SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Josh for CT	[x] 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

First Weekly Supplemental Filing Primary - Original

10. PERIOD COVERED

Beginning Date		Ending Date
07/01/2026	thru	**07/21/2026**

11. CERTIFICATION

[x] 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**	**07/22/2026 9:28:33AM**
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	First Weekly Supplemental Filing 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	**$92,818.30**	
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)	**$3,752,268.00**	**$3,756,861.13**
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)	**$3,752,268.00**	**$4,128,022.87**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$3,845,086.30**	**$4,128,022.87**
20. Expenses Paid by Committee (Section N)	**$1,677,868.48**	**$1,960,805.05**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$2,167,217.82**	**$2,167,217.82**
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)	**$153,762.60**	**$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)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	First Weekly Supplemental Filing 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? 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 No If yes, list Event #	Method of contribution: Cash Personal Check Money Order Credit/Debit Card	Date Received	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	First Weekly Supplemental Filing 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? 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	First Weekly Supplemental Filing 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	First Weekly Supplemental Filing Primary - Original

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	First Weekly Supplemental Filing 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	First Weekly Supplemental Filing 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	First Weekly Supplemental Filing Primary - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
[x] Initial [ ] Grant Adjustment [ ] Supplemental/Post Election Deficit	[x] Primary [ ] General Election [ ] Special Election	07/15/2026	$3,752,268.00
	Total of Section H		**$3,752,268.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	First Weekly Supplemental Filing Primary - Original

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	First Weekly Supplemental Filing Primary - Original

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City	State / Zip Code

Was this event hosted at a personal residence?	Yes / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases 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.)

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	First 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 Sole Proprietorship	Date Received	Event #	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	First 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
Josh for CT	First 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

If yes, list Event#

Description of In-Kind Contribution

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? Yes / No

If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

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	First 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 | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

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	First Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Tina Duryea	07/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
6 Deane Ct	Norwalk	CT	06853

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,345.00

Name of Payee	Date of Payment	Method of Payment
Tina Duryea	07/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
6 Deane Ct	Norwalk	CT	06853

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$275.00

Name of Payee	Date of Payment	Method of Payment
Aidan DiMarco	07/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
105 Congress Ave	Oaklyn	NJ	08107

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,833.75

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Aidan Dimarco	07/01/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
105 Congress Ave	Oaklyn	NJ	08107

Purpose of Expendit	Description	Amount
RMB	Reimbursement for Zoom	$18.12

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Madeline Farrell	07/01/2026	[x] Check # RBF1NWGF [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
231 Willard Ave	Westbrook	CT	06498

Purpose of Expendit	Description	Amount
RMB	Reibursement for Zoom	$18.07

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Madeline Farrell	07/01/2026	[x] Check # 2B61WWGF [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
231 Willard Ave	Westbrook	CT	06498

Purpose of Expendit	Description	Amount
CNSLT		$2,933.33

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] 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	First Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Ashley Gulyas	07/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5 Cliffview Dr	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
CNSLT		$640.00

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	Date of Payment	Method of Payment
Google LLC	07/02/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1600 Ampitheatre Pkwy	Mountain View	CA	94043

Purpose of Expendit	Description	Amount
WEB	Domain Name	$309.38

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	Date of Payment	Method of Payment
Scale to Win (Flywire)	07/02/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
455 Market St Ste 1940	San Francisco	CA	94105-2448

Purpose of Expendit	Description	Amount
Misc *	Text platform	$802.17

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	First Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Google LLC	07/02/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1600 Ampitheatre Pkwy	Mountain View	CA	94043

Purpose of Expendit	Description	Amount
OVHD	communications	$309.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Aidan Palmer	07/02/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
385 Mountain Rd	Cheshire	CT	06410

Purpose of Expendit	Description	Amount
CNSLT		$2,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Meghan Cahill	07/03/2026	[X] Check # 50997314 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
167 Russet Ln	Middletown	CT	06457

Purpose of Expendit	Description	Amount
RMB	parking	$2.15

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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	First Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Action Network	07/03/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1310 L St NW Ste 500	Washington	DC	20005

Purpose of Expendit	Description	Amount
Misc *	Action Network	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$465.86

Name of Payee	Date of Payment	Method of Payment
Meghan Cahill	07/03/2026	☒ Check # WBH1XI6 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
167 Russet Ln	Middletown	CT	06457

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,087.50

Name of Payee	Date of Payment	Method of Payment
Rodrigo Torres	07/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
8 Running Brook Ln	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$200.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Melanie Cruz	07/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
106 West St	Rocky Hill	CT	06067

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,500.00

Name of Payee	Date of Payment	Method of Payment
LaSonya Cromartie	07/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
57 Herschel Ave	Waterbury	CT	06708

Purpose of Expendit	Description	Amount
CNSLT	Partial payment for last week of June ($1062.50 of $$1,125).	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,062.50

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	07/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	ACH Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	07/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	ACH Monthly Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$10.00

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	07/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	ACH Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$6.05

Name of Payee	Date of Payment	Method of Payment
Run!	07/08/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
651 N Broad St	Middletown	DE	19709

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$50.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Carol Hazen	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
62 Mountain View Ter	North Haven	CT	06432

Purpose of Expendit	Description	Amount
RMB	flash drive, printing	$129.32

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Workbench Strategy	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
330 W 50th St	Minneapolis	MN	55419-1247

Purpose of Expendit	Description	Amount
POLLS		$43,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Switchboard	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 33485	Washington	DC	20033

Purpose of Expendit	Description	Amount
Misc *	online messaging platform	$22,098.63

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Switchboard	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 33485	Washington	DC	20033

Purpose of Expendit	Description	Amount
Misc *	online messaging platform	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$756.40

Name of Payee	Date of Payment	Method of Payment
Switchboard	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 33485	Washington	DC	20033

Purpose of Expendit	Description	Amount
Misc *	online messaging platform	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8,497.01

Name of Payee	Date of Payment	Method of Payment
Switchboard	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 33485	Washington	DC	20033

Purpose of Expendit	Description	Amount
Misc *	online messaging platform	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$29,595.01

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Colby Schultz	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
86 Buff Cap Rd	Tolland	CT	06084

Purpose of Expendit	Description	Amount
CNSLT		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,000.00

Name of Payee	Date of Payment	Method of Payment
LC Media LLC	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1604 Fawn Ln	Huntingdon Valley	PA	19006

Purpose of Expendit	Description	Amount
A-TV		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$587,309.00

Name of Payee	Date of Payment	Method of Payment
Carol Hazen	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
62 Mountain View Ter	North Haven	CT	06432

Purpose of Expendit	Description	Amount
CNSLT	Deputy Treasurer	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,500.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Hague Strategies LLC	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
6 Old Canton Rd	Canton	CT	06019

Purpose of Expendit	Description	Amount
CNSLT	campaign oversight	$8,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
CCM&CO	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1022 Boulevard # 329	West Hartford	CT	06119

Purpose of Expendit	Description	Amount
A-SIGN	lawnsigns, 2000	$12,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
CCM&CO	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1022 Boulevard # 329	West Hartford	CT	06119

Purpose of Expendit	Description	Amount
A-OTH	bumper stickers, t-shirts,stickers, banner	$22,340.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Aidan Palmer	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
385 Mountain Rd	Cheshire	CT	06410

Purpose of Expendit	Description	Amount
CNSLT	Jul 1 - Jul 15	$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 #:

Name of Payee	Date of Payment	Method of Payment
Melissa Murray	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
8 Norden Pl	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
CNSLT	campaign manager Jun 1 - Jun 30	$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	Date of Payment	Method of Payment
LaSonya Cromartie	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
57 Herschel Ave	Waterbury	CT	06708

Purpose of Expendit	Description	Amount
CNSLT	Last week of june - difference becasue of a corrected invoice.	$62.50

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	First Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	07/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	Foreign Transaction Fee	$0.75

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 #:

Name of Payee	Date of Payment	Method of Payment
Metriccool Software	07/17/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
c /Tellez 12 N Entreplanta H 28007	Madrid	YT	

Purpose of Expendit	Description	Amount
Misc *	social media management tool	$25.00

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	Date of Payment	Method of Payment
Key Bank Basic Business Checking	07/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	Fedwire Service Charge	$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 #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
LC Media LLC	07/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1604 Fawn Ln	Huntingdon Valley	PA	19006

Purpose of Expendit	Description	Amount
A-TV	Week 3 media buy	$466,659.00

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	Date of Payment	Method of Payment
Key Bank Basic Business Checking	07/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	Fedwire Service charge	$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	Date of Payment	Method of Payment
Josh Elliott	07/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
RMB	Namecheap, direct payments to Cruz and Reyes	$6,896.60

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 #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	07/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
RMB	Partial payment for media buy	$43,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	07/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
RMB	Staff direct payment Rameikas	$7,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	07/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
RMB	Reyes	$5,250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	07/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
RMB	Mancini Media	$4,116.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	07/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
RMB	Partial payment LC Media (media buy)	$87,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Aidan Palmer	07/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
385 Mountain Rd	Cheshire	CT	06410

Purpose of Expendit	Description	Amount
CNSLT	2nd half of June	$2,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CC MURRAY LLC	07/20/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1022 Boulevard # 329	West Hartford	CT	06119

Purpose of Expendit	Description	Amount
A-DM	primary mailer	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$280,170.00

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	07/20/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	Fedwire Service Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$30.00

Total of Section N	**$1,677,868.48**

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Mancini Media	06/18/2026	[X] Yes [ ] No	$4,116.00

Street Address	City	State	Zip Code
915 Main St # 305	Hartford	CT	06103

Purpose of Expenditure (by code)	Description	Event #
CNSLT	videographer	

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Diego Reyes	06/18/2026	[X] Yes [ ] No	$2,000.00

Street Address	City	State	Zip Code
92 Williamsburg Rd	Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Melanie Cruz	06/18/2026	[X] Yes [ ] No	$2,000.00

Street Address	City	State	Zip Code
106 West St	Rocky Hill	CT	06067

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Melanie Cruz	06/18/2026	[X] Yes [ ] No	$1,000.00

Street Address	City	State	Zip Code
106 West St	Rocky Hill	CT	06067

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Amount
Diego Reyes	06/19/2026	X Yes ☐ No	92 Williamsburg Rd	Bridgeport	CT	06606	CNSLT			$1,750.00
Namecheap, Inc	06/27/2026	X Yes ☐ No	4600 E Washington St Ste	Phoenix	AZ	85034	OFFICE			$74.72
Jayden Rameikas	07/08/2026	X Yes ☐ No	186 Oxford St	Hartford	CT	06105	CNSLT			$7,000.00
Diego Reyes	07/10/2026	X Yes ☐ No	92 Williamsburg Rd	Bridgeport	CT	06606	CNSLT			$5,250.00

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
LC Media LLC	07/10/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
1604 Fawn Ln	Huntingdon Valley	PA	19006	

Purpose of Expenditure (by code)	Description	Event #	Amount
A-TV			$87,000.00

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
LC Media LLC	07/15/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
1604 Fawn Ln	Huntingdon Valley	PA	19006	

Purpose of Expenditure (by code)	Description	Event #	Amount
A-TV			$43,500.00

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Namecheap, Inc	07/15/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
4600 E Washington St Ste	Phoenix	AZ	85034	

Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE			$71.88

Total of Section O	$153,762.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	First Weekly Supplemental Filing 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 If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

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	First Weekly Supplemental Filing Primary - Original

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

Name of Creditor	Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	First 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:
Cahill	Meghan		06/17/2026	[X] Check # 50997314 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Park Mobile

Street Address of Vendor	City	State	Zip Code
1075 Peachtree St Ste 3100	Atlanta	GA	30309

Purpose of Expenditure (by code)	Description
Misc *	parking

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$2.15

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Hazen	Carol		06/17/2026	[ ] Check # [ ] Debit Card [X] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
2335 Dixwell Ave	Hamden	CT	06514

Purpose of Expenditure (by code)	Description
OFFICE	flash drive

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$34.02

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	First 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:
Dimarco	Aidan		06/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Zoom			
Street Address of Vendor	**City**	**State**	**Zip Code**
55 Almaden Blvd	San Jose	CA	95113

Purpose of Expenditure (by code)	Description
OFFICE	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$18.12

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Farrell	Madeline		06/17/2026	☒ Check # RBF1NWGF ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Zoom			
Street Address of Vendor	**City**	**State**	**Zip Code**
55 Almaden Blvd	San Jose	CA	95113

Purpose of Expenditure (by code)	Description
OFFICE	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$18.07

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	First 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:
Hazen	Carol		07/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
2335 Dixwell Ave	Hamden	CT	06514

Purpose of Expenditure (by code)	Description
PRNT	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$95.23

Total of Section R	**$167.59**

IV. EXPENDITURES (Sectuibs N - S)

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

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