SEEC FORM 23
Self-Funded Candidate's Expenditure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised March 2012

COVER PAGE

1. CANDIDATE NAME
First
ONI

MI

Last
SIOSON

Suffix

2. CANDIDATE ADDRESS
Street Address
12 WILKENDA AVE

City
EAST HAVEN

State
CT.

Zip Code
06512

3. ELECTION DATE
11/05/2019

4. OFFICE SOUGHT
MAYOR

5. DISTRICT NUMBER
NA

6. TYPE OF REPORT (Check One Box)
☐ January 10 ☐ 7th day preceding primary ☐ 45 days following May election ☐ Supplemental Statement (Specify Type)
☐ April 10 ☐ 30 days following primary ☐ 45 days following special election ☐ Primary ☐ Election
☐ July 10 ☐ 7th day preceding election ☐ Amendment to (Specify Type of Report)
☐ October 10

7. PERIOD COVERED
Beginning Date
10/28/2019

Ending Date
12/31/2019

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

PRINTED NAME OF CANDIDATE

DATE (mm/dd/yyyy)

SUMMARY

<table>
<thead>
<tr>
<th>COLUMNA</th>
<th>COLUMNB</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Period</td>
<td>Aggregate</td>
</tr>
</tbody>
</table>

9. Expenditures Paid by Candidate (Section A - Page 2)

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 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 www.ct.gov/seec or at the Commission's offices.