

OCT 31 2011

TOWN CLERK'S OFFICE

EAST HAVEN, CONN.



SEEC FORM 23

Self Funded Candidate's Expenditure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/08

Stacy G. Licciullo
 TOWN CLERK
 Do Not Mark in This Space For
 Official Use Only

SUMMARY PAGE

1. CANDIDATE NAME			
Title MR	First ONI	MI	Last SIDSON
2. CANDIDATE ADDRESS			
Street Address 12 WILKENDAAU.		City EAST HAVEN	State CT.
		Zip Code 06512	
3. ELECTION DATE (mm/dd/yyyy)		4. OFFICE SOUGHT	
5. DISTRICT NUMBER (if applicable)			
6. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election			
<input type="checkbox"/> April 10 filing <input type="checkbox"/> 30 days following primary <input type="checkbox"/> Weekly Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election			
<input type="checkbox"/> July 10 filing <input checked="" type="checkbox"/> 7th day preceding election <input type="checkbox"/> Declaration of Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election			
<input type="checkbox"/> October 10 filing <input type="checkbox"/> 45 days following May election <input type="checkbox"/> Amendment to Type of Report:			
<input type="checkbox"/> 45 days following special election			
7. PERIOD COVERED			
Beginning Date		Ending Date	
Oct 19, 2011		Oct 31, 2011	
8. CERTIFICATION			
I hereby 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 Sidson</i> SIGNATURE OF CANDIDATE		ONI SIDSON PRINTED NAME OF CANDIDATE	
		10/31/2011 DATE (mm/dd/yyyy)	
		COLUMN A This Period	COLUMN B Aggregate
9. Campaign Expenses Paid by Candidate (Page 2)			\$1153.00
10. Expenses Incurred by Candidate During this Period but Not Paid (Page 3)			0
11. Total Outstanding Expenses Incurred by Candidate still Unpaid (Page 3)			
<p>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</p>			

EXPENDITURES

NAME OF COMMITTEE <i>N/A</i>	FILING DUE DATE <i>NOV. 1, 2011</i>
---------------------------------	--

C. Itemization of Reimbursements to Candidate Workers and Consultants

Name of Worker/Consultant <i>N/A</i>	Date of Payment <i>N/A</i>	Amount			
Secondary Payee	Purpose of Expenditure (by code)				
Street Address	City	State	Zip Code	<i>N/A</i>	
Description					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name			Office Sought

Name of Worker/Consultant <i>N/A</i>	Date of Payment <i>N/A</i>	Amount			
Secondary Payee	Purpose of Expenditure (by code)				
Street Address	City	State	Zip Code	<i>N/A</i>	
Description					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name			Office Sought

Name of Worker/Consultant <i>N/A</i>	Date of Payment <i>N/A</i>	Amount			
Secondary Payee	Purpose of Expenditure (by code)				
Street Address	City	State	Zip Code	<i>N/A</i>	
Description					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name			Office Sought

Name of Worker/Consultant <i>N/A</i>	Date of Payment <i>N/A</i>	Amount			
Secondary Payee	Purpose of Expenditure (by code)				
Street Address	City	State	Zip Code	<i>N/A</i>	
Description					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No		Other Candidate(s) Name			Office Sought

TOTAL OF ALL REIMBURSEMENTS TO CANDIDATE WORKERS AND CONSULTANTS

0

EXPENDITURES

NAME OF CANDIDATE DNI SIDSON	FILING DUE DATE NOV. 1, 2011
--	--

B. Expenses Incurred by Candidate but Not Paid During this Period

Name of Creditor N/A		Date Incurred N/A		Amount Incurred (Estimate or Actual) N/A
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description			N/A
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
Name of Creditor N/A		Date Incurred N/A		Amount Incurred (Estimate or Actual) N/A
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description			N/A
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
Name of Creditor N/A		Date Incurred N/A		Amount Incurred (Estimate or Actual) N/A
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description			N/A
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
Name of Creditor N/A		Date Incurred N/A		Amount Incurred (Estimate or Actual) N/A
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description			N/A
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
Name of Creditor N/A		Date Incurred N/A		Amount Incurred (Estimate or Actual) N/A
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description			N/A
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
Name of Creditor N/A		Date Incurred N/A		Amount Incurred (Estimate or Actual) N/A
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description			N/A
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 10 of Summary Page)</i>				—
Previously reported Expenses Unpaid and still Outstanding				+ —
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE BUT NOT PAID <i>(Enter total on Line 11 of Summary Page)</i>				—

EXPENDITURES

NAME OF CANDIDATE: **ONI SIOSON** FILING DUE DATE: **NOV-1, 2011**

A. Expenses Paid by Candidate

Name of Payee NEW HAVEN REGISTER				Purpose of Expenditure (by code) A-NEW A-DM	Date of Payment 10/19/2011	Amount \$982.00
Street Address LONG WHARF	City NEW HAVEN CT	State CT	Zip Code 06510			
Description NEWSPAPER INSERT.						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						

Name of Payee MIKE STREETO				Purpose of Expenditure (by code) MISC	Date of Payment 10/03/2011	Amount \$120
Street Address	City NEW HAVEN CT	State	Zip Code			
Description VIDEO SERVICE - Pd @60.pri						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						

Name of Payee R. GUERRERO				Purpose of Expenditure (by code) MISC	Date of Payment 09/23/2011	Amount \$25.00
Street Address 13303 RED PLUM	City CERRITOS CA	State CA	Zip Code 90703			
Description ART-PRINT.						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						

Name of Payee STAPLES				Purpose of Expenditure (by code) MISC	Date of Payment 10/16/2011	Amount \$14.00
Street Address RT-5	City BRANFORD CT	State CT	Zip Code 06405			
Description LAMINATING. - COST WAS \$12 per LESS \$10. COUPON (FOR 2)						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No						

Name of Payee STAPLES				Purpose of Expenditure (by code) MISC	Date of Payment 10/21/2011	Amount \$12.00
Street Address RT-5	City BRANFORD CT	State CT	Zip Code 06405			
Description						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No						

SUBTOTAL This Page **\$1153.00**

TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 9 of Summary Page)