

# SEEC FORM 23

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



RECEIVED FOR FILING  
FEB 03 2020  
TOWN CLERK'S OFFICE  
EAST HAVEN, CONN.

FEB 03 2020

COVER PAGE

Page 1 of 4

## 1. CANDIDATE NAME

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## 2. CANDIDATE ADDRESS

Street Address 12 WILKENDA AVE	City EAST HAVEN	State CT	Zip Code 06512
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## 3. ELECTION DATE

(mm/dd/yyyy) 11/05/2019	4. OFFICE SOUGHT MAYOR	5. DISTRICT NUMBER (if applicable) NA
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## 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	through	Ending Date 12/31/2019
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## 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]  
SIGNATURE OF CANDIDATE

BONIFACIO ORI SIOSON  
PRINTED NAME OF CANDIDATE

DATE (mm/dd/yyyy)

## SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
9. Expenditures Paid by Candidate (Section A - Page 2)	0	0
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)	0	
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)	0	

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](http://www.ct.gov/seec) or at the Commission's offices.