



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Aaron For Senate</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Melanie</b>	MI	Last <b>Jackson</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>39 Mencil Cir</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
<b>11/06/2018</b>	<b>State Senator</b>			<b>S023</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Aaron</b>	MI <b>R</b>	Last <b>Turner</b>		Suffix	
9. TYPE OF REPORT					
<b>Third Weekly Supplemental Filing Primary - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>07/25/2018</b>		thru		<b>07/31/2018</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>	<b>Simone Turner</b>	<b>08/06/2018 7:55:33PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<b>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.</b>					

**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	
<b>Aaron For Senate</b>	Third Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>-\$14,278.12</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$18,766.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$0.00</b>	<b>\$18,766.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>-\$14,278.12</b>	<b>\$18,766.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$34,227.75</b>	<b>\$67,271.87</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>(\$48,505.87)</b>	<b>(\$48,505.87)</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Aaron For Senate				Third Weekly Supplemental Filing Primary - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
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				
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Aaron For Senate				Third Weekly Supplemental Filing Primary - Original	
<b>D. Loans Received this Period</b>					
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)					<b>Amount Received</b>
Street Address		City	State	Zip Code	
<b>Total of Section D</b>					

**I. MONETARY RECEIPTS (Section A-I)**

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

**I. Monetary Receipts (Section A-I)**

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

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE		TYPE OF REPORT	
Aaron For Senate		Third Weekly Supplemental Filing Primary - Original	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:		Grant Cycle:	Date Received
Initial	Grant Adjustment	Primary	General Election
Supplemental/Post Election Deficit		Special Election	Amount
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Aaron For Senate				Third Weekly Supplemental Filing Primary - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Aaron For Senate				Third Weekly Supplemental Filing Primary - Original	
<b>J1. Event Information</b>					
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			
<b>Subpart 1:</b>		Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No			
<b>Total of Section J1</b>					

**II. EVENT ACTIVITY (Sections J1 - J4)**

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

**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	Third Weekly Supplemental Filing Primary - Original

**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	Third Weekly Supplemental Filing Primary - Original

**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:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual                      Committee                      Sole Proprietorship			
		Executive	Legislative

**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	Third Weekly Supplemental Filing Primary - Original

**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
Amount of Deposit			

**Total of Section L**



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Elizabeth Martinez		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>169</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 160 Church Building 8 Apt 308		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 #	\$225.00

Name of Payee Rafaela Rivera		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>170</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 175 Bretton 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 #	\$225.00

Name of Payee Gayoria Smith		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Palisade Ave Apt 2		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 #	\$500.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Davonte Whitehurst		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>172</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 354 Iranistan 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 #
				\$800.00

Name of Payee Tiffany Nebab		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>173</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Nichols 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 #
				\$200.00

Name of Payee Ralsteeni Hall		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>174</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1712 Boston 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 #
				\$800.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anita Griffin		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>175</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Nichols 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 #	\$200.00

Name of Payee Maryli Secret		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>176</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28-30 Whitney St # 103		City Hartford	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 #	\$4,600.00

Name of Payee Shwan Davis		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>177</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 354 Iranistan 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 #	\$800.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Christopher Davis		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>178</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 605 Soundview 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 #
				\$650.00

Name of Payee DNA Campaigns LLC		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>179</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 Village Walk # 248		City Guilford	State CT	Zip Code
Purpose of Expend CNSLT	Description Invoice #18-231			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 #
				\$1,903.98

Name of Payee DNA Campaigns LLC		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>180</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 Village Walk # 248		City Guilford	State CT	Zip Code
Purpose of Expend CNSLT	Description Invoice #18-248			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 #
				\$1,084.77

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee DNA Campaigns LLC		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>181</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 Village Walk # 248		City Guilford	State CT	Zip Code
Purpose of Expend CNSLT	Description Invoice #18-285			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 #	\$4,862.88

Name of Payee DNA Campaigns LLC		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>182</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 Village Walk # 248		City Guilford	State CT	Zip Code
Purpose of Expend CNSLT	Description Invoice #18-286			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 #	\$12,389.12

Name of Payee Debbie Bowens		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>183</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64 Rosedale St Apt 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Beverly Bowens		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>184</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 #
				\$150.00

Name of Payee Jeffrey Santos		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>185</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 #
				\$200.00

Name of Payee Davonte Whitehurst		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>186</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 354 Iranistan 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 #
				\$200.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Ralsteeni Hall		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>188</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1712 Boston 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 #	\$200.00

Name of Payee Shellay Ebron		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>189</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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00

Name of Payee Malaysia Young-Arrington		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>190</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 #	\$250.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Emonnie Pettway		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>192</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 83 Acorn 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 #	\$250.00

Name of Payee Wilma Edmonds		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>192</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 #	\$250.00

Name of Payee Denise Arrington		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>193</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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00



### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Alveta Taylor		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>194</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 #
				\$270.00

Name of Payee Ebony Young		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>195</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 #
				\$290.00

Name of Payee Donald Geter		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>196</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Wheeler Ave Apt 4D		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 #
				\$450.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Alveta Taylor		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>197</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 #
				\$55.00

Name of Payee Shellay Ebron		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>198</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 #
				\$50.00

Name of Payee Malaysia Young-Arrington		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>199</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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Emonnie Pettway		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>200</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 83 Acorn 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 #
				\$50.00

Name of Payee Wilma Edmonds		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>201</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? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.00

Name of Payee Denise Arrington		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>202</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 #
				\$50.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Ebony Young		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>203</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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00

Name of Payee Shwan Davis		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>204</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 354 Iranistan 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 #	\$200.00

Name of Payee Debbie Bowens		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>205</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64 Rosedale St Apt 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$70.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Beverly Bowens		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>206</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 #
				\$50.00

Name of Payee Yellow Mill Foundation		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>209</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Huntington Tpke		City Bridgeport	State CT	Zip Code
Purpose of Expend Misc *	Description Donation			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 #
				\$150.00

Name of Payee TD Bank		Date of Payment 07/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1000 Lafayette Blvd		City Bridgeport	State CT	Zip Code
Purpose of Expend BNK	Description Paper Statement Fee			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 #
				\$2.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aaron For Senate	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee TD Bank	Date of Payment 07/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1000 Lafayette Blvd	City Bridgeport	State CT	Zip Code
Purpose of Expend BNK	Description Maintenance Fee	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 #
			\$1,000.00
<b>Total of Section N</b>			<b>\$34,227.75</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
	Third Weekly Supplemental Filing Primary - Original		
<b>O. Expenses Paid By Candidate</b>			
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 #	
<b>Total of Section O</b>			

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Aaron For Senate				Third Weekly Supplemental Filing Primary - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Express 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					
<b>Total of Section P</b>					

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Aaron For Senate				Third Weekly Supplemental Filing Primary - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>					
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					
<b>Total of Section Q</b>					

**IV. EXPENDITURES (Sections N - S)**

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

**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				
<b>Total of Section R</b>				

**IV. EXPENDITURES (Sectuibs N - S)**

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

**S. Surplus Distribution of Equipment and Furniture**

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



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

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

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

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

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