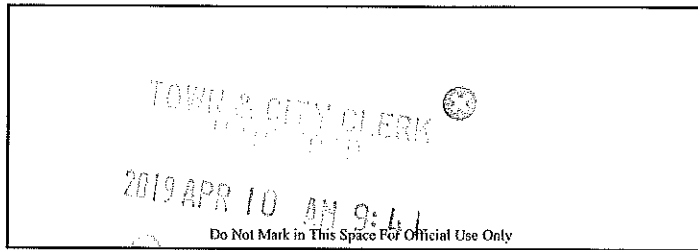


# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2012



## COVER PAGE

### 1. NAME OF COMMITTEE

Aaron Lewis Here For Hartford

### 2. TREASURER NAME

First	MI	Last	Suffix
Alexander	H	Campbell	

### 3. TREASURER ADDRESS

Street Address	City	State	Zip Code
21 Oxford Lane	Windsor	CT	06095

4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/5/2019	5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor	6. DISTRICT NUMBER (if applicable)
----------------------------------------------------------	------------------------------------------------------------------	---------------------------------------

### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Aaron		Lewis	

### 8. TYPE OF REPORT (Check One Box)

- |                                                                                                                     |                                                                                   |                                                    |                                                                        |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|
| <input type="radio"/> January 10 filing                                                                             | <input type="radio"/> 7th day preceding primary                                   | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACS ONLY) |
| <input checked="" type="radio"/> April 10 filing                                                                    | <input type="radio"/> 30 days following primary                                   | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to                                     |
| <input type="radio"/> July 10 filing                                                                                | <input type="radio"/> 7th day preceding election                                  | <input type="radio"/> Deficit                      | Type of Report: _____                                                  |
| <input type="radio"/> October 10 filing                                                                             | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination                  |                                                                        |
| <input type="radio"/> Independent Expenditure<br><input type="checkbox"/> Primary <input type="checkbox"/> Election | <input type="radio"/> 45 days following election not held in November             |                                                    |                                                                        |

### 9. PERIOD COVERED

Beginning Date	Ending Date
1/1/2019	3/31/2019
thru	

### 10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

	Alexander H. Campbell	4/9/2019
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2012

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	250.00	251.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	250.00	251.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	250.00	251.00
19. Expenses Paid by Committee (Section P)	196.28	196.28
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	54.72	54.72
21. In-Kind Donations not Considered Contributions Received (Section L4)	1529.98	1529.98
22. In-Kind Contributions Received (Section M)	100.00	100.00
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	0	0
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	112.81	112.81
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	392.81	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	392.81	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE				TYPE OF REPORT			
Aaron Lewis Here For Hartford				April 10 Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$			
<b>B. Itemized Contributions from Individuals</b>							
Last Name		First			MI		
Romano		Aaron			J		
Residential Street Address			City		State	Zip Code	
15 Woodland Ave			Bloomfield		CT	06002	
Principal Occupation			Name of Employer				
Attorney			Romano & Letterman P.C.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			100.00		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No					
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			1/19/2019	100.00			
Last Name		First			MI		
Genga		Elaine					
Residential Street Address			City		State	Zip Code	
5 Elaine Drive			East Hartford		CT	06118	
Principal Occupation			Name of Employer				
Retired			N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			50.00		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No					
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			3/6/2019	50.00			
Last Name		First			MI		
Laiscell		JoAnna					
Residential Street Address			City		State	Zip Code	
185 Pine Street Apt. 216			Manchester		CT	06040	
Principal Occupation			Name of Employer				
Accountant			CREC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			100.00		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No					
Method of Contribution:			Date Received	Aggregate Contributions			
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			3/7/2019	100.00			
<b>SUBTOTAL Section B — This Page</b>				250.00			
<b>TOTAL of additional Section B Pages</b>				0			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13 of Summary Page Totals)</i>				250.00			

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE					TYPE OF REPORT	
Aaron Lewis Here For Hartford					April 10 Filing	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
				If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
				If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
				If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
				If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>						
Name of Committee				Name of Treasurer		
Address				Date Received	Amount of Receipt	
City	State	Zip Code				
				<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution		
Name of Committee				Name of Treasurer		
Address				Date Received	Amount of Receipt	
City	State	Zip Code				
				<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution		
<b>SUBTOTAL Section C — This Page</b>					0	
<b>TOTAL of additional Section C Pages</b>					0	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)					0	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> Aaron Lewis Here For Hartford	<b>TYPE OF REPORT</b> April 10 Filing
-----------------------------------------------------------	------------------------------------------

### D. Loans Received this Period

Name of Lender				Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		
Name of Lender				Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		
Name of Lender				Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		

<b>TOTAL SECTION D</b>	0
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### E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	

<b>TOTAL SECTION E</b>	0
------------------------	---

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT
Aaron Lewis Here For Hartford		April 10 Filing
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>		
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
<b>TOTAL SECTION F</b>		0
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		0
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		0
<b>I. Anonymous Contributions</b>		
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>		

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE				TYPE OF REPORT	
Aaron Lewis Here For Hartford				April 10 Filing	
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
United Bank					
Street Address		City	State	Zip Code	0
225 Asylum St.		Hartford	CT	06095	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
<b>TOTAL SECTION J</b>					0
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>TOTAL SECTION K</b>					0
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>					
Total Loans Received this Period (Section D)					0
Total Receipts from Entities other than Individuals or Other Committees (Section E)					+ 0
Total Amount Transferred from Affiliated Business Treasury (Section F)					+ 0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)					+ 0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)					+ 0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)					+ 0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)					+ 0
<b>Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)</b>					<b>0</b>

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT	
Aaron Lewis Here For Hartford		April 10 Filing	
<b>L1. Fundraiser Event Information</b>			
Fundraising Event # Date of Fundraiser	Letter	Description	
Location: Street Address		City	State      Zip Code
<b>Subpart 1: (All Committees)</b>			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) →	\$
		<input type="radio"/> No	
<b>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) →	\$
		<input type="radio"/> No	
Fundraising Event # Date of Fundraiser	Letter	Description	
Location: Street Address		City	State      Zip Code
<b>Subpart 1: (All Committees)</b>			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) →	\$
		<input type="radio"/> No	
<b>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) →	\$
		<input type="radio"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>		0	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>		0	
<b>TOTAL of additional Section L1 Pages</b>		0	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)</b>		0	



## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>
Aaron Lewis Here For Hartford	April 10 Filing

### L3. Purchases of Advertising in a Program Book or on a Sign *(Municipal Candidate and Town Committees ONLY)*

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship
-------------------	------------------------------------------------------------------------------------------------------------------------------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship
-------------------	------------------------------------------------------------------------------------------------------------------------------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship
-------------------	------------------------------------------------------------------------------------------------------------------------------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship
-------------------	------------------------------------------------------------------------------------------------------------------------------------------

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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<b>SUBTOTAL Section L3 <i>(Municipal Candidate and Town Committees ONLY)</i></b>	0
<b>Total Purchases of Advertising in Program Book — This Page</b>	0

<b>SUBTOTAL Section L3 <i>(Town Committees ONLY)</i></b>	0
<b>Total Purchases of Advertising on a Sign — This Page</b>	0

<b>TOTAL of additional Section L3 Pages</b>	0
---------------------------------------------	---

<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>	0
<i>(Enter total on Line 16c of Summary Page Totals)</i>	0

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			TYPE OF REPORT	
Aaron Lewis Here For Hartford			April 10 Filling	
<b>L4. In-Kind Donations Not Considered Contributions</b>				
Name of Donor Aaron Lewis				
Street Address 221 Trumbull St.		City Hartford		State CT
				Zip Code 06103
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Web site hosting (est. \$14.99 per month)			
	Date Received Monthly	Event #	Aggregate Value for this Event 29.98	29.98
Name of Donor Aaron Lewis				
Street Address 221 Trumbull St.		City Hartford		State CT
				Zip Code 06103
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Campaign Office (set. \$500 per month)			
	Date Received Monthly	Event #	Aggregate Value for this Event 1500.00	1500.00
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship				
	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship				
	Date Received	Event #	Aggregate value for this Event	
<b>SUBTOTAL Section L4 — This Page</b>				1529.98
<b>TOTAL of additional Section L4 Pages</b>				0
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21 of Summary Page Totals)</i>				1529.98



### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
Aaron Lewis Here For Hartford				April 10 Filing	
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL See Public Act 11-48</b>					
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>SUBTOTAL Section O — This Page</b>					0
<b>TOTAL of additional Section O Pages</b>					0
<b>TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES</b> <i>(Enter total on Line 24 of Summary Page Totals)</i>					0

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE			TYPE OF REPORT		
Aaron Lewis Here For Hartford			April 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Tudor Creative LLC			3/21/2019		<input checked="" type="radio"/> Check # 634779 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
263 Flax Hill Rd.		Norwalk		CT	06854
Purpose of Expenditure (by code)	Description		Event #		Amount
	Memes - digital document				180.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
Deluxe Bus Sys.			3/21/2019		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
	Check book order - debit to account from Bank				16.28
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P— This Page			196.28		
TOTAL of additional Section P Pages			0		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19 of Summary Page Totals)			196.28		

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE			TYPE OF REPORT		
Aaron Lewis Here For Hartford			April 10 Filing		
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Is reimbursement claimed?
US Poly Pack			3/19/2019		<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
5041 Spencer Hwy Suite 502		Pasadena		TX	77505
Purpose of Expenditure (by code)	Description		Event #		Amount
	Literature Bags				37.81
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Hartford Public School Print Shop			3/25/2019		<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
960 Main St.		Hartford		CT	06103
Purpose of Expenditure (by code)	Description		Event #		Amount
	Post Cards				75.00
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
<b>SUBTOTAL Section Q— This Page</b>				112.81	
<b>TOTAL of additional Section Q Pages</b>				0	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> (Enter total on Line 26 of Summary Page Totals)				112.81	

**IV. EXPENDITURES (Sections P—T)**

<b>NAME OF COMMITTEE</b>				<b>TYPE OF REPORT</b>	
Aaron Lewis Here For Hartford				April 10 Filing	
<b>R. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum R Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section R — This Page</b>				0	
<b>TOTAL of additional Section R Pages</b>				0	
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27 of Summary Page Totals)</i>				0	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		TYPE OF REPORT	
Aaron Lewis Here For Hartford		April 10 Filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>			
Name of Creditor			Date Incurred
Tudor Creative LLC			2/25/2019
Street Address		City	State      Zip Code
263 Flax Hill Rd		Norwalk	CT      06854
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
	Memes -digital document		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D <input type="radio"/> E		120.00
Name of Creditor			Date Incurred
Sign Design and Banner			3/1/2019
Street Address		City	State      Zip Code
1325 Main St.		Hartford	CT      06103
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
	Custom Retractable Banner & Post Cards		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		160.00
Name of Creditor			Date Incurred
Aaron Lewis			3/25/2019
Street Address		City	State      Zip Code
221 Trumbull ST.		Hartford	CT      06103
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
	Reimbursement		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		75.00
Name of Creditor			Date Incurred
Aaron Lewis			
Street Address		City	State      Zip Code
221 Trumbull ST.		Hartford	CT      06103
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
	Reimbursement		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		37.81
<b>SUBTOTAL Section S-This Page</b>			392.81
<b>TOTAL of additional Section S Pages</b>			0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28 of Summary Page Totals)</i>			392.81
<b>Previously reported Expenses Unpaid and still Outstanding</b>			0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a of Summary Page Totals)</i>			392.81



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE	TYPE OF REPORT
Aaron Lewis Here For Hartford	April 10 Filing

**T. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
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Secondary Payee

Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
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Secondary Payee

Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
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Secondary Payee

Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

<b>SUBTOTAL Section T — This Page</b>	0
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<b>TOTAL of additional Section T Pages</b>	0
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<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>	0
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