



# EXPENDITURES

NAME OF CANDIDATE				TYPE OF REPORT	
ONI SIOSON					
A. Expenses Paid by Candidate					
Name of Payee				Amount	
VISTA PRINT				\$58.91	
Street Address		City		State	Zip Code
275 WYMAN ST		WALTHAM		MA	02451
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate?	
07/22/19	A-OTH	"BUSINESS" CARD		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)			Office Sought		
ONI SIOSON			MAYOR-EAST HAVEN		
Name of Payee				Amount	
VISTA PRINT				\$92.18	
Street Address		City		State	Zip Code
275 WYMAN ST		WALTHAM		MA	02451
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate?	
08/19/19	A-OTH	"BUSINESS" CARD		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)			Office Sought		
ONI SIOSON			MAYOR-EAST HAVEN		
Name of Payee				Amount	
OUTFRONT MEDIA				\$3620-	
Street Address		City		State	Zip Code
355 WASHINGTON AVE		NO. HAVEN		CT	06473
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate?	
8/12/19	A-SIGN	BILLBOARD SIGNS		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)			Office Sought		
ONI SIOSON			MAYOR-EAST HAVEN		
Name of Payee				Amount	
LANAD ADVERTISING				\$800-	
Street Address		City		State	Zip Code
329 WEST AVE		BRIDGEPORT		CT	06604
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate?	
8/16/19	A-SIGN	BILLBOARD SIGNS		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)			Office Sought		
ONI SIOSON			MAYOR-EAST HAVEN		
SUBTOTAL Section A - This Page				3,771.09	
TOTAL of additional Section A Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE					
(Enter total on Line 9 of Cover Page)					

NAME OF CANDIDATE			TYPE OF REPORT	
ONI SIOSON				
A. Expenses Paid by Candidate				
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
09/10/19	A-SIGN	BILLBOARD SIGNS		
Name of Candidate (if applicable)			Office Sought	
ONI SIOSON			MAYOR - EAST HAVEN	
Name of Payee			Amount	
HEADST 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
09/04/19	A-WEB	ONLINE COMMUNITY SPOTLIGHT		
Name of Candidate (if applicable)			Office Sought	
ONI SIOSON			MAYOR - EAST HAVEN	
Name of Payee			Amount	
SHORE PUBLISHING			975.00 <del>XX</del>	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
09/17/19	A-NEWS	COURIER NEWSPAPER		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
Street Address		City	State	Zip Code
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section A. Addendum
Name of Candidate (if applicable)			Office Sought	
<b>SUBTOTAL Section A - This Page</b>				

# EXPENDITURES

NAME OF CANDIDATE	TYPE OF REPORT
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**B. Expenses Incurred by Candidate this Period but Not Paid**

Name of Creditor			<b>Amount Incurred</b>	
Street Address		City	State	Zip Code
Date Incurred	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 <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		

Name of Creditor			<b>Amount Incurred</b>	
Street Address		City	State	Zip Code
Date Incurred	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 <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		

Name of Creditor			<b>Amount Incurred</b>	
Street Address		City	State	Zip Code
Date Incurred	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 <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		

Name of Creditor			<b>Amount Incurred</b>	
Street Address		City	State	Zip Code
Date Incurred	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 <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		

<b>SUBTOTAL Section B - This Page</b>			
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD BUT NOT PAID</b>			
<i>(Enter total on Line 10 of Cover Page)</i>			
<b>Previous Reported Expenses Unpaid and Still Outstanding</b>			
<b>TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE BUT NOT PAID</b>			
<i>(Enter total on Line 11 of Cover Page)</i>			

# EXPENDITURES

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			<b>Amount</b>	
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 <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			<b>Amount</b>	
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 <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			<b>Amount</b>	
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 <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			<b>Amount</b>	
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 <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			<b>Amount</b>	
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 <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
<b>SUBTOTAL Section C - This Page</b>				
<b>TOTAL of additional Section C Pages</b>				
<b>TOTAL OF ALL REMIBURSEMENTS TO CANDIDATE WORKERS AND CONSULTANTS</b>				