

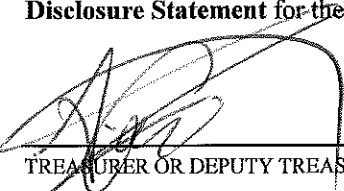
SEEC FORM 20

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



TOWN & CITY CLERK
2019 OCT 10 PM 2:07
Do Not Mark In This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Aaron Lewis Here For Hartford			
2. TREASURER NAME			
First Alexander	MI H	Last Campbell	Suffix
3. TREASURER ADDRESS			
Street Address 21 Oxford Lane		City Windsor	State CT
		Zip Code 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 Aaron	MI	Last Lewis	Suffix
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 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 checked="" 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 <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date 7/1/2019		Ending Date 9/30/2019	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.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Alexander H. Campbell PRINT NAME OF SIGNER	10/10/2019 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	292.92	
13. Contributions Received from Individuals (Sections A and B)	1092.76	4273.76
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)	1092.76	4273.76
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1385.68	1092.76
19. Expenses Paid by Committee (Section P)	1326.91	4215.39
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	58.77	58.77
21. In-Kind Donations not Considered Contributions Received (Section L4)	1500.00	4559.96
22. In-Kind Contributions Received (Section M)	0	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)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	511.17	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	511.17	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
Aaron Lewis Here For Hartford	October 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
	\$ 42.76

B. Itemized Contributions from Individuals

Last Name Napoleon	First Benny	MI N
Residential Street Address 6634 Oakman Blvd.	City Detroit	State MI
Principal Occupation Sheriff - Elected	Name of Employer Wayne County Mich.	

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	Amount of Contribution
				500.00
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"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/26/19	Aggregate Contributions 750.00	

Last Name Rome	First Richard	MI R
Residential Street Address 1201 F St NW Ste 500	City Washington	State DC
Principal Occupation Real Estate	Name of Employer Savills	

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	Amount of Contribution
				250.00
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"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/31/2019	Aggregate Contributions 250.00	

Last Name Romano	First Aaron	MI
Residential Street Address 55 Woodland Ave.	City Bloomfield	State CT
Principal Occupation Attorney	Name of Employer Aaron J Romano, PC	

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	Amount of Contribution
				100.00
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"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/1/2019	Aggregate Contributions 200.00	

SUBTOTAL Section B — This Page	850.00
TOTAL of additional Section B Pages	200.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	1092.76

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
Aaron Lewis Here For Hartford	September 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Brown	First Tyann	MI
Residential Street Address 20 Orchard St	City Brookfield	State CT
	Zip Code 06804	
Principal Occupation Director	Name of Employer Guideposts	

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	Amount of Contribution 100.00
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"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/2/19
		Aggregate Contributions 100.00

Last Name Scott	First Felecia	MI
Residential Street Address 232 Lancaster Rd.	City Glastonbury	State CT
	Zip Code 06033	
Principal Occupation Program Leader	Name of Employer Stanley Black and Decker	

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	Amount of Contribution 100.00
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"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/10/2019
		Aggregate Contributions 100.00

Last Name	First	MI
Residential Street Address	City	State
	Zip Code	
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	Amount of Contribution
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"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received
		Aggregate Contributions

SUBTOTAL Section B — This Page	200.00
TOTAL of additional Section B Pages	892.76
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	1092.76

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 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? <i>If yes, list Event # _____</i>			Amount of Contribution
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? <i>If yes, list Event # _____</i>			Amount of Contribution
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? <i>If yes, list Event # _____</i>			Amount of Contribution
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? <i>If yes, list Event # _____</i>			Amount of Contribution
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			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		

SUBTOTAL Section C — This Page	0
TOTAL of additional Section C Pages	0
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <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 October10 Filing
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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	
Name of Cosigner/Guarantor (if applicable)							Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
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	
Name of Cosigner/Guarantor (if applicable)							Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
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	
Name of Cosigner/Guarantor (if applicable)							Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Amount Received							
Street Address		City		State		Zip Code	

TOTAL SECTION D	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		

TOTAL SECTION E	0
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I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 10 Filing
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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 checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
TOTAL SECTION F		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
TOTAL SECTION G		0

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

Date of Receipt	Method of payment:	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
TOTAL SECTION H		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)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 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 06103
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
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)		0

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 10 Filing
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L1. Fundraiser Event Information

Fundraising Event #	Date of Fundraiser	Letter	Description
Location: Street Address			City
			State
			Zip Code

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
Location: Street Address			City
			State
			Zip Code

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 →

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page	0
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page	0
TOTAL of additional Section L1 Pages	0
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)	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*

NAME OF COMMITTEE	TYPE OF REPORT
Aaron Lewis Here For Hartford	October 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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SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY) Total Purchases of Advertising in Program Book — This Page	0
SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign — This Page	0
TOTAL of additional Section L3 Pages	0
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c of Summary Page Totals)</i>	0

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 10 Filing
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L4. In-Kind Donations Not Considered Contributions

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	Campaign Office (set. \$500 per month)			1500.00
<input checked="" type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event	
<input type="radio"/> Sole Proprietorship	Monthly		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 checked="" type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event	
<input type="radio"/> Sole Proprietorship				

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 checked="" type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event	
<input type="radio"/> Sole Proprietorship				

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 checked="" type="radio"/> Individual	Date Received	Event #	Aggregate value for this Event	
<input type="radio"/> Sole Proprietorship				

SUBTOTAL Section L4 — This Page	1500.00
TOTAL of additional Section L4 Pages	0
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i>	1500.00

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 10 Filing
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M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" 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 <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" 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 <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" 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 <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		

SUBTOTAL Section M— This Page		0
TOTAL of additional Section M Pages		0
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)		0

N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State Zip Code	Amount of Deposit
Name of Telephone Company				
Street Address		City	State Zip Code	

TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT			
Aaron Lewis Here For Hartford				October 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	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			
SUBTOTAL Section O — This Page				0			
TOTAL of additional Section O Pages				0			
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES <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				October 10 Filing			
P. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
NGP Van\Paragon Solutions				Multiple		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
1445 New York Ave. NW Suite 200			Washington			DC	20005
Purpose of Expenditure (by code)	Description			Event #		Amount	
Web	Merchant Fee (7/2/19, 8/2/19, 9/3/19)					54.74	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						
	<input type="radio"/> Coordinated with reimbursement sought <input checked="" 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:	
GoDaddy				7/28/19		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
14455 N. Hayden Rd.			Scottsdale			AZ	
Purpose of Expenditure (by code)	Description			Event #		Amount	
WEB						252.48	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						
	<input type="radio"/> Coordinated with reimbursement sought <input checked="" 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				8/1/19		<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 #		Amount	
AOTH	flyer design					100.00	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						
	<input type="radio"/> Coordinated with reimbursement sought <input checked="" 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 Russell				7/26/19		<input checked="" type="radio"/> Check # 1010 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
103 Pratt St			Hartford			CT	06103
Purpose of Expenditure (by code)	Description			Event #		Amount	
Food	Campaign Meet and Greet with catering					409.37	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						
	<input checked="" 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 checked="" type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
SUBTOTAL Section P — This Page						816.59	
TOTAL of additional Section P Pages						510.32	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)						1326.91	

IV. EXPENDITURES (Sections P—T)

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

P. Expenses Paid by Committee

Name of Payee Alex Campbell		Date of Payment 8/1/19	Method of Payment: <input checked="" type="radio"/> Check # <u>1011</u> <input type="radio"/> Debit Card	
Street Address 21 Oxford Lane		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) RMB	Description Campaign software - NPG	Event #	Amount 150.00	
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 Alex Campbell		Date of Payment 9/3/19	Method of Payment: <input checked="" type="radio"/> Check # <u>1012</u> <input type="radio"/> Debit Card	
Street Address 21 Oxford Lane		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) RMB	Description Campaign software - NPG	Event #	Amount 150.00	
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 West Indian Social Club		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address 3340 Main St		City Hartford	State CT	Zip Code 06854
Purpose of Expenditure (by code) ATT	Description Event Attendance	Event #	Amount 109.34	
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 GoDaddy		Date of Payment Multiple	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address 14455 N. Hayden Rd.		City Hartford	State AZ	Zip Code
Purpose of Expenditure (by code) Web	Description Web hosting with eCommerce (8/19/19 & 9/18/19)	Event #	Amount 100.98	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 checked="" type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

SUBTOTAL Section P — This Page	510.32
TOTAL of additional Section P Pages	816.27
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	1326.91

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 10 Filing
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Q. Campaign Expenses Paid by Candidate

Name of Payee (<i>Name of Vendor who candidate paid directly</i>)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)		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 (<i>Name of Vendor who candidate paid directly</i>)		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 (<i>Name of Vendor who candidate paid directly</i>)		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 (<i>Name of Vendor who candidate paid directly</i>)		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 (<i>Name of Vendor who candidate paid directly</i>)		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	

SUBTOTAL Section Q — This Page	0
TOTAL of additional Section Q Pages	0
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (<i>Enter total on Line 26 of Summary Page Totals</i>)	0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 10 Filing
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R. Expenses Incurred on Committee Credit Card

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:
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Name of Vendor	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R 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
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Name of Vendor	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R 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
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Name of Vendor	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R 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
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Name of Vendor	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R 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
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SUBTOTAL Section R— This Page	0
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TOTAL of additional Section R Pages	0
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TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27 of Summary Page Totals)</i>	0
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NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 10 Filing
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S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor NPG VAN		Date Incurred
Street Address 1445 New York Ave		City Washington
State DC		Zip Code 20005
Purpose of Expenditure by code) OVHD	Description Campaign software	Event #
Type of Expenditure (if applicable) Itemization in Addendum S Required <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		Amount Incurred (Estimate or Actual) 450.00
Expenditure # (if applicable)		
Name of Creditor JoAnna Laiscell		Date Incurred 9/23/19
Street Address 185 Pine Street		City Manchester
State CT		Zip Code 06040
Purpose of Expenditure by code) RMB	Description Reimbursement - Food	Event #
Type of Expenditure (if applicable) Itemization in Addendum S Required <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 type="radio"/> D <input type="radio"/> E		Amount Incurred (Estimate or Actual) 61.17
Expenditure # (if applicable)		
Name of Creditor		Date Incurred
Street Address		City
State		Zip Code
Purpose of Expenditure by code)	Description Reimbursement	Event #
Type of Expenditure (if applicable) Itemization in Addendum S Required <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		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)		

SUBTOTAL Section S-This Page	511.17
TOTAL of additional Section S Pages	0
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page Totals)</i>	511.17
Previously reported Expenses Unpaid and still Outstanding	0
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page Totals)</i>	511.17

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE Aaron Lewis Here For Hartford	TYPE OF REPORT October 10 Filing
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T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Campbell	First Alexander	MI	Date of Payment 6/30/2019	Method of Payment: <input checked="" type="radio"/> Check # 1010 <input type="radio"/> Debit Card
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Secondary Payee
NPG VAN

Street Address 1445 New York Ave	City Washington	State DC	Zip Code 020005
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Purpose of Expenditure (by code) FOOD	Description Campaign Meet and Greet	Event #	Amount
Expenditure # (if applicable) 1010	Type of Expenditure (if applicable) Itemization in Addendum T Required <input checked="" 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 checked="" type="radio"/> C <input type="radio"/> D <input type="radio"/> E		150.00

Last Name of Worker/Consultant Campbell	First Alexander	MI	Date of Payment 8/1/19	Method of Payment: <input checked="" type="radio"/> Check # 1011 <input type="radio"/> Debit Card
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Secondary Payee
NPG VAN

Street Address 1445 New York Ave	City Washington	State DC	Zip Code 20005
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Purpose of Expenditure (by code) OVHD	Description NPG VAN - Campaign software	Event #	Amount
Expenditure # (if applicable) 1011	Type of Expenditure (if applicable) Itemization in Addendum T Required <input checked="" 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 checked="" type="radio"/> D <input type="radio"/> E		150.00

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) T	Description T	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input checked="" 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 checked="" type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

SUBTOTAL Section T — This Page	300.00
TOTAL of additional Section T Pages	0
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	300.00