SEEC FORM 20

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

2019 APR 10 AH 9: A chicial Use Only

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE			911.15492 717.25492	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Aaron Lewis Here For Hartford	gain three (The Works are a reason persons a reason	TOTAL COLUMN TO THE PARTY OF TH	000000aa	1 Maria Sanda ang ang	AN ASSESSMENT CONTRACTOR	Des Maria Construction (1994), seq			To Perform the entreen	
2. TREASURER NAME			A. E. E.				in a second seco			
First		МІ	****	Last		······································	W(122) 1244 123	· * · · · · · · · · · · · · · · · · · ·	Suffix	
Alexander		Н	I	Campb	ell					
3. TREASURER ADDRESS	and Managarth Variation 700			2						
Street Address 21 Oxford Lane			City		E-Mary Comments	100 H - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	State	Zip Co		
		Windsor				СТ	060	95		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only	if Candidate	Committee)	COLUMN TARREST AND A COMPANY OF THE COLUMN TARREST AND A COLUMN TARREST			RICT NUMBER	
(mm/dd/yyyy) 11/5/2019	Mayor	Mayor						(if applicable)	<u> </u>	
7. CANDIDATE NAME (Complete only if	Candidate or Explorator			2012			de Craftia			
First Aaron		MI		Last		•			Suffix	
			TVACES	Lewis			- Landon to the land			
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	7th day preced	ling primar	у	O 7th	day preceding refe		nitial Cont	ribution or	r Disbursement	
• April 10 filing	30 days follow	30 days following primary			lays following refe	rendum	<i>PACs ONLY)</i> Amendmen			
O July 10 filing	O7th day preced	ling election	n	O Def	icit	•	ype of Rep			
October 10 filing	O12th day prece (State Central Con			O Ten	mination	_				
Independent Expenditure Primary Election	O45 days follow not held in No		n							
9. PERIOD COVERED			111 12 12 12 12 12 12 12 12 12 12 12 12				Variation of the control of the cont	The second secon		
	Beginning Dat	te			Ending Da	te				
-	1/1/2019		_	thru	3/31/2019					
10, CERTIFICATION										
I hereby certify and state, under portion of the period of	enalties of false struction covered is truction covered is truction.	ie, accurate	e and Alex	l complet ander H	information set f e. . Campbell of Signer	orth on this Iter	nized Ca	4/9/201		
			2000 C					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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

	COLUMN A This Period	COLUMN B Aggregate
 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
l6b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	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>	О	0
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	О	О
25b. + Interest and Penalties on Loan	0	0
25c. — Payments on Loan	o	0
25d. Total Outstanding Loan Amount	o	
6. Campaign Expenses Paid by Candidate (Section Q)	112.81	112.81
7. Expenses Incurred on Committee Credit Card (Section R)	o	0
8. Expenses Incurred by Committee During this Period but Not Paid (Section S)	392.81	
8a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	392.81	

IAME OF COMMITTEE			TYPE OF REPORT			
Aaron Lewis Here For Hartford			April 10 Filli	ng		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		irst		. *******	VA. 5011.515.415.	МІ
Romano	A	Aaron				J
Residential Street Address	City			1:	State	Zip Code
15 Woodland Ave	Bloo	omfield			СТ	06002
Principal Occupation		Name of Employer				
Attorney		Romano & Letteri	man P.C.			
	ciated with have a contract with said municipality				unt of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Section L1? Yes No Yes Is contributor a principal of a state contractor or prospective state fundraising event listed in Section L1? If yes, list Event # Description: Executive				8 Yes No	100	.00
Method of Contribution: Date Received Occasion Description: Date Received				utions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 1/19/2019						
Last Name		rst				MI
Genga	laine					
Residential Street Address 5 Elaine Drive	City	l lauttand			State	Zip Code
						06118
Principal Occupation Name of Employer Retired N/A						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One Dependent child of a lobbyist? Yes One Dependent child of a lobbyist? If contribution is in excess of \$400 one contributor or business he/she valued at more than \$5,000?					Amou	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Section L1? Yes No If yes, indicate which brain of government the contraction of government the contraction.	nch or l	branches	te contractor?	O Yes O No	30.00	J .
Method of Contribution:		Date Received	Aggregate Contrib	utions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/6/2019	50.00			
Last Name	Fi	rst				MI
Laiscell	J	oAnna				
Residential Street Address	City			8	State	Zip Code
185 Pine Street Apt. 216	Man	ıchester		- 1	CT	06040
Principal Occupation		Name of Employer				
Accountant		CREC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Ves University No No Vest No Vest No					Amoi	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No Is contributor a principal of a If yes, indicate which brat of government the contract	nch or l	branches _	e contractor?	Yes No		
Method of Contribution:		Date Received	Aggregate Contrib	utions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/7/2019	100.00			·
	SUB	TOTAL Section B -	-This Page	250.00)	
TOTAL of additional Section B Pages 0						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) 250.00						

NAME OF COMMITTEE							TYPE OF RI	PORT			
Aaron Lewis Here For Hartford							April 10 F	April 10 Filling			
	C1.	Contrib	ution	s from O	ther	Comm	ittees				
Name of Committee					Nan	ne of Treasu	rer				
Address				Is this contr	L.		Luciela a A V A	X1	Amount of Contribution		
				fundraising	event	listed in Se	l with a OYes O ction L1?	NO	Amount of Contribution		
						<i>If yes</i> , lis					
City	State	Zip Cod	le	Date Rece	ived		Aggregate Contribution	ıs			
Name of Committee					Nan	ne of Treasu	l. er				
Address											
Audiess				Is this contri fundraising	bution	i associated listed in Se	l with a Yes 🔘	No	Amount of Contribution		
				Tunkinuising (o voire	If yes, lis	t Event #				
City	State	Zip Cod	le	Date Rece	ived		Aggregate Contribution	is			
Name of Committee					Man	ne of Treasur					
. tune of committee					Ivan	ic of freasin	ei				
Address				Is this contri	bution	associated	with a OYes O	No	Amount of Contribution		
				fundraising o	event l	isted in Sec <i>If yes</i> , list	ction L1?				
City State		Zip Cod	le	Date Rece	ived	-0,0-0,1-0	Aggregate Contribution	s			
							·				
Name of Committee					Nan	ne of Treasur	er				
Address				Is this contri	bution	associated	with a OYes O	No I	Amount of Contribution		
				fundraising e		isted in Sec	tion L1?				
City	State	Zip Cod		Date Recei	ved	If yes, list	Aggregate Contribution				
	, Suite	Zip Cou	c	Bate Reco	veu		Aggregate Contribution	5			
C2. Reimb	ursements, Pa	yments.	or S	urplus D	istril	butions	from other Co	nmittees			
Name of Committee						Name of Tr	Standard Control of the Control of the Control Space	tine and the state of the second second			
Address						<u> </u>	Date Received		Amount of Descipt		
									Amount of Receipt		
City	S	tate	Zip Cod	le]	n	Reimburser	nent for shared expen	Se Se			
			•		O I	Payment fo	r goods and services				
N					0	Surplus Dis					
Name of Committee						Name of Tr	easurer				
Address			•			ł	Date Received		Amount of Receipt		
City State Zip C		Zip Cod	le			nent for shared expen	se				
					8	Payment fo Surplus Dis	r goods and services tribution				

			S. S.	SUBTOTA	L Se	ection C	This Page)			
	Lavagia, factore provide a provide a construction of the construct	**************************************)			
				y			11011 C 1 116V	-			
	TAL OF ALL (Secti						D RECEIPTS (nary Page Totals)	כ			
	indicate and the period	wasia Rediction	~~/ (A)	c. witt on		ા ખુ ઝલાવા	my ruge round)				

NAME OF COMMITTEE		250210001.0000			TYPE OF	REPORT	
Aaron Lewis Here For Hartford					April 10) Filling	
D). Loans	Receiv	ed this Period				
Name of Lender	The second		Source of Loan:				Date of Receipt
			OBank O Car	ndidate C) Individua	Other Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)		•				-	Amount Received
Co. A Miles	To:						
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank Car	ndidate [)Individua	Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				1	!	-	Amount Received
Street Address	City				State	Zip Code	ı
	C1.5				Siaco	Zip Codo	
Name of Lender			Source of Loan: OBank OCan	ndidate () Individua	Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)					<u> </u>		Yes No Amount Received

Street Address	City			harrar.	State	Zip Code	
	The property of the control of the c		то	TALSE	CTION.	D 0	
E. Receipts from Entities other than	Individ	luals or	Other Comp	nittees /	Deferend	um Committees	OWN
Name of Entity		MANTER		IIIIVO.	Reference	т сопишесь	
Street Address				Date I	Received		Amount Received
City		State	Zip Code	1			
		State	Zip Couc	Aggie	egate Contrib	utions	
lame of Entity				I			
treet Address				Date F	Received		Amount Received
ity		State	Zip Code	Aggregate Contributions			
Jame of Entity							
E-r Att.	<u></u>			I Date I	* · 1 -4		
treet Address				Date K	Received		Amount Received
ity		State	Zip Code	Aggre	egate Contrib	utions	
	TIME TO STATE	201 12 12 12 12 12 12 12		OTAL S	ECTION	YE 0	

NAME OF COMMITTEE	TYPE OF REPO	PRT			
Aaron Lewis Here I	For Hartford			April 10 Fillir	ng
F.	Amount Transferred	from Affiliated Bu	siness Treasury (Busin	ess Entity Comm	ittees ONLY)
Date of Receipt	Is this transaction association fundraising event listed in		If yes, list Event #	The state of the s	Amount
Date of Receipt	Is this transaction associ fundraising event listed i		If yes, list Event #		Amount
Date of Receipt	Is this transaction association fundraising event listed in		If yes, list Event #		Amount
Date of Receipt	Is this transaction association fundraising event listed in		If yes, list Event #		Amount
			TOTALS	SECTION F	0
G. Amount Tra	ansferred from Affiliat	ted Labor Union o	r Other Organization	Treasury (Org	anization Committees ONLY)
Date of Receipt Date of Receipt Date of Receipt					
An	nount	A	mount		Amount
The state of the s					
			TOTALS	ECTION G	0
	H. Personal Funds of t	the Candidate Rec	eived this Period <i>(Car</i>	ididate Committee	es ONLY)
Date of Receipt	Method of payment:				Amount
	O Cash	Personal	Check Credit/De	bit Card	
Date of Receipt	Method of payment:				Amount
	Cash	O Personal	Check Credit/De	bit Card	
Date of Receipt	Method of payment:		"		Amount
	O Cash	O Personal	Check Credit/De	bit Card	
Date of Receipt	Method of payment:				Amount
	O Cash	O Personal	Check Credit/De	bit Card	
		The same that the same state of the same state o	TOTALS	ECTION H	0
		A. Anonymous	Contributions		
т	Per Public Act 11-48	A		1 1	

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.

			TYPE OF REPORT				
			il 10 Fillii	ng			
J. Interest fi	om Deposits in Authorized Accoun		Received				
United Bank		Date	Received		Amount		
Street Address	City	State	Zip C	ode	0		
225 Asylum St.	Hartford	СТ	060	95			
Name of Institution		Date	Received		Amount		
0			1.				
Street Address	City	State	Zip C	ode			
	TOTAL S	ECI	10N J	0	21		
	netary Receipts not Considered Co	ntri					
Name			Date of Tran	saction	Amount Received		
Street Address	City	Sta	te Z	ip Code	_		
Description							
Name			Date of Tran	saction	Amount Received		
		i			Amount Received		
Street Address	City	Stat	ie Zi	p Code			
Description					_		
Name			Date of Tran	saction	Amount Received		
Street Address	City	Stat	e Zi	p Code			
Description							
Name			Date of Tran	saction	Amount Received		
					Amount Received		
Street Address	City	Sta	te Zi	p Code			
Description							
	TOTALS	ECT	ION K	0			
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ıs D	through	· Ko			
Total Loans Received this Period (Section D)				0			
Total Receipts from Entities other than Individuals or Otl	er Committees (Section E)		+	0			
Total Amount Transferred from Affiliated Business Treas			+	0			
			+				
Total Amount Transferred from Affiliated Labor Union o	0						
Total Amount of Personal Funds of the Candidate Receive	0	0					
Total Amount of Interest from Deposits in Authorized Acc	0						
Total Miscellaneous Monctary Receipts not Considered C	0						
Total of Other Monetary Receipts (Add Sections	s D through K) (Enter total on Line 15 of Sum	nary P	age Totals)	О			

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT							
Aaron Lewis Here For Hartford		April 10 Filling							
L1. Fundraise	er Event Information			aderecesariana (1919)					
Fundraising Event # Description Date of Fundraiser Letter									
Location: Street Address	City		State	Zip Code					
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	OYes (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.) ONo								
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.) ONo								
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Rece	sipts here.)							
Subpart 2: (Town Committees and Municipal Candidate Committees Of Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section La	3 Purchases of Advertising olete required information.)	Space in a	Program Book					
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?	O Yes (If yes, enter Total Receipts here.) No								
Fundraising Event # Description Date of Fundraiser Letter			And the second s						
Location: Street Address	City	-	State	Zip Code					
Subpart 1: (All Committees)	_								
Was this fundraising event hosted at a personal residence?	O 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.) O 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?	OYes (If yes, enter Total Recei	ipts here.)							
Subpart 2: (Town Committees and Municipal Candidate Committees Of 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 lete required information.)	Space in a	Program Book					
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?	O Yes (If yes, enter Total Receipts here.) No								
SUBTOTAL Section Li—Subpart 1 (All Committees) Total Recei	pts 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 Sect								
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summa)	ry Page Totals) 0							

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

				are no longer required to item ale of donated items. Secti				
NAME OF COMMITTEE				TYPE OF REPO	RT	74 Mg. 55 V (1.814) (
Aaron Lewis Here Fo	r Hartford			April 10 Fillin	ng			
L3. Purcha	ses of Advertising in a !	Program Book	or on a Sign	(Municipal Candidate and Tox	vn Con	nmittees ONI	. y	
Name of Purchaser						se Made By:	**/*::::n::::::::::::::::::::::::::::::	
					l _	siness Entity	OIndividual	
						le Proprietorshi	ip	
Street Address	<u> </u>		City			State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ase Amount of S		n Purchase	
Name of Purchaser					Purchase Made By:			
					OBus	siness Entity	ndividual	
					OSol	le Proprietorshi	i p	
Street Address			City	•		State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase	
Name of Purchaser					OBus	e Made By: siness Entity le Proprietorshi	OIndividual	
Street Address			City			State	Zip Code	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise a	Amount of Sig	n Purchase	
Name of Purchaser	<u>.i.</u>				Purchas	e Made By:		
					_	siness Entity	() Individual	
					_	e Proprietorshi	_	
Street Address			City			State	Zip Code	
							-	
Date Received	Event #	Aggregate Purchases i	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase	
Name of Purchaser		L			Purchas	e Made By:		
					Bus	siness Entity	() Individual	
					Ξ	e Proprietorshi	•	
Street Address			City			State	Zip Code	
			ŕ					
Date Received	Event #	Aggregate Purchases f	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase	
				and Town Committees ONLY) n Program Book — This Page	0			
	All let a the property of the second of the			L3 (<i>Town Committees ONLY</i>) rtising on a Sign — This Page				
			TOTAL	of additional Section L3 Pages	lo			
107	AL OF ALL PURCHASES			RAM BOOK or ON A SIGN 16c of Summary Page Totals)	0			

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTE	E.			TYPE OF R	EPORT	17-11			
Aaron Lewis Here	For Hartford			April 10 F	illing				
	L	4. In-Kind Donation	ons Not Cons	idered Contributions					
Name of Donor									
Aaron Lewis									
Street Address			City			State	Zip Code		
221 Trumbull St.			Hartford	1		СТ	06103		
Donation Given By:	Description of Donation				Fair	Market Va	alue of Donation		
Business Entity	Web site hosting	(est. \$14.99 per m	\$14.99 per month)			29.98			
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event	29.	29.90			
Sole Proprietorship	Monthly			29.98					
Name of Donor									
Aaron Lewis									
Street Address			City			State	Zip Code		
221 Trumbuli St.			Hartford			СТ	06103		
Donation Given By:	Description of Donation				Fair	Market Va	alue of Donation		
Business Entity	Campaign Office	(set. \$500 per mon	\$500 per month) Event # Aggregate Value for this Event						
OIndividual	Date Received	Event#				00.00			
Sole Proprietorship	Monthly		1500.00						
Name of Donor		•							
Street Address			City			State	Zip Code		
Donation Given By:	Description of Donation				Fair	 Market Va	lue of Donation		
Business Entity									
OIndividual	Date Received	Event #		Aggregate Value for this Event					
Sole Proprietorship									
Name of Donor									
Street Address			City			State	Zip Code		
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation		
OBusiness Entity									
O Individual	Date Received	Event#		Aggregate value for this Event					
OSole Proprietorship									
			SURTOTAL	Section L4—This Page	500.00				
			The state of the s		529.98				
			TOTAL of a	lditional Section L4 Pages (
			Commence of the Commence of th	and the state of t					
	TOTAL OF ALL IN-			RED CONTRIBUTIONS 1	529.98				
		angeria de la Companya de la Company	r total on Line 2	l of Summary Page Totals)					

NAME OF COMMITTEE				TYPE OF REP	'ORT			
Aaron Lewis Here For Hartford	•			April 10 Fil	ling			
		M. In-Kind Con	tributions					
Name				<u></u>	<u> </u>			
Alexander H Campbell								
Street Address			City			State	Zip Code	
21 Oxford Lane	T		Windsor			СТ	06095	
Type of contributor: Committee Olindividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind		T			
	TP ut-ib-uti-u i- i	100.00	Small Busines					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		in excess of \$400 to a candi or business he/she is associa an \$5,000?				Fair Market Value of this Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes,	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative				100.00		
Name								
Street Address			City			State	Zip Code	
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			<u> </u>	
Olndividual / Sole Proprietorship OOther								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves 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? Yes No								
Is this contribution associated with a fundraising event listed in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Ono								
Name of government the contract is with: Executive Legislative								
Street Address			City			State	Zip Code	
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		-		
Olndividual / Sole Proprietorship Oother								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		n excess of \$400 to a candid r business he/she is associat an \$5,000?				Fair Market Value of this Contribution		
Is this contribution associated with a	_	utor a principal of a state co		afe contractor?	Oyes			
fundraising event listed in Section L1? If yes, list Event #	No If yes,	indicate which branch or be ernment the contract is with	oranches	_	ON ₀			
		SU/	BTOTAL Section M -	— This Page	100.00			
		TO	FAL of additional Sec	ction M Pages	0		· · · · · · · · · · · · · · · · · · ·	
TOTAL OF ALL II	N-KIND CONTE	RIBUTIONS (Enter tot	al on Line 22 of Summa	ry Page Totals)	100.00			
	N. Refun	dable Deposit to To	elephone Compan	y	illander (24 met 2) (25 martin de la companya (25 martin de la companya (25) (25)	House Constitution		
Last Name of Individual		First	200 3 		Mi	Date Deposit	Made	
Residential Street Address		City		State Zip C	`ode			
				State and	040		Amount of Deposit	
Name of Telephone Company								
Street Address City State Zip Code				\dashv				
	arang manggarang kanang appag		A SANTEN GILLER CONTRACTOR (NO PARTIE) (AMERICAN)	(10.55) (10.55) (10.55)				
	TOTALS	SECTION N (Enter tota	al on Line 23 of Summar	y Page Totals)				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE					TYPE OF REPORT			
Aaron Lewis Here For Hartford			April 10 Filling					
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus ar						111-48		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er					
Street Address		<u> </u>		Date Notice Reco	cived	Fair Market Value of Donation		
City	State	Zip Code		Aggregate Donat	tions			
Description of Donation				oe of Expenditure	(see instructions)			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er .					
Street Address		<u>I</u>		Date Notice Rece	eived	Fair Market Value of Donation		
City	State	Zip Code		Aggregate Donations				
Description of Donation		<u> </u>	1	e of Expenditure	(see instructions)			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er		•			
Street Address				Date Notice Rece	eived	Fair Market Value of Donation		
City	State	Zip Code		Aggregate Donations				
Description of Donation	• •	1	Purpose of Expenditure (see instructions) OA OB OC OD OE			:		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON.	LY)	Name of Treasure	r		•			
Street Address		<u> </u>		Date Notice Received		Fair Market Value of Donation		
City	State	Zip Code	-	Aggregate Donati	ions			
Description of Donation		<u> </u>	1 -	e of Expenditure	(see instructions)			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON:	LY)	Name of Treasure	L					
Street Address		<u> </u>	I	Date Notice Rece	ived	Fair Market Value of Donation		
City	State	Zip Code	,	Aggregate Donati	ions			
Description of Donation			· ·	e of Expenditure	(see instructions)			
	SUBT	TOTAL Section	n O	This Page	0			
	TOTAL	, of additional	Section	ı O Pages	0	-		
TOTAL RECEIPTS OF ALL C		LATION EXI n Line 24 of Sum			0			

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE			r	YPE OF REPORT			
Aaron Lewis Here For Hartford				А	April 10 Filling			
		P. Expenses	Paid by Committee	9				
Name of Payee Date of I					te of Payment	Method of Payment:		
Tudor Creative LLC				3	3/21/2019		Check # 634779 Debit Card	
Street Address	City		, , , , , , , , , , , , , , , , , , , ,	State	Zip Code			
263 Flax Hill Rd.			Norwalk			СТ	06854	
Purpose of Expenditure (by code)	Description Ev			Event #	ivent #		Amount	
,	Memes - digital document					180.00		
Expenditure # (if applicable)	Type of Expenditure (if applicable)	Itemization in Addendum	P Required O Coordin	nated with r	eimbursement sought			
	Coordinated without reimbur	sement sought 🧿 Independ	ent Organization:OA	OB O	O D OE			
Name of Payee				Dat	te of Payment	Method of F		
Deluxe Bus Sys	3.			3	/21/2019	OCheck # ODebit Card		
Street Address			City			State	Zip Code	
							:	
Purpose of Expenditure (by code)	Description			Event #		Amount		
(by code)	Check book order - debit to account from Bank					16.28		
Expenditure #	Type of Expenditure (if applicable)	spenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought				10.20		
(if applicable)	Coordinated without reimbur		_		-			
Name of Payce					te of Payment	Method of Payment:		
					, i	 O c	heck #	
Street Address			City				ebit Card Zip Code	
			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 Coordinated with reimbursement sought							
(g spyrionor)	OCoordinated without reimbur	sement sought 🔘 Independe	ent Organization:OA	$O_B O_C$	OD OE			
Name of Payee Date of Payment					e of Payment	Method of Payment: Check #		
							ebit Card	
Street Address	1 11 11 11 11 11 11 11 11 11 11 11 11 1		City	•		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			Amount	
Expenditure #	Type of Expenditure (if applicable) I	temization in Addendum P	Required Coordin	ated with re	eimbursement sought			
(if applicable)	Coordinated without reimburs		-					
				U_U_U_U_U_U_U_U_U_U_U_U_U_U_U_U_U_U_U_				
5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			SUBTOTAL Section	ıP—Tki	is Page 196.28			
TOTAL of additional Section P. Pages 0								
TOTAL OF	ALL EXPENSES PAID B	Y COMMITTEE (En	ter total on Line 19 of Sum	mary Page	Totals) 196.28			
				111.000 %	National Confession			

NAME OF COMMITT	${f BE}$			TYPE OF REPORT				
Aaron Lewis Here For Hartford				April 10 Filling				
	Q. Campaign Exp	enses Paid by Cand	idate					
Name of Payee (Name of Vendor who candidate paid directly)					t	Is reimb	ursement claimed?	
US Poly Pack				3/19/201	9	0	Yes 🔘 No	
Street Address City						State	Zip Code	
5041 Spencer Hv	wy Suite 502	Pasadena				TX	77505	
Purpose of Expenditure (by code)	Description		Event #			Amount		
	Literature Bags					37.81		
, ,	lendor who candidate paid directly)		I	Date of Paymen	t	Is reimb	ursement claimed?	
Hartford Public S	School Print Shop	Lav		3/25/201	9	O Yes O No		
		City				State	Zip Code	
960 Main St.		Hartford				СТ	06103	
Purpose of Expenditure (by code)	Description	Event #			Amount			
(by code)	Post Cards					75.00		
Name of Payce (Name of V	l 'endor who candidate paid directly)	1	1	Date of Paymen	t	Is reimb	ursement claimed?	
				·		O Yes O No		
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #				Amount	
Name of Payee (Name of V	endor who candidate paid directly)		I	Date of Payment Is reimbursement claimed?			ursement claimed?	
						O Yes O No		
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description	Description Even		#		,	Amount	
Nome of Done (Mayor of I)	endor who candidate paid directly)		1.	Date of Payment				
Name of Payee (Name of Ve	енаот мно сапанаше рана ангесну)			Jate of Paymen	i	Is reimb	ursement claimed? Yes O No	
Street Address		City						
on our radios		City				State	Zip Code	
Purpose of Expenditure (by code)	Description Event				Amount		Amount	
Name of Payee (<i>Name of Ve</i>	endor who candidate paid directly)	<u> </u>	D	Date of Payment		Is reimb	ursement claimed?	
						O,	(es 🔘 No	
Street Address		City	I			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #				Amount	
		SUBTOTAL Section	Q1	his Page	112.81			
		TOTAL of additional S	ection	Q Pages	0			
TOTAL OF	ALL EXPENSES PAID BY CANDIDATE a	Enter total on Line 26 of Sum	unary P	age Totals)	112.81			

NAME OF COMMIT	TEE		TYPE OF REPOR					
Aaron Lewis He			April 10 Filling					
Name of Issuing Inst		cpenses Incurred on Commit	tee Credit Card					
Traine of Issuing That	ikulioli	Type of Credit Card: O Visa O Ma	ster Card ODiscover OAn	nerican Express	Other:			
Name of Vendor		900		Date of T	Date of Transaction			
Street Address		City	City					
Purpose of Expenditure (by code)	Description		Event #					
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required Coordinated with reimbursement sought Coordinated without reimbursement sought Organization OA OB OC OB OE							
Name of Vendor				Date of Ti	ansaction			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizatio Coordinated without reimbursement so		OA OB OC OD OE	ught				
Name of Vendor				Date of Tr	ansaction			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # ((f applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement so		pordinated with reimbursement so	ught				
Name of Vendor				Date of Tr	ansaction			
Street Address	1	City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement sou		ordinated with reimbursement so	ught				
		SUBTOTAL Se	ction R—This Page 0	•				
		TOTAL of addition	nal Section R Pages 0					
	TOTAL OF ALL EXPENSES	S INCURRED ON COMMITTI (Enter total on Line 27	EE CREDIT CARD of Summary Page Totals)					

NAME OF COMMITTEE TYPE OF REPORT Aaron Lewis Here For Hartford April 10 Filling					130000000000000000000000000000000000000			
	S. Expenses Incurr	ed by Comn	nittee but Not Paid			Pane de se		
Name of Creditor				9	***************************************	Date Incurr	ed	
Tudor Creative	LLC					2/25/2019		
Street Address City					State	Zip Code		
263 Flax Hill Ro	d ————————————————————————————————————		Norwalk			СТ	06854	
Purpose of Expenditure (by code)	Description Memes -digital document		····	Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)		pupplicable) Itemization in Addendum S Required				120.00		
Name of Creditor						Date Incurred		
Sign Design an	d Banner					3/1/	2019	
Street Address			City			State	Zip Code	
1325 Main St.			Hartford			СТ	06103	
Purpose of Expenditure (by code)	Description Custom Retractable Banner &	Post Cards		Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (If applicable)	diture # Type of Expenditure (if applicable) Itemization in Addendum S Required Coordinated with reimbursement sought						160.00	
Name of Creditor							Date Incurred	
Aaron Lewis						3/25/2019		
Street Address			City			State	Zip Code	
221 Trumbull ST.			Hartfod			СТ	06103	
Purpose of Expenditure (by code)	Description Reimbursement		Event#			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required Coordinated with reimbursement sought Coordinated without reimbursement sought Organization A B C D E					75.00		
Name of Creditor Aaron Lewis						Date Incur	ed	
Street Address			City			State	Zip Code	
221 Trumbull ST	Г.		Hartford	artford		СТ	06103	
Purpose of Expenditure (by code)	Description Event #				Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required					37.81		
			SUBTOTAL Sect	ion S-This Page	392.81			
			TOTAL of additional	Section S Pages ()			
TOTAL OF A	LL EXPENSES INCURRED BY COM		RING THIS PERIOD Enter total on Line 28 of Sui		392.81			
	Previou	isly reported E	expenses Unpaid and sti	ll Outstanding ()			
	TOTAL OF ALL EXPEN		ED BY COMMITTEE ter total on Line 28a of Sur		392.81			

NAME OF COMMIT					PE OF REPORT			
Adron Lower 1.5		on of Reimbursement	s to Committ					
Last Name of Worker/Consultant First			S10 Comanu	MI	Date of Payment	Method of Payment: Check # Debit Card		
Secondary Payee					1.		Deon 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 T Required							
Last Name of Worker/Co	onsultant	First		МІ	Date of Payment	(of Payment: Check # Debit Card	
Secondary Payce								
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#			Amount	
Expenditure # (if applicable)	1	rble) Itemization in Addendum mbursement sought O Indepen		Coordinated with rei	_			
Last Name of Worker/Consultant First		First		MI	Date of Payment		of Payment: Check # Debit Card	
Secondary Payee					1			
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 T Required							
			SUBTOTA	L Section T — Thi	s Page 0			
			TOTAL of ac	lditional Section T	Pages 0			
TOTAL OF	ALL REIMBURSEM	ENT TO COMMITTE	WORKERS.	AND CONSULT	ANTS 0			