



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Aaron For Senate			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Melanie	MI	Last Jackson		Suffix	
4. TREASURER ADDRESS					
Street Address 39 Mencil Cir	City Bridgeport	State CT	Zip Code 06610		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/06/2018	State Senator			S023	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Aaron	MI R	Last Turner		Suffix	
9. TYPE OF REPORT					
Second Weekly Supplemental Filing Primary - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/13/2018		thru		07/24/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> 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.					
Electronic Filing	Simone Turner	10/10/2018 9:57:13PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	-\$93.54	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$18,766.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$85,164.92	\$85,164.92
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$85,164.92	\$103,930.92
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$85,071.38	\$103,930.92
20. Expenses Paid by Committee (Section N)	\$17,615.00	\$36,474.54
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$67,456.38	\$67,456.38
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Aaron For Senate		Second Weekly Supplemental Filing Primary - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY
B. Itemized Contributions from Individuals			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				Yes No	
Is this contribution associated with an event reported in Section J1?		Method of contribution:		Date Received	Aggregate Contributions
Yes		Cash Personal Check			
No		Money Order Credit/Debit Card			
If yes, list Event #					

Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Aaron For Senate				Second Weekly Supplemental Filing Primary - Amendment	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes No		
City			State	Zip Code	Date Received
					Aggregate Contributions
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Aaron For Senate				Second Weekly Supplemental Filing Primary - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Aaron For Senate				Second Weekly Supplemental Filing Primary - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan: Bank Candidate Individual Other			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)					Amount Received
Street Address		City	State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Aaron For Senate		Second Weekly Supplemental Filing Primary - Amendment	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section E			

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Aaron For Senate		Second Weekly Supplemental Filing Primary - Amendment	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Aaron For Senate		Second Weekly Supplemental Filing Primary - Amendment	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Grant Cycle:	Date Received	Amount
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	07/24/2018	\$85,164.92
Total of Section H			\$85,164.92

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		

Total of Section I**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

J1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address	City	State	Zip Code
Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
	No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
	No		
Subpart 1:			
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		

Total of Section J1

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			

Total of Section J3**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host	Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4		
Street Address	City	State	Zip Code
Description of Donation		Fair Market Value of Donation	
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	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:	Yes No Executive Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			
Total of Section K			

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Total of Section L			Amount of Deposit

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Alveta Taylor	Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>151</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 511 Pembroke St	City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,650.00

Name of Payee Shellay Ebron	Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>152</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 603 Wood Ave	City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,550.00

Name of Payee Donald Geter	Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>153</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Wheeler Ave Apt 4D	City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Canvasser payroll	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,550.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Malaysia Young-Arrington		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>154</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 763 Kossuth St		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00

Name of Payee Emonnie Pettway		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>155</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 83 Acorn		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00

Name of Payee Wilma Edmouds		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>156</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Denise Arrington		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>157</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 980 Lindley St # 304		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

Name of Payee Ebony Young		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>159</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 515 E Main St		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

Name of Payee Jeffrey Santos		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>159</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 291 Union Ave		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Debbie Bowens	Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>162</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64 Rosedale St # A B-8	City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$870.00

Name of Payee Beverly Bowens	Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>163</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Taft Ave # 2F , Apt 12	City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Canvasser payroll	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$760.00

Name of Payee Jamier Terrell	Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>164</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 240 Prospect St	City Ansonia	State CT	Zip Code
Purpose of Expend WAGE	Description Staff Payroll	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$880.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Vaughn Sims		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>165</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 Union Ave		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Staff Payroll			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,500.00

Name of Payee Heidi Kennedy		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>166</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 486 Brooks St		City Bridgeport	State CT	Zip Code
Purpose of Expend A-OTH	Description Photography/Digital Media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$855.00

Name of Payee Carlos Cosme		Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>167</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 240 Prospect St		City Ansonia	State CT	Zip Code
Purpose of Expend WAGE	Description Staff Payroll			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Chen's Brother Reality, LLC	Date of Payment 07/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>168</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 659 E Main St	City Bridgeport	State CT	Zip Code
Purpose of Expend OVHD	Description Monthly Rent	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,200.00
Total of Section N			\$17,615.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
	Second Weekly Supplemental Filing Primary - Amendment		
O. Expenses Paid By Candidate			
Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes No	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	
Total of Section O			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor				Date of Transaction
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum				

Total of Section P**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor				Date Incurred
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Second Weekly Supplemental Filing Primary - Amendment

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

Section J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought