

# SEEC FORM 20

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



TOWN & CITY CLERK  
HARTFORD  
Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Aaron Lewis Here For Hartford			
<b>2. TREASURER NAME</b>			
First Alexander	MI H	Last Campbell	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 21 Oxford Lane	City Windsor	State CT	Zip Code 06095
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/5/2019	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> Mayor		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Aaron	MI	Last Lewis	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<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 <i>(PACs ONLY)</i>
<input 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 checked="" 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 <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	
<input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date 4/1/2019		thru	Ending Date 6/30/2019
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
		Alexander H. Campbell	7/9/2019
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.			

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)	2930.00	3181.00
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)	2930.00	3181.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2930.00	3181.00
19. Expenses Paid by Committee (Section P)	2006.82	2203.10
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	238.20	292.92
21. In-Kind Donations not Considered Contributions Received (Section L4)	1529.98	3059.96
22. In-Kind Contributions Received (Section M)	120.00	220.00
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)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>
Aaron Lewis Here For Hartford	July 10 Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>\$ 5.00</b>
<b>SUBTOTAL SECTION A</b>	

## B. Itemized Contributions from Individuals

Last Name <b>Jason</b>	First <b>Romey</b>	MI <b>J</b>
Residential Street Address	City	State <b>CT</b>
		Zip Code <b>06002</b>
Principal Occupation	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  <b>150.00</b>
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	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"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <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		Date Received <b>4/2/19</b>
		Aggregate Contributions <b>150.00</b>

Last Name <b>Thorington</b>	First <b>Shawn</b>	MI
Residential Street Address	City	State
		Zip Code
Principal Occupation	Name of Employer <b>N/A</b>	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  <b>50.00</b>
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	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"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <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		Date Received <b>4/10/19</b>
		Aggregate Contributions <b>50.00</b>

Last Name <b>Dickerson</b>	First <b>William</b>	MI
Residential Street Address	City	State <b>CT</b>
		Zip Code <b>06040</b>
Principal Occupation <b>Accountant</b>	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  <b>200.00</b>
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	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"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <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		Date Received <b>4/22/19</b>
		Aggregate Contributions <b>200.00</b>

<b>SUBTOTAL Section B — This Page</b>	<b>450.00</b>
<b>TOTAL of additional Section B Pages</b>	<b>2405.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13 of Summary Page Totals)</i>	<b>2930.00</b>

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>
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Aaron Lewis Here For Hartford	July 10 Filing
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## C1. Contributions from Other Committees

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 <i>If yes, list Event # _____</i>			
<b>Amount of Contribution</b>							
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 <i>If yes, list Event # _____</i>			
<b>Amount of Contribution</b>							
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 <i>If yes, list Event # _____</i>			
<b>Amount of Contribution</b>							
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 <i>If yes, list Event # _____</i>			
<b>Amount of Contribution</b>							
City	State	Zip Code	Date Received	Aggregate Contributions			

## C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer			
Address				Date Received		<b>Amount of Receipt</b>	
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		<b>Amount of Receipt</b>	
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> <i>(Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)</i>	0

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT July10 Filling
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### F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>	Amount
<b>TOTAL SECTION F</b>		0

### G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		0

### H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

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

### I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* 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.

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> Aaron Lewis Here For Hartford	<b>TYPE OF REPORT</b> July 10 Filing
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## J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
United Bank		0
Street Address 225 Asylum St.	City Hartford	State CT
		Zip Code 06095
Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code

**TOTAL SECTION J**

0

## K. Miscellaneous Monetary Receipts not Considered Contributions

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		

**TOTAL SECTION K**

0

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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)

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

### L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description
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Location: Street Address	City	State	Zip Code
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**Subpart 1: (All Committees)**

Was this fundraising event hosted at a personal residence?  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.)  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?  Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)  No → \$

**Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)**

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  No

**Subpart 3: (Town Committees ONLY)**

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?  Yes (If yes, enter Total Receipts here.)  No → \$

Fundraising Event # Date of Fundraiser	Letter	Description
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Location: Street Address	City	State	Zip Code
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**Subpart 1: (All Committees)**

Was this fundraising event hosted at a personal residence?  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.)  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?  Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)  No → \$

**Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)**

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  No

**Subpart 3: (Town Committees ONLY)**

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?  Yes (If yes, enter Total Receipts here.)  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	July 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
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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
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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
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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
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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
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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
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<b>SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)</b> Total Purchases of Advertising in Program Book — This Page	0
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b> Total Purchases of Advertising on a Sign — This Page	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> <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			July 10 Filing	
<b>L4. In-Kind Donations Not Considered Contributions</b>				
Name of Donor				
Aaron Lewis				
Street Address		City	State	Zip Code
221 Trumbull St.		Hartford	CT	06103
Donation Given By: <input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
	Web site hosting (est. \$14.99 per month)		29.98	
	Monthly		29.98	
Name of Donor				
Aaron Lewis				
Street Address		City	State	Zip Code
221 Trumbull St.		Hartford	CT	06103
Donation Given By: <input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
	Campaign Office (set. \$500 per month)		1500.00	
	Monthly		1500.00	
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	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> (Enter total on Line 21 of Summary Page Totals)				
			1529.98	

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

NAME OF COMMITTEE				TYPE OF REPORT			
Aaron Lewis Here For Hartford				July 10 Filing			
<b>M. In-Kind Contributions</b>							
Name Alexander Campbell							
Street Address 21 Oxford Lane				City Windsor		State CT	Zip Code 06095
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received 4/13/2019	Aggregate Contributions 225.00		Description of In-Kind Contribution Memes		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution  120.00	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
<b>SUBTOTAL Section M — This Page</b>				120.00			
<b>TOTAL of additional Section M Pages</b>				0			
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)</b>				120.00			

<b>N. Refundable Deposit to Telephone Company</b>							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
Name of Telephone Company							
Street Address				City		State	Zip Code
<b>TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)</b>							

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

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

**O. Non-Monetary Receipts of Organization Expenditures Made By  
Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL See Public Act 11-48**

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	
Description of Donation		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	
Description of Donation		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	
Description of Donation		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	
Description of Donation		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	
Description of Donation		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				July 10 Filing			
<b>P. Expenses Paid by Committee</b>							
Name of Payee				Date of Payment		Method of Payment:	
SoulBaila				6/13 & 6/22/19		<input checked="" type="radio"/> Check # 1005/7 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
735 Wethersfield Ave			Hartford			CT	06114
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
	Campaign Meet and Greet event					1020.00	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <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:	
Tudor Creative LLC				4/22/19		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
263 Flax Hill Rd			Norwalk			CT	06854
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
	Memes -digital document					84.52	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <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:	
The Amistad Center for Art & Culture						<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
600 Main St			Hartford			CT	06103
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
	Event attendance					156.84	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P 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 Payee				Date of Payment		Method of Payment:	
Digital Room LLC						<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
	Post cards/hangers					65.46	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P 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 P — This Page</b>						1432.30	
<b>TOTAL of additional Section P Pages</b>						574.52	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19 of Summary Page Totals)						2006.82	