

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015



Electronic Filing

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Page 1 of 22

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Josh for CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Cory		MI A	Last O'Brien		Suffix
4. TREASURER ADDRESS					
Street Address 124 Haverford St		City Hamden		State CT	Zip Code 06517
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) Governor			7. DISTRICT NUMBER (if applicable)
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Joshua		MI	Last Elliott		Suffix
9. TYPE OF REPORT Final Weekly Supplemental Filing Primary - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 07/29/2026 thru 08/04/2026					
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 SIGNATURE		Carol Hazen PRINT NAME OF THE SIGNER		08/15/2026 8:44:57AM 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	Final Weekly Supplemental Filing Primary - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$1,185,330.80	
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)	\$0.00	\$3,757,196.13
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)	\$0.00	\$4,128,357.87
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,185,330.80	\$4,128,357.87
20. Expenses Paid by Committee (Section N)	\$956,566.80	\$3,899,593.87
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$228,764.00	\$228,764.00
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)	\$15,195.04	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$15,195.04	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				Final Weekly Supplemental Filing Primary - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? Yes No 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:		Date Received	
If yes, list Event #	No	Cash Personal Check Money Order Credit/Debit Card		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				Final Weekly Supplemental Filing Primary - Amendment	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1? Yes No 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				Final Weekly Supplemental Filing Primary - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Josh for CT				Final Weekly Supplemental Filing Primary - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan: Bank Candidate Individual Other			Date of Receipt
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	Final Weekly Supplemental Filing Primary - Amendment

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	Final Weekly Supplemental Filing Primary - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State Zip Code
Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	Final Weekly Supplemental Filing Primary - Amendment

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Josh for CT				Final Weekly Supplemental Filing Primary - Amendment	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				Final Weekly Supplemental Filing Primary - Amendment	
J1. Event Information					
Event # Date of Event 07/31/2026	Letter L	Description Meet and Greet Event			Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 2627 Boston Tpke		City Coventry		State CT	Zip Code 06238
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
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	Final Weekly Supplemental Filing Primary - Amendment
J3. In-Kind Donations Not Considered Contributions	

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

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	Final Weekly Supplemental Filing Primary - Amendment
J4. In-Kind Donations Not Considered Contributions Associated with a House Party	

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

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Josh for CT		Final Weekly Supplemental Filing Primary - Amendment	
K. In-Kind Contributions			
Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
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		Final Weekly Supplemental Filing Primary - Amendment	
L. Refundable Deposit to Telephone Company			
Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			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	Final Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Arwa Yemeni Coffee		Date of Payment 07/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 335 Orange St		City New Haven	State CT	Zip Code 06511-6491
Purpose of Expendit FOOD	Description			Amount \$75.00
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 Adam Kuhn		Date of Payment 07/30/2026	Method of Payment ☒ Check # <u>KBRSD</u> ☐ Debit Card ☐ EFT	
Street Address 226 Bungay Rd		City Seymour	State CT	Zip Code 06483
Purpose of Expendit CNSLT	Description Videography			Amount \$5,125.00
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 LC Media LLC		Date of Payment 07/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1604 Fawn Ln		City Huntingdon Valley	State PA	Zip Code 19006
Purpose of Expendit A-TV	Description			Amount \$700,000.00
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	Final Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Key Bank Basic Business Checking		Date of Payment 08/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description wire transfer fee			Amount \$30.00
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 Google LLC		Date of Payment 08/03/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1600 Ampitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expendit OFFICE	Description Google Workspace (email)			Amount \$373.82
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 08/03/2026	Method of Payment ☒ Check # <u>UBN12NO4</u> ☐ Debit Card ☐ EFT	
Street Address 167 Russet Ln		City Middletown	State CT	Zip Code 06457
Purpose of Expendit CNSLT	Description			Amount \$5,038.25
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Final Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee CC MURRAY LLC		Date of Payment 08/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expendit A-DM	Description Primary Mailer #3 (wire transfer)			Amount \$156,600.00
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 Action Network		Date of Payment 08/03/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1310 L St NW Ste 500		City Washington	State DC	Zip Code 20005
Purpose of Expendit OFFICE	Description			Amount \$334.56
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 LaSonya Cromartie		Date of Payment 08/04/2026	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 \$4,500.00
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	Final Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee James Ceronsky		Date of Payment 08/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 219 E Grant St		City Orlando	State FL	Zip Code 32806
Purpose of Expendit RMB	Description Zoom			Amount \$132.98
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 Switchboard		Date of Payment 08/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 33485		City Washington	State DC	Zip Code 20033
Purpose of Expendit Misc *	Description Switchboard			Amount \$32,049.49
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 08/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 105 Congress Ave		City Oaklyn	State NJ	Zip Code 08107
Purpose of Expendit CNSLT	Description			Amount \$2,810.50
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	Final Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Rodrigo Torres		Date of Payment 08/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 8 Running Brook Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit CNSLT	Description			Amount \$273.60
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 Diego Reyes		Date of Payment 08/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 92 Williamsburg Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expendit CNSLT	Description			Amount \$5,250.00
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 Melanie Cruz		Date of Payment 08/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 106 West St		City Rocky Hill	State CT	Zip Code 06067
Purpose of Expendit CNSLT	Description			Amount \$800.00
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	Final Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Colby Schultz		Date of Payment 08/04/2026	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 Lauren Garrett		Date of Payment 08/04/2026	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 #	

Name of Payee Madeline Farrell		Date of Payment 08/04/2026	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 \$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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Final Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Rodrigo Torres		Date of Payment 08/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 8 Running Brook Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit CNSLT	Description			Amount \$273.60
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 Sarah Hague		Date of Payment 08/04/2026	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			Amount \$8,000.00
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 Carol Hazen		Date of Payment 08/04/2026	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			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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Final Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee James Ceronsky		Date of Payment 08/04/2026	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			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 #	

Name of Payee Arwa Yemeni Coffee		Date of Payment 08/04/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 335 Orange St		City New Haven	State CT	Zip Code 06511-6491
Purpose of Expendit FOOD	Description Aug 5th event			Amount \$650.00
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 # 07312026L	

Total of Section N**\$956,566.80**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Josh for CT					Final Weekly Supplemental Filing Primary - Amendment	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	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					Final Weekly Supplemental Filing Primary - Amendment	
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	Final Weekly Supplemental Filing Primary - Amendment

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

Name of Creditor Melissa Murray			Date Incurred 08/04/2026	
Street Address 8 Norden Pl		City Norwalk		State CT Zip Code 06855
Purpose of Expenditure (by code) RMB	Description Prime Storage			Amount Incurred (Estimate or Actual) \$195.04
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 Melissa Murray			Date Incurred 08/04/2026	
Street Address 8 Norden Pl		City Norwalk		State CT Zip Code 06855
Purpose of Expenditure (by code) CNSLT	Description			Amount Incurred (Estimate or Actual) \$10,000.00
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				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				Final Weekly Supplemental Filing Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor Aidan Palmer				Date Incurred 08/04/2026	
Street Address 385 Mountain Rd			City Cheshire		State CT Zip Code 06410
Purpose of Expenditure (by code) CNSLT	Description				Amount Incurred (Estimate or Actual) \$5,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum Q			Expenditure # (if applicable)	Event #	
Total of Section Q					\$15,195.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Final Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Cersonsky	First James	MI	Date of Payment to Vendor 08/04/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Zoom				
Street Address of Vendor 55 Almaden Blvd		City San Jose	State CA	Zip Code 95113
Purpose of Expenditure (by code) OFFICE	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$138.92
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Total of Section R**\$138.92****IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Final Weekly Supplemental Filing Primary - Amendment

S. Surplus Distribution of Equipment and Furniture

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

Total of Section S

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

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

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