SEEC FORM 20

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

TOWN & CITY CLERK

Page 1 of 17

Do Not Mark in This Space For Official Use Only COVER PACE.

		COVE	21 7 17	KGE		landa da la companya	Marin Advisor Company of the Company	
A NAME OF COMMITTEE				Miller Charles Aren		0.00	nder-Verbehreit	
Aaron Lewis Here For Hartford			C	<i>7~ </i>				
2. TREASURER NAME								
First		Mí	Last				Suffix	illi Remo
Alexander		H	Campb	ell				
3. TREASURER ADDRESS			100					
Street Address 21 Oxford Lane		City				State	Zip Code	
	I Service and the service of the ser		indsor			СТ	06095	
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGI	IT (Complete ont	y if Candidate	Gommittee)			6. DISTRICT NUMB	ER
11/5/2019	Mayor						(if applicable)	
7. CANDIDATE NAME (Complete only)f	 Candidate or Explorator	v Committee)				1		
First		MI	Last		E Company		Suffix	
Aaron			Lewis					
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ing primary	O 7th	day preceding referendum			ribution or Disburseme	ent
April 10 filing	30 days follow	ing primary	O 45 d	lays following referendum	_	<i>PACs ONLY)</i> Amendment	t to	
O July 10 filing	7th day preced	ing election	O Defi	icit	_	ype of Rep		
October 10 filing	12th day preced		O Terr	mination	_			
O Independent Expenditure Primary Election	O45 days follow not held in Nov	ing election						
9. PERIOD COVERED				elektrik kolonia kolonia kolonia eta 2014. Persekin kononia kolonia kolonia kolonia ko				
	Beginning Date	е		Ending Date				
	4/1/2019		thru	6/30/2019				
-								
10. CERTIFICATION						T.		
I hereby certify and state, under p	enalties of false st	tatement, that	all of the	information set forth on th	ıis Ite ı	mized Caı	mpaign Finance	
Disclosure Statement for the per	iod covered is true	e, accurate an	d complet	a.			•	
(4)							<u>.</u>	
XIIII		Ale	xander H	. Campbell			7/9/2019	
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PRI	NT NAME O	F SIGNER		•	DATE (mm/dd/yyyy)	
The control of the co	the state of the s		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T			And the second second second second		

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

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		О
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	О
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	О
16b. 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	О
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	О
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	О	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)

Reg. 1/12	1.	WORLIAKY KE	ULE	AP 13 (Sections A	1—K)			5
NAME OF COMMITTEE		vidleg og strøder restorer og			TYPE OF REPO)RT		
Aaron Lewis Here For Hartford				July 10 Filling				
A. Total Contributions from Si (See instructions for definition of Small (The second second		22.5	nis Period ONLY OTAL SECTION A	\$ 5.00			
		B. Itemized Co	ntrit	outions from Individ	luals			
Last Name Jason			•	irst				MI J
Residential Street Address			City	Romey			State	Zip Code
						1	CT	06002
Principal Occupation				Name of Employer		•		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a If yes, indicate which bra of government the contrac	nch or	branches	Calculation Legislative	Yes No] 150	.00
Method of Contribution:				Date Received	Aggregate Contrib	utions		
Cash Personal Check Credit/Debit Co	ard (Payroll Deduction OMoney			150.00			
Last Name Thorington				_{irst} Shawn				MI
Residential Street Address			City				State	Zip Code
Principal Occupation				Name of Employer				:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					Ame:	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	es lo	Is contributor a principal of a If yes, indicate which brand of government the contract	nch or	branches	_	O Yes O No		
Method of Contribution:	457			Date Received	Aggregate Contrib	utions	1	
OCash	ard C	Payroll Deduction O Money		<u> </u>	50.00			l a g
Last Name Dickerson				^{Sirst} William				М
Residential Street Address			City				State	Zip Code
							СТ	06040
Principal Occupation Accountant				Name of Employer				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	entribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					Amo 200	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	'es Io	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or	branches	te contractor? OLegislative	Yes No		
Method of Contribution:				Date Received	Aggregate Contrib	utions		
OCash OPersonal Check OCredit/Debit C	ard (Payroll Deduction AMoney	Orde	r 4/22/19	200.00			
			SUI	BTOTAL Section B	– This Page	450.00)	
			rot.	AL of additional Sect	ion B Pages	2405.0	00	
TOTA	L OI	ALL CONTRIBUTION		OM INDIVIDUALS (Se		2930.0	00	

Nev. 1/12	I. MUN	LIAKY	KECEII	PIS (S	ections A—K)	i ugu pyor x y
NAME OF COMMITTEE				,	TYPE OF RI	PORT
Aaron Lewis Here For Ha	artford				July 10 Fi	
Name of Committee	Ch. C	Contributio	ms from O			Service reserved in the service of t
Name of Committee				Name of T	reasurer	
Address	· · · · · · · · · · · · · · · · · · ·		1	<u> </u>		A sound of Contribution
			Is this contri	bution assoc	ciated with a Yes C in Section L1?	No Amount of Contribution
			Tunuraising		28, list Event #	
City	State	Zip Code	Date Rece		Aggregate Contribution	os .
					1 40 0	
Name of Committee		Matter Control of the		Name of T	reasurer	
				}		
Address			Is this contri	bution assoc	ciated with a Yes O	No Amount of Contribution
			fundraising	event listed	in Section L1?	
				If ye	es, list Event #	
City	State	Zip Code	Date Rece	ived	Aggregate Contribution	ıs
					,	
Name of Committee				Name of T	reasurer	
Address			Is this contri	bution assoc	ciated with a OYes O	No Amount of Contribution
			fundraising		in Section L1? s, list Event #	Í
City	State	17:01	Date Rece		Aggregate Contribution	
Спу	piate	Zip Code	Date Rece	iveu	Aggregate Contribution	is
Name of Committee				Name of T	enenuene	
Name of Committee				INAMIC OF I	icastiici	
Address			Is this contri	hution accor	ciated with a Yes	Mo Amount of Contribution
			fundraising	event listed	in Section L1?	INO COMPANY OF SOME OF SOME
				If ye	zs, list Event#	
City	State	Zip Code	Date Rece	ived	Aggregate Contribution	is
C2	Reimbursements, Pa	vments, or	Surplus D	istributi	ons from other Co	mmittees
Name of Committee				The state of the latest state of the	e of Treasurer	
Address	•				Date Received	Amount of Receipt
						_
City	Is	tate Zip (ode	A Daimi	bursement for shared exper	nro.
					ent for goods and services	
		i		Surplu	us Distribution	
Name of Committee				Nam	e of Treasurer	
	•					
Address					Date Received	Amount of Receipt
City	S	tate Zip (Code	↑ Reimi	bursement for shared exper	
•		1		Payme	ent for goods and services	
				O Surph	us Distribution	
			SUBTOT/	VL Sectio	n C — This Page	0
			100			0
		0.0000000000000000000000000000000000000	TOTAL of	idditiona	l Section C Pages	0
	TOTAL OF ALL O	OMMITTE	E.CONTRI	BUTTONS	SAND RECEIPTS	0
					Summary Page Totals)	0

I. MONETARY RECEIPTS (Sections A-K)

Page Fof 17

NAME OF COMMUTTEE Aaron Lewis Here For			July10 Filling		
F. An	nount Transferred	from Affiliated B	usiness Treasury <i>(Bus</i>		
Date of Receipt	Is this transaction assoc fundraising event listed	iated with a Yes	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc fundraising event listed		If yes, list Event #		Amount
Date of Receipt	Is this transaction associ fundraising event listed		If yes, list Event #		Amount
Date of Receipt	Is this transaction associ fundraising event listed	ated with a in Section L1? Yes	If yes, list Event #	and the state of t	Amount
			TOTAL	SECTION F	0
G. Amount Transi	erred from Affilia	ted Labor Union c	or Other Organizatio	a Treasury <i>(Or</i> g	anization Committees ONLY)
Date of Receipt		Date of Receipt		Date of Receipt	
Amoun	t	£	Amount		Amount
			TOTAL	SECTION G	0
14. ,13	Personal Funds of	the Candidate Re	cived this Period (Ca	indidate Committee	s only)
Date of Receipt	Method of payment:	O Persona	Check Credit/D	ebit Card	Amount
Date of Receipt	Method of payment: Cash	O Personal	Check Credit/D	ebit Card	Amount
ate of Receipt	Method of payment: Cash	Personal	Check Credit/D	ebit Card	Amount
Date of Receipt	Method of payment: Cash	O Personal	Check Credit/D	ebit Card	Amount
			TOTAL	SECTION H	0
o o o o o o o o o o o o o o o o o o o			ang sawung dan pangang ayar n		

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.

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A-K)

Page of 1	
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NAME OF COMMITTEE		TYPE OF			
Aaron Lewis Here For Hartford		July 10	Filling		
Name of Institution	om Deposits in Authorized Accoun	Date Rece	ived	T	Amount
United Bank					0
Street Address 225 Asylum St.		State CT	Zip Code 0609!		V
Name of Institution		Date Recei			Amount
St		<u></u>			
Street Address	City	State	Zip Code	;	
	TOTALS	ECTIO	N I	0	
K. Miscellaneous Mo	netary Receipts not Considered Co		100000000000000000000000000000000000000		eren Bandar Fran
Name			of Transac	ction	Amount Received
Street Address	City	State	Zip ('ode	
	City	Siato	Lip (Jour	
Description		-	•		
Name		Date	of Transac	ction	Amount Received
Street Address	City	State	Zip (ode.	
		J. J		Joue	
Description					
Name		Date	of Transac	tion	Amount Received
Street Address	City	State	Zip C	Code	
	,				
Description					
Name		Date	of Transac	tion	Amount Received
Street Address	City	State	Zip C	Code	
Description					
	TOTAL S	ECTION	١ĸ	0	
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	s D thr	ough F	Ö	evies electricis de la compa
Total Loans Received this Period (Section D)			Nacido Anti-	0	
Total Receipts from Entities other than Individuals or Oth	er Committees (Section E)		+	0	
Total Amount Transferred from Affiliated Business Treas	ury (Section F)		+	0	
Total Amount Transferred from Affiliated Labor Union or	r Other Organization Treasury (Section G))	+	0	
Total Amount of Personal Funds of the Candidate Receive	d this Period (Section H)		+	0	
Total Amount of Interest from Deposits in Authorized Acc	ounts (Section J)		+	0	
Total Miscellaneous Monetary Receipts not Considered Co	ontributions (Section K)		+	0	
Total of Other Monetary Receipts (Add Sections	D through K) (Enter total on Line 15 of Summ	nary Page T	otals)	0	

SEEC FORM 20 Rev 1/12

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

Page of 17

NAME OF COMMITTEE	TYPE OF REPORT	
Aaron Lewis Here For Hartford	July 10 Filling	
	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 and complete required information for purchases beverage and invitations.)	Considered Contributions made by host(s) for food,
District Color of the Color of	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 (<i>If yes</i> , go to Section L4 In-Kind Donations not and complete required information.) No	Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Receipts here.)	
with purchases from an individual of up to \$100?	O_{No}	
Subpart 2: (Town Committees and Municipal Candidate Committees ON		
Were there purchases of advertising space in a program book or on a	Yes (If yes, go to Section L3 Purchases of Advertising	
sign associated with this fundraiser?	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	O Yes (If yes, enter Total Receipts here.)	
gathering held within the state with this fundraiser?	O No	
Fundraising Event # Description Description		
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees)		I
Was this fundraising event hosted at a personal residence?	O Yes (If yes, go to Section L4 In-Kind Donations not C and complete required information for purchases re beverage and invitations.)	Considered Contributions made by host(s) for food,
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 In-Kind Donations not Coand and complete required information.)	Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	ONO OYes (If yes, enter Total Receipts here.)	
with purchases from an individual of up to \$100?	O_{No}	
Subpart 2: (Town Committees and Municipal Candidate Committees ON Were there purchases of advertising space in a program book or on a	(LY) Yes (If yes, go to Section L3 Purchases of Advertising	a Snage in a Dusaness Dest
sign associated with this fundraiser?	or on a Sign and complete required information.) No	
Subpart 3: (Town Committees ONLY)	0.11	
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.)	
	O No	
SUBTOTAL Section Li—Subpart 1 (All Committees) Total Receipt	from Sale of Donated Items — This Page 0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total R.	eccipts from Food Purchases — This Page 0	
	TOTAL of additional Section Li Pages 0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES O	inter lotal on Line 16& of Summary Page Totals).	

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 REPO	RT .		
Aaron Lewis Here F	or Hartford			July 10 Fillin	g		
L3. Purch	ases of Advertising in	i a Program Boo	k or on a Sign	(Municipal Candidate and To	vn Cor	nmittees ON	LÝ)
Name of Purchaser	The state of the s				100000000000000000000000000000000000000	se Made By:	
					OBu	siness Entity	OIndividual
					OSo	le Proprietorsh	ip
Street Address			City			State	Zip Code
Date Received	Event #	A	- Cont H Pounds	T			
Date Received	EACH 4	Aggregate Purchase	s tot All Events	Amount of Program Ad Purch	ise	Amount of Si	gn Purchase
Vame of Purchaser		Control of the Contro		nikali numasii aliin siiliin mista kiii maali nasii maa maa maa ka liisilii maa maa maa laha u maa maa numa ma	Purchas	e Made By:	**************************************
					OBu	siness Entity	Individual
					OSo	le Proprietorsh	ip
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Program Ad Purcha	se	Amount of Sig	n Purchase
		a de la companya de l		Amount of Frogram Ad a dress		rinount of Di	511 2 41 (1111)
Name of Purchaser						se Made By:	
					T .	siness Entity	Olndividual
			· · · · · · · · · · · · · · · · · · ·		OSo	le Proprietorsh	
Street Address			City			State	Zip Code
			:				
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ise	Amount of Si	gn Purchase
						·	_

Name of Purchaser						se Made By:	~ ~
					_	siness Entity	OIndividual
14			Tau.		OS ₀	le Proprietorsh	-
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purcha	ise	Amount of Si	gn Purchase
					5 3.0	. 10 to 10 D	
Name of Purchaser						se Made By: siness Entity	♠ Individual
					_	smess Entity le Proprietorsh	O Individual
Street Address			City		3 00	State	Zip Code
sirce Addless			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purcha	ise	Amount of Si	gn Purchase
		D 1 6 2 1 1 2 1 6					
				e and Town Committees ONLY) in Program Book — This Page			
				i L3 (Town Committees ONLY			
				ertising on a Sign — This Page			
ngus gubus musuk sasa	a do propria de capteros astas						****
			POTAL	of additional Section La Pages	0		
and the state of the TC	TAL OF ALL PURCHA			GRAM BOOK or ON A SIGN			
		ϵ	Enter total on Lin	e 16c of Summary Page Totals)	#L		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE				TYPE	OF REPORT				
Aaron Lewis Here	For Hartford			July 1	0 Filling				
	L4. In-	Kind Donations N	Not Conside	red Contributions					
Name of Donor									
Aaron Lewis									
Street Address			City				State	Zip Code	
221 Trumbull St.			Hartford				CT	06103	
Donation Given By:	Description of Donation					Fair Market Value of Donat			
Business Entity	Web site hosting (est.	\$14.99 per month)				29.9	20 08		
O Sole Proprietorship	Date Received Monthly	Event #		Aggregate Value for this Event 29.98			20,00		
Name of Donor							•		
Aaron Lewis									
Street Address			City				State	Zip Code	
221 Trumbull St.			Hartford				СТ	06103	
Donation Given By:	Description of Donation		I			Fair N	l Iarket Val	ue of Donation	
Business Entity	Campaign Office (set.	\$500 per month)							
OIndividual	Date Received Event # Aggregate Value for this Event 1500.00								
Sole Proprietorship	Monthly			1500.00					
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation		<u></u>			Fair Market Value of Donation			
OBusiness Entity									
O Individual	Date Received	Event#		Aggregate Value for this Ev	ent/				
Sole Proprietorship									
Name of Donor				<u> </u>	· · · · · · · · · · · · · · · · · · ·			······································	
Street Address			City		<u></u>		State	Zip Code	
Donation Given By:	Description of Donation				-	Fair i	Market Va	lue of Donation	
Business Entity									
OIndividual	Date Received	Event#		Aggregate value for this Ev	ent				
OSole Proprietorship									
**************************************	recognists and analysis of the contract of the		CHIBIRATAL	Section L4— This Pag	4500				
			SUBIUIAL	section La— This Tag	1529	1.98			
			FOTAL of add	itional Section L4 Pag	es O				
	TOTAL OF ALL IN-KIN					.98			
		(Enter to	at on Line 21 i	of Summary Page Tota	(6)				

III. NONMONETARY RECEIPTS (Sections M-O)

Page 12 of 17

0.182	u. NONMOr	ILIARY REC	EIL 19 (Secue		X
NAME OF COMMITTEE				TYPE OF REPORT	
Aaron Lewis Here For Hartford				July 10 Filling	
		M. In-Kind Con	tributions		adaling are expenses the open
Name					
Alexander Campbell					1 2 C 1
Street Address			City		State Zip Code CT 06095
21 Oxford Lane			Windsor		00095
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	I Contribution	
OIndividual / Sole Proprietorship Other		225.00	Memes	200	T
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Mark and the second	business he/she is associa	idate for a chief executive ated with have a contract Yes No	e officer of a municipality, with said municipality	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, i	tor a principal of a state c indicate which branch or rnment the contract is wit	branches	otate contractor?	
Name					
Street Address			City		State Zip Code
prison radicas			,,		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	d Contribution	
OIndividual / Sole Proprietorship OOther	1	<i>ab</i> 6	·		
	If contribution is in	excess of \$400 to a cand	idate for a chief executiv	e officer of a municipality,	Fair Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	daga ganteihustae ae	business he/she is associa	ated with have a contract Yes No	with said municipality	of this Contribution
Is this contribution associated with a		tor a principal of a state c		state contractor? Yes	; -
fundraising event listed in Section L1? If yes, list Event #	No If yes,	indicate which branch or rument the contract is with	branches _	O Legislative	
Name	<u> </u>				
					Gutta Zin Codo
Street Address			City		State Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kin	d Contribution	
Olndividual / Sole Proprietorship Oother	r 				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	°	business he/she is associ	idate for a chief executivated with have a contract Yes No	e officer of a municipality, with said municipality	Fair Market Value of this Contribution
Is this contribution associated with a	1	ntor a principal of a state of		state contractor?	5
fundraising event listed in Section L1? If yes, list Event #	No If yes,	indicate which branch or ernment the contract is wi	branches _	O Legislative	
	andria (g. 1806). Antonio Sandarda (g. 1868)	SI	BTOTAL Section N	I — This Page 120.0	0
		TO	OTAL of additional S	ection M Pages 0	
					١٥
TOTAL OF ALE	IN-KIND CONTI	RIBUTIONS (Enter t	otat on Line 22 of Sumn	iary Page Totals) 120.0	<i>.</i>
	N. Refun	dable Deposit to T	Telephone Compa	iny	
Last Name of Individual	The second secon	First	A STATE OF THE STA	МІ	Date Deposit Made
Residential Street Address		City		State Zip Code	Amount of
					Deposit
No. of Contract Contract					
Name of Telephone Company					
Street Address		City		State Zip Code	
	TOTAL	SECTION N (Enter t	otal on Line 23 of Sumn	ary Page Totals)	

III. NONMONETARY RECEIPTS (Sections M—O)

IAI. IVOIVITOIV	LIMIN INI					
NAME OF COMMITTEE	on at Ease & Self ab			TYPE OF REI		
Aaron Lewis Here For Hartford				July 10 Fill		
O. Non-Monetary Re Legislative Leadership, Legislative C	ceipts of Organi aucus and Party	Committee	s — <u>0</u>	res Made B <u>PTIONAL</u>	y See Public Acı	11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Co	mmittees ONLY)	Name of Treasur	rer			
Street Address				Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donatio	enc	
Description of Donation		J.	1 -	se of Expenditure (i	
Name of Committee (Legislative Leadership, Legislative Cancus, and Party Co	mmittees ONLY)	Name of Treasur				
Street Address				Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donation	ons	
Description of Donation				se of Expenditure (
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Co.	ommittees ONLY)	Name of Treasu				
Street Address				Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donation	ons	
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Name of Committee (Legislative Leadership, Legislative Caucus, and Party Co.	ommittees ONLY)	Name of Treasu	irer	· · · · · · · · · · · · · · · · · · ·		
Street Address				Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations		
Description of Donation	otion of Donation			se of Expenditure		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Co	ommittees ONLY)	Name of Treasu				
Street Address				Date Notice Rece	ived	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations			
Description of Donation			_	ose of Expenditure		
	ario de la company de la compa	BTOTAL Secti			0	
	TOTA	AL of additions	al Sectio	on O Pages	0	
TOTAGRECEPTS	OF ALL ORGAN (Enter total	IZATION E lon Line 24 of Si	XPENI ummary	DITURES Page Totals)	0	

NAME OF COMMIT	THE			TYPE OF REPORT			
Aaron Lewis Here For Hartford				July10 Filling			
Part Court Court	P. Expenses	Paid by Committee					
Name of Payee SoulBaila			Date of Payment 6/13 & 6/22/19	Method of Payment: Check # 1005/7 Debit Card			
Street Address	City		<u> </u>	State	Zip Code		
735 Wethersfiel	d Ave	Hartford			СТ	06114	
Purpose of Expenditure (by code)	Description			#	Amount		
(by code)	Campaign Meet and Greet event					1020.00	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought						
OCoordinated without reimbursement sought OIndependent Organization: OA OB OC OD OE							
Name of Payee				Date of Payment	Method of P		
Tudor Creative			4/22/19	Check # Debit Card			
Street Address		City			State	Zip Code	
263 Flax Hill Rd		Norwalk			СТ	06854	
Purpose of Expenditure	Description		Event#			Amount	
(by code)	Memes -digital document				84.52		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum 1	P Required O Coordin	ated w	ith reimbursement sought	07.02		
((f applicable)	O Coordinated without reimbursement sought O Independent O Organization: OA OB OC OD OE						
Name of Payee				Date of Payment	Method of P	-	
The Amistad Ce					heck # ebit Card		
Street Address		City		<u> </u>	State	Zip Code	
600 Main St		Hartford			СТ	06103	
Purpose of Expenditure (by code)	Description	<u> </u>	Event	#		Amount	
(by code)	Event attendance				156.84		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought						
(g egymetterie)	OCoordinated without reimbursement sought O Independ	ent Organization:OA	OB (OC OD OE			
Name of Payee				Date of Payment	Method of P		
Digital Room LL	С					heck # ebit Card	
Street Address	,	City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
(by code)	Post cards/hangers				65.46		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum l	P Required Coordin	ated w	ith reimbursement sought			
(y dymenolo)	O Coordinated without reimbursement sought O Independ	ent Oorganization.OA	Эв (OC OD OE			
		SUBTOTAL Section	, D	This Page 1432.30	1		
STREET CAREFUL		SUBJECT ALL SECTION	1.1				
		TOTAL of additional :	Sectio	n P Pages $^1 < 20$	6.82	pro.	
					· (2)		
TOTAL OF	ALL EXPENSES PAID BY COMMITTER (P.	der total on Line 19 of Sum	mary I	Page Totals) [1200	Ou & Co		
		The second secon	and statement				