

SEEC FORM 30Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



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Page 1 of 36

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Josh for CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
Cory	A	O'Brien			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
124 Haverford St	Hamden	CT	06517		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	Governor				
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Joshua		Elliott			
9. TYPE OF REPORT					
30 Days Following Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
08/05/2026 thru 08/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Carol Hazen		09/01/2026 1:19:27AM	
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	
Josh for CT	30 Days Following Primary - Original	
	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	\$228,782.07	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$371,161.74
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$5,500.00	\$3,762,714.20
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)	\$5,500.00	\$4,133,875.94
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$234,282.07	\$4,133,875.94
20. Expenses Paid by Committee (Section N)	\$156,867.25	\$4,056,461.12
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$77,414.82	\$77,414.82
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	\$2,253.23
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	\$163,479.82
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)	\$1,600.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,600.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				30 Days Following Primary - Original	
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? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	
If yes, list Event #	No			Aggregate Contributions	
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	
Josh for CT				30 Days Following Primary - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1? If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Josh for CT				30 Days Following Primary - Original	
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	
Josh for CT				30 Days Following Primary - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
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	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

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
Josh for CT	30 Days Following Primary - Original

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
Josh for CT	30 Days Following Primary - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Josh for CT				30 Days Following Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Madeline Farrell			08/10/2026		
Street Address	City	State	Zip Code		
231 Willard Ave	Westbrook	CT	06498		
Description					
Returned incorrect ACH information					\$5,500.00
Total of Section I					\$5,500.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

J1. Event Information

Event # Date of Event 08/05/2026	Letter B	Description Meet and Greet Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 335 Orange St		City New Haven	State CT	Zip Code 06511
Was this event hosted at a personal residence?		☐ Yes ☒ No	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.	
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 ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
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 ☒ No	(If yes, enter Total Receipts here.) \$0.00	

Event # Date of Event 08/06/2026	Letter C	Description Meet and Greet Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 168 Alden Ave		City New Haven	State CT	Zip Code 06515
Was this event hosted at a personal residence?		☒ Yes ☐ No	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.	
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 ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
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 ☒ No	(If yes, enter Total Receipts here.) \$0.00	

Event # Date of Event 08/07/2026	Letter A	Description Meet and Greet Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 786 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06002
Was this event hosted at a personal residence?		☐ Yes ☒ No	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.	
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 ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
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 ☒ No	(If yes, enter Total Receipts here.) \$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				30 Days Following Primary - Original	
J1. Event Information					
Event # Date of Event 08/11/2026	Letter M	Description Party Event			Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 2323 Whitney Ave			City Hamden	State CT	Zip Code 06518
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		
					\$0.00
Total of Section J1					\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				30 Days Following 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
Josh for CT	30 Days Following 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
Josh for CT	30 Days Following 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
		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
Josh for CT	30 Days Following 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			Amount of Deposit
Street Address	City	State	
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Scale to Win (Flywire)		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 455 Market St Ste 1940		City San Francisco		State CA
Zip Code 94105-2448				
Purpose of Expendit Misc *	Description text platform			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4,663.49

Name of Payee Kennies Earl Kreative Enterprises LLC		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 900 Grand Ave		City New Haven		State CT
Zip Code 06511				
Purpose of Expendit A-WEB	Description Live Stream			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Kennies Earl Kreative Enterprises LLC		Date of Payment 08/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 900 Grand Ave		City New Haven		State CT
Zip Code 06511				
Purpose of Expendit A-WEB	Description Live Stream			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$700.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Jovonn Sokolovic		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 334 Burnsford Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expendit CNSLT	Description			Amount \$689.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Carol Hazen		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 62 Mountain View Ter		City North Haven	State CT	Zip Code 06432
Purpose of Expendit RMB	Description Primary Watch Party			Amount \$1,344.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 08112026M	

Name of Payee Ashley Gulyas		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5 Cliffview Dr		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit CNSLT	Description			Amount \$1,175.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Adam Kuhn		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>1BL19N78</u> ☐ Debit Card ☐ EFT	
Street Address 226 Bungay Rd		City Seymour	State CT	Zip Code 06483
Purpose of Expendit CNSLT	Description Videography			Amount \$5,350.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Melissa Murray		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 8 Norden Pl		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit CNSLT	Description campaign manager			Amount \$10,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Aidan Palmer		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 385 Mountain Rd		City Cheshire	State CT	Zip Code 06410
Purpose of Expendit CNSLT	Description			Amount \$2,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jennifer Quaye-Hudson		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 60 Stanley St		City New Haven	State CT	Zip Code 06511
Purpose of Expendit CNSLT	Description			Amount \$3,492.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Run!		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 651 N Broad St		City Middletown	State DE	Zip Code 19709
Purpose of Expendit WEB	Description			Amount \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description domestic wires			Amount \$40.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Key Bank Basic Business Checking		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description ACH Return Items			Amount \$5.25
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description ACH Monthly Fee			Amount \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Service charge			Amount \$18.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Madeline Farrell		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 231 Willard Ave		City Westbrook	State CT	Zip Code 06498
Purpose of Expendit CNSLT	Description Re-sent Aug 6th return of funds due to incorrect acct number			Amount \$5,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Monica Townsend		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>9B91ZN28</u> ☐ Debit Card ☐ EFT	
Street Address 786 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit Misc *	Description Cost of venue access			Amount \$240.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 08072026A	

Name of Payee Lauren Garrett		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 47 Andover Rd		City Hamden	State CT	Zip Code 06518
Purpose of Expendit CNSLT	Description			Amount \$1,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Taste 778		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>6BV1KN3Z</u> ☐ Debit Card ☐ EFT	
Street Address 778 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit FOOD	Description Meet & Greet Bloomfield			Amount \$250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 08072026A	

Name of Payee Scale to Win (Flywire)		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 455 Market St Ste 1940		City San Francisco	State CA	Zip Code 94105-2448
Purpose of Expendit Misc *	Description Messaging Platform			Amount \$3,188.63
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee John Connoles		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 17 N Main St		City East Granby	State CT	Zip Code 06026
Purpose of Expendit CNSLT	Description Final payment			Amount \$857.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Toni Karnes		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>VB11IN28</u> ☐ Debit Card ☐ EFT	
Street Address 4 Juniper Rd		City Windsor	State CT	Zip Code
Purpose of Expendit RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$396.05

Name of Payee Renee Perroncel		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>IBG12N3Z</u> ☐ Debit Card ☐ EFT	
Street Address 626 Avon Dr		City Orange	State CT	Zip Code 06477
Purpose of Expendit RMB	Description Westville - August 6			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$63.13

Name of Payee Christina Diaz		Date of Payment 08/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 114 New Britain Ave		City Plainville	State CT	Zip Code 06062
Purpose of Expendit CNSLT	Description Final Payment			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1,610.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sarah Hague		Date of Payment 08/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 6 Old Canton Rd		City Canton	State CT	Zip Code 06019
Purpose of Expendit CNSLT	Description Final Payment			Amount \$2,838.71
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Ashley Gulyas		Date of Payment 08/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5 Cliffview Dr		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit CNSLT	Description Final Payment			Amount \$1,275.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Melissa Murray		Date of Payment 08/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 8 Norden Pl		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit CNSLT	Description Final Payment			Amount \$3,548.34
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Diego Reyes		Date of Payment 08/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 92 Williamsburg Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expendit CNSLT	Description Final payment			Amount \$1,862.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee James Ceronsky		Date of Payment 08/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 219 E Grant St		City Orlando	State FL	Zip Code 32806
Purpose of Expendit CNSLT	Description Final Payment			Amount \$3,548.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Aidan Dimarco		Date of Payment 08/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 105 Congress Ave		City Oaklyn	State NJ	Zip Code 08107
Purpose of Expendit RMB	Description Zoom			Amount \$18.12
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Aidan Dimarco		Date of Payment 08/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 105 Congress Ave		City Oaklyn	State NJ	Zip Code 08107
Purpose of Expendit CNSLT	Description Final Payment			Amount \$1,722.87
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jennifer Quaye-Hudson		Date of Payment 08/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 60 Stanley St		City New Haven	State CT	Zip Code 06511
Purpose of Expendit CNSLT	Description Final Payment			Amount \$570.76
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Metriccool Software		Date of Payment 08/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address c /Tellez 12 N Entreplanta H 28007		City Madrid	State YT	Zip Code
Purpose of Expendit OFFICE	Description social media management software			Amount \$35.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Bruce Lerner		Date of Payment 08/17/2026	Method of Payment ☒ Check # <u>4BN14N3W</u> ☐ Debit Card ☐ EFT	
Street Address 1041 Avon Blvd		City Cheshire	State CT	Zip Code 06410
Purpose of Expendit RMB	Description Food & Beverage			Amount \$157.97
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Andy Liverant		Date of Payment 08/17/2026	Method of Payment ☒ Check # <u>XBO1FNHM</u> ☐ Debit Card ☐ EFT	
Street Address 185 Old Stratfield Rd		City Fairfield	State CT	Zip Code 06825
Purpose of Expendit CNSLT	Description			Amount \$235.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 08/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Foreign Transaction Fee			Amount \$1.05
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Scott Taylor Peters		Date of Payment 08/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 27 Wakefield Ct		City New Britain	State CT	Zip Code 06053
Purpose of Expendit CNSLT	Description			Amount \$542.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Juan Fonseca Tapia		Date of Payment 08/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 14 Scuppo Rd		City Danbury	State CT	Zip Code 06811
Purpose of Expendit CNSLT	Description			Amount \$4,250.08
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jovonn Sokolovic		Date of Payment 08/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 334 Burnsford Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expendit CNSLT	Description			Amount \$1,270.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Colby Schultz		Date of Payment 08/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 86 Buff Cap Rd		City Tolland	State CT	Zip Code 06084
Purpose of Expendit CNSLT	Description			Amount \$6,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Thomas Rosati		Date of Payment 08/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 141 Colony St		City Hamden	State CT	Zip Code 06518
Purpose of Expendit CNSLT	Description			Amount \$594.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Thomas Rosati		Date of Payment 08/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 141 Colony St		City Hamden	State CT	Zip Code 06518
Purpose of Expendit CNSLT	Description			Amount \$2,544.75
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Leonardo Filgueiras		Date of Payment 08/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 24 Shady Ln		City Stamford	State CT	Zip Code 06903
Purpose of Expendit CNSLT	Description			Amount \$293.33
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Meghan Cahill		Date of Payment 08/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 167 Russet Ln		City Middletown	State CT	Zip Code 06457
Purpose of Expendit CNSLT	Description			Amount \$2,970.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Madeline Farrell		Date of Payment 08/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 231 Willard Ave		City Westbrook	State CT	Zip Code 06498
Purpose of Expendit CNSLT	Description			Amount \$2,016.67
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Vanessa Meyers		Date of Payment 08/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1363 Quinnipiac Ave Unit O		City New Haven		State CT
Zip Code 06513				
Purpose of Expendit CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$620.00

Name of Payee LaSonya Cromartie		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 57 Herschel Ave		City Waterbury		State CT
Zip Code 06708				
Purpose of Expendit CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1,596.77

Name of Payee EO & CO		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 219 Division St		City Saratogo Springs		State NY
Zip Code 12866				
Purpose of Expendit RMB	Description reimbursement for hotel nights			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 08112026M	\$511.98

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Every Action Inc dba NPG VAN		Date of Payment 08/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 750 17th St NW Fl 3	City Washington		State DC
Zip Code 20006			
Purpose of Expendit CNSLT	Description Mobilize and volunteer management		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #
			\$2,812.50

Name of Payee Vanessa Meyers		Date of Payment 08/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1363 Quinnipiac Ave Unit O	City New Haven		State CT
Zip Code 06513			
Purpose of Expendit CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #
			\$280.00

Name of Payee Switchboard		Date of Payment 08/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 33485	City Washington		State DC
Zip Code 20033			
Purpose of Expendit Misc *	Description messaging platform		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #
			\$49,356.10

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Carol Hazen		Date of Payment 08/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 62 Mountain View Ter		City North Haven	State CT	Zip Code 06432
Purpose of Expendit CNSLT	Description Deputy Treasurer			Amount \$1,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Josh Elliott		Date of Payment 08/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description TV			Amount \$20,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Total of Section N**\$156,867.25**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Josh for CT					30 Days Following Primary - Original	
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	Amount
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	
Josh for CT					30 Days Following Primary - Original	
P. Expenses Incurred on Committee Credit Card						
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 P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

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

Name of Creditor Rodrigo Torres			Date Incurred 08/11/2026	
Street Address 8 Running Brook Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expenditure (by code) CNSLT	Description This is an estimate. Waiting on final invoice.			Amount Incurred (Estimate or Actual) \$800.00
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				

Name of Creditor Brandon Daley			Date Incurred 08/11/2026	
Street Address 64 Foote St		City Hamden	State CT	Zip Code 06517
Purpose of Expenditure (by code) CNSLT	Description This is an estimate. Waiting on final invoice.			Amount Incurred (Estimate or Actual) \$800.00
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
\$1,600.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Karnes	First Toni	MI	Date of Payment to Vendor 07/23/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # VBJ1IN28 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Windsor Court. Wine & Spirits				
Street Address of Vendor 105 1095 Kennedy Rd		City Windsor		State CT Zip Code 06095
Purpose of Expenditure (by code) FOOD	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 07242026B	Amount \$61.79

Last Name of Worker/Consultant Karnes	First Toni	MI	Date of Payment to Vendor 07/23/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # VBJ1IN28 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Price Chopper				
Street Address of Vendor 675 Poquonock Ave		City Windsor		State CT Zip Code 06095
Purpose of Expenditure (by code) FOOD	Description Windsor Meet & Greet			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 07242026B	Amount \$48.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Karnes	First Toni	MI	Date of Payment to Vendor 07/24/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # VBJ1IN28 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Stop & Shop				
Street Address of Vendor 1095 Kennedy Rd		City Windsor		State CT Zip Code 06095
Purpose of Expenditure (by code) FOOD	Description Windsor Meet & Greet			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 07242026B	Amount \$285.65

Last Name of Worker/Consultant Hazen	First Carol	MI	Date of Payment to Vendor 08/10/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Haven Beer Company				
Street Address of Vendor 2323 Whitney Ave		City Hamden		State CT Zip Code 06518
Purpose of Expenditure (by code) FOOD	Description Primary Election Watch Party			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 08112026M	Amount \$1,344.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Perroncel	First Renee	MI	Date of Payment to Vendor 08/12/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # IBG12N32 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant Costco
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Street Address of Vendor 1718 Boston Post Rd	City Milford	State CT	Zip Code 06460
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Purpose of Expenditure (by code) FOOD	Description Meet and Greet Westvill Aug 6
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Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	Expenditure # (if applicable)	Event #	Amount \$63.13
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Dimarco	First Aidan	MI	Date of Payment to Vendor 08/13/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
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Name of Vendor Paid by Committee Worker/Consultant Zoom
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Street Address of Vendor 55 Almaden Blvd	City San Jose	State CA	Zip Code 95113
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Purpose of Expenditure (by code) OFFICE	Description virtual meeting platform
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Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	Expenditure # (if applicable)	Event #	Amount \$18.12
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Josh for CT

30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Lerner	First Bruce	MI	Date of Payment to Vendor 08/17/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 4BN14N3W ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Costco				
Street Address of Vendor 1718 Boston Post Rd		City Milford		State CT
Zip Code 06460				
Purpose of Expenditure (by code) FOOD	Description reimbursement			
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			08062026C	\$157.97

Last Name of Worker/Consultant Elliott	First Josh	MI	Date of Payment to Vendor 08/28/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant LC Media LLC				
Street Address of Vendor 1604 Fawn Ln		City Huntingdon Valley		State PA
Zip Code 19006				
Purpose of Expenditure (by code) A-TV	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				\$20,000.00

Total of Section R**\$21,979.26**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	30 Days Following 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				

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
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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