

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

Revised February 2015



Electronic Filing

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Page 1 of 16

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
JUSTIN FOR CT 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Joseph		MI F	Last Shortsleeve		Suffix
4. TREASURER ADDRESS					
Street Address 360 W Rock Ave		City New Haven		State CT	Zip Code 06515-2106
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/03/2026		State Representative			R092
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Justin		MI M	Last Farmer		Suffix
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					
☒ 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		Joseph Shortsleeve		07/23/2026 1:00:46PM	
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	
JUSTIN FOR CT 2026	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	\$4,193.42	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,665.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$38,575.00	\$38,575.00
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)	\$38,575.00	\$46,240.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$42,768.42	\$46,240.00
20. Expenses Paid by Committee (Section N)	\$7,031.67	\$10,503.25
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$35,736.75	\$35,736.75
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)	\$239.30	\$239.30
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
JUSTIN FOR CT 2026				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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	
If yes, indicate which branch or branches of government the contract is with:		Executive Legislative		Amount of Contribution	
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash Personal Check Money Order Credit/Debit Card			
If yes, list Event #					
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
JUSTIN FOR CT 2026				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		Amount of Contribution
If yes, list Event #					
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
JUSTIN FOR CT 2026				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	
JUSTIN FOR CT 2026				First Weekly Supplemental Filing 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
JUSTIN FOR CT 2026	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
JUSTIN FOR CT 2026	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
JUSTIN FOR CT 2026	First Weekly Supplemental Filing 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	07/07/2026	\$38,575.00
Total of Section H			\$38,575.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
JUSTIN FOR CT 2026				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	
JUSTIN FOR CT 2026				First Weekly Supplemental Filing Primary - Original	
J1. Event Information					
Event # Date of Event 07/11/2026	Letter a	Description Meet and Greet Event			Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 360 W Rock 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
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

JUSTIN FOR CT 2026

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

JUSTIN FOR CT 2026

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?

Bani Singh

☐ Yes☒ NoIf yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

360 W Rock Ave

New Haven

CT

06515

Description of Donation

Pizza from Ernie's Pizzeria

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

07112026a

\$239.30

\$239.30

\$239.30

Total of Section J4**\$239.30**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
JUSTIN FOR CT 2026	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	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
JUSTIN FOR CT 2026	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
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
JUSTIN FOR CT 2026	First Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Brevo.com		Date of Payment 07/06/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 823 Congress Ave		City Austin	State TX	Zip Code
Purpose of Expendit OVHD	Description CRM			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 #	

Name of Payee Asana.com		Date of Payment 07/13/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 633 Folsom St		City San Francisco	State CA	Zip Code
Purpose of Expendit OVHD	Description task managment			Amount \$40.87
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 eBay		Date of Payment 07/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 2025 Hamilton Ave		City San Jose	State CA	Zip Code
Purpose of Expendit OFFICE	Description Printer ink			Amount \$42.51
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
JUSTIN FOR CT 2026	First Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Squarespace		Date of Payment 07/20/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 225 Varick St		City New York		State NY
Purpose of Expendit WEB	Description			Amount \$38.29
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 Brianna Dang		Date of Payment 07/21/2026	Method of Payment ☒ Check # <u>1036</u> ☐ Debit Card ☐ EFT	
Street Address 117 Northwood Dr		City Guilford		State CT
Purpose of Expendit WAGE	Description			Amount \$975.00
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 William Conway		Date of Payment 07/21/2026	Method of Payment ☒ Check # <u>1035</u> ☐ Debit Card ☐ EFT	
Street Address 5 Thorne Pl		City Bridgeport		State CT
Purpose of Expendit WAGE	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
JUSTIN FOR CT 2026	First Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee William Waghorne		Date of Payment 07/21/2026	Method of Payment ☒ Check # <u>1034</u> ☐ Debit Card ☐ EFT	
Street Address 300 Balmforth St		City Bridgeport	State CT	Zip Code
Purpose of Expendit WAGE	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 #	\$925.00

Name of Payee Karen Ramirez		Date of Payment 07/21/2026	Method of Payment ☒ Check # <u>1032</u> ☐ Debit Card ☐ EFT	
Street Address 2 Lynwood Pl		City New Haven	State CT	Zip Code
Purpose of Expendit WAGE	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 #	\$975.00

Name of Payee Nathan Fox		Date of Payment 07/21/2026	Method of Payment ☒ Check # <u>1031</u> ☐ Debit Card ☐ EFT	
Street Address 86 Newton St		City Hartford	State CT	Zip Code
Purpose of Expendit WAGE	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 #	\$3,000.00

Total of Section N**\$7,031.67**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
JUSTIN FOR CT 2026				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? 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	
JUSTIN FOR CT 2026				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?		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	
JUSTIN FOR CT 2026				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)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
JUSTIN FOR CT 2026	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: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City		State Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event # Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
JUSTIN FOR CT 2026	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