS			
Street Address <i>12 WILKENDA AVE</i>	City <i>EAST HAVEN</i>	State <i>CT</i>	Zip Code <i>06512</i>
3. ELECTION DATE (mm/dd/yyyy) <i>11/05/2019</i>	4. OFFICE SOUGHT <i>MAYOR</i>		5. DISTRICT NUMBER (if applicable) <i>NA</i>
6. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 45 days following May election <input type="checkbox"/> Supplemental Statement (Specify Type) <input type="checkbox"/> April 10 <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 45 days following special election <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="checkbox"/> July 10 <input checked="" type="checkbox"/> 7th day preceding election <input type="checkbox"/> Amendment to (Specify Type of Report) <input type="checkbox"/> October 10			
7. PERIOD COVERED			
Beginning Date    Ending Date <i>10/24/2019</i> through <i>10/29/2019</i>			
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.			
<i>Oni Sioson</i> SIGNATURE OF CANDIDATE		<i>BONIFACIO ONI SIOSON</i> PRINTED NAME OF CANDIDATE	<i>10/31/2019</i> DATE (mm/dd/yyyy)
SUMMARY			
	COLUMN A This Period	COLUMN B Aggregate	
9. Expenditures Paid by Candidate (Section A - Page 2)	<i>\$1462 SD</i>	<i>\$1462 SD</i>	
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)	<i>—</i>		
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)	<i>—</i>		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			
Detailed instructions for the SEEC Form 23 are available on the Commission website at <a href="http://www.ct.gov/seec">www.ct.gov/seec</a> or at the Commission's offices.			
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION 20 Trinity Street · Hartford, Connecticut 06106-1628			

# EXPENDITURES

NAME OF CANDIDATE				TYPE OF REPORT	
<b>A. Expenses Paid by Candidate</b>					
Name of Payee				Amount	
Street Address			City		State
					Zip Code
Date of Payment	Purpose of Expenditure <small>(by code)</small>	Description			Is this expenditure coordinated with more than one candidate?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Payee				Amount	
Street Address			City		State
					Zip Code
Date of Payment	Purpose of Expenditure <small>(by code)</small>	Description			Is this expenditure coordinated with more than one candidate?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Payee				Amount	
Street Address			City		State
					Zip Code
Date of Payment	Purpose of Expenditure <small>(by code)</small>	Description			Is this expenditure coordinated with more than one candidate?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Payee				Amount	
Street Address			City		State
					Zip Code
Date of Payment	Purpose of Expenditure <small>(by code)</small>	Description			Is this expenditure coordinated with more than one candidate?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
<b>SUBTOTAL Section A - This Page</b>					
<b>TOTAL of additional Section A Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <small><i>(Enter total on Line 9 of Cover Page)</i></small>					

Section A. ADDITIONAL PAGE

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NAME OF CANDIDATE			TYPE OF REPORT	
ONI SIOSON				
<b>A. Expenses Paid by Candidate</b>				
Name of Payee			Amount	
LAMAR ADVERTISING			\$1529.00	
Street Address	City	State	Zip Code	
32 MIDLAND ST.	WINDSOR,	CT	06095	
Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?	
09/10/19	A-SIGN	BILLBOARD SIGNS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	If yes, complete Section A. Addendum	
ONI SIOSON		MAYOR - EAST HAVEN		
Name of Payee			Amount	
HEARST MEDIA SVCS.			\$999.0	
Street Address	City	State	Zip Code	
100 GANDD DR.	NEW HAVEN	CT	06511	
Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?	
09/04/19	A-WEB	ONLINE COMMUNITY SPOTLIGHT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	If yes, complete Section A. Addendum	
ONI SIOSON		MAYOR - EAST HAVEN		
Name of Payee			Amount	
SHORE PUBLISHING			975.00	
Street Address	City	State	Zip Code	
P.O. BOX 1010	MADISON	CT	06443	
Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?	
09/17/19	A-NEWS	COURIER NEWSPAPER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	If yes, complete Section A. Addendum	
ONI SIOSON		MAYOR - EAST HAVEN		
Name of Payee			Amount	
SHORE PUBLISHING			1462.50	
Street Address	City	State	Zip Code	
P.O. BOX 1010	MADISON	CT	06443	
Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?	
10/24/19	A-NEWS	COURIER NEWSPAPER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	If yes, complete Section A. Addendum	
ONI SIOSON		MAYOR		
SUBTOTAL Section A - This Page			\$3956.50	

NAME OF CANDIDATE						TYPE OF REPORT	
<b>C. Itemization of Reimbursements to Candidate Workers and Consultants</b>							
Last Name of Worker/Consultant				First		MI	
Secondary Payee						Amount	
Street Address				City		State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description				Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section C. Addendum.	
Name of Candidate <i>(if applicable)</i>				Office Sought			
Last Name of Worker/Consultant				First		MI	
Secondary Payee						Amount	
Street Address				City		State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description				Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section C. Addendum.	
Name of Candidate <i>(if applicable)</i>				Office Sought			
Last Name of Worker/Consultant				First		MI	
Secondary Payee						Amount	
Street Address				City		State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description				Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section C. Addendum.	
Name of Candidate <i>(if applicable)</i>				Office Sought			
Last Name of Worker/Consultant				First		MI	
Secondary Payee						Amount	
Street Address				City		State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description				Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section C. Addendum.	
Name of Candidate <i>(if applicable)</i>				Office Sought			
SUBTOTAL Section C - This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL REMIBURSEMENTS TO CANDIDATE WORKERS AND CONSULTANTS							