

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 37

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 First Weekly Supplemental Filing Primary - Amendment					
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 SIGNATURE		Carol Hazen PRINT NAME OF THE SIGNER		07/30/2026 6:32:29AM 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 - 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	\$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)	\$1,677,918.48	\$1,960,855.05
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$2,167,167.82	\$2,167,167.82
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 - 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?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No If yes, list Event #		
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			
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 - Amendment	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes No 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	
Josh for CT				First 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				First 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		First 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		First Weekly Supplemental Filing Primary - Amendment	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Josh for CT		First Weekly Supplemental Filing Primary - Amendment	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
☒ Initial ☐ Grant Adjustment ☐ Supplemental/Post Election Deficit		☒ 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 - 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				First Weekly Supplemental Filing Primary - Amendment	
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	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
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 -
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

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 -
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

First 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?

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 -
Amendment**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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Tina Duryea		Date of Payment 07/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 6 Deane Ct		City Norwalk		State CT
Zip Code 06853				
Purpose of Expendit CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1,345.00

Name of Payee Tina Duryea		Date of Payment 07/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 6 Deane Ct		City Norwalk		State CT
Zip Code 06853				
Purpose of Expendit CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$275.00

Name of Payee Aidan DiMarco		Date of Payment 07/01/2026	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
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1,833.75

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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Aidan Dimarco		Date of Payment 07/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 105 Congress Ave	City Oaklyn	State NJ	Zip Code 08107
Purpose of Expendit RMB	Description Reimbursement for Zoom		Amount \$18.12
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Madeline Farrell		Date of Payment 07/01/2026	Method of Payment ☒ Check # <u>RBF1NWGF</u> ☐ Debit Card ☐ EFT
Street Address 231 Willard Ave	City Westbrook	State CT	Zip Code 06498
Purpose of Expendit RMB	Description Reimbursement for Zoom		Amount \$18.07
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 07/01/2026	Method of Payment ☒ Check # <u>2B61WWGF</u> ☐ Debit Card ☐ EFT
Street Address 231 Willard Ave	City Westbrook	State CT	Zip Code 06498
Purpose of Expendit CNSLT	Description		Amount \$2,933.33
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Ashley Gulyas		Date of Payment 07/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5 Cliffview Dr		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit CNSLT	Description			Amount \$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 Google LLC		Date of Payment 07/02/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1600 Ampitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expendit WEB	Description Domain Name			Amount \$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 Scale to Win (Flywire)		Date of Payment 07/02/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 455 Market St Ste 1940		City San Francisco	State CA	Zip Code 94105-2448
Purpose of Expendit Misc *	Description Text platform			Amount \$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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Google LLC		Date of Payment 07/02/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1600 Ampitheatre Pkwy		City Mountain View		State CA
Zip Code 94043				
Purpose of Expendit OVHD	Description communications			Amount \$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 Aidan Palmer		Date of Payment 07/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 385 Mountain Rd		City Cheshire		State CT
Zip Code 06410				
Purpose of Expendit CNSLT	Description			Amount \$2,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Meghan Cahill		Date of Payment 07/03/2026	Method of Payment ☒ Check # <u>50997314</u> ☐ Debit Card ☐ EFT	
Street Address 167 Russet Ln		City Middletown		State CT
Zip Code 06457				
Purpose of Expendit RMB	Description parking			Amount \$2.15
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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Action Network		Date of Payment 07/03/2026	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 Misc *	Description Action Network			Amount \$465.86
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 07/03/2026	Method of Payment ☒ Check # <u>WBH1XI6</u> ☐ Debit Card ☐ EFT	
Street Address 167 Russet Ln		City Middletown	State CT	Zip Code 06457
Purpose of Expendit CNSLT	Description			Amount \$4,087.50
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 #	

Name of Payee Daniel Fitzmaurice		Date of Payment 07/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 831 College Rd		City Orange	State CT	Zip Code 06477
Purpose of Expendit REF	Description Contribution ID: 0349 partial refund via Anedot for excess contribution			Amount \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Rodrigo Torres		Date of Payment 07/06/2026	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 \$200.00
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 07/06/2026	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 \$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 #	

Name of Payee LaSonya Cromartie		Date of Payment 07/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 57 Herschel Ave		City Waterbury	State CT	Zip Code 06708
Purpose of Expendit CNSLT	Description Partial payment for last week of June (\$1062.50 of \$\$1,125).			Amount \$1,062.50
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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Key Bank Basic Business Checking		Date of Payment 07/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit BNK	Description ACH Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$5.00
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee Key Bank Basic Business Checking		Date of Payment 07/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit BNK	Description ACH Monthly Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$10.00
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee Key Bank Basic Business Checking		Date of Payment 07/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit BNK	Description ACH Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$6.05
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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Run!		Date of Payment 07/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 651 N Broad St		City Middletown	State DE	Zip Code 19709
Purpose of Expendit WEB	Description			Amount \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Carol Hazen		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 62 Mountain View Ter		City North Haven	State CT	Zip Code 06432
Purpose of Expendit RMB	Description flash drive, printing			Amount \$129.32
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 Workbench Strategy		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 330 W 50th St		City Minneapolis	State MN	Zip Code 55419-1247
Purpose of Expendit POLLS	Description			Amount \$43,500.00
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	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Switchboard		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 33485		City Washington	State DC	Zip Code 20033
Purpose of Expendit Misc *	Description online messaging platform			Amount \$22,098.63
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Switchboard		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 33485		City Washington	State DC	Zip Code 20033
Purpose of Expendit Misc *	Description online messaging platform			Amount \$756.40
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 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 33485		City Washington	State DC	Zip Code 20033
Purpose of Expendit Misc *	Description online messaging platform			Amount \$8,497.01
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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Switchboard		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 33485		City Washington	State DC	Zip Code 20033
Purpose of Expendit Misc *	Description online messaging platform			Amount \$29,595.01
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 Colby Schultz		Date of Payment 07/16/2026	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 \$5,000.00
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 LC Media LLC		Date of Payment 07/16/2026	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 \$587,309.00
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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Carol Hazen		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 62 Mountain View Ter		City North Haven	State CT	Zip Code 06432
Purpose of Expendit CNSLT	Description Deputy Treasurer			Amount \$1,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Hague Strategies LLC		Date of Payment 07/16/2026	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 campaign oversight			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 CCM&CO		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expendit A-SIGN	Description lawnsigns, 2000			Amount \$12,000.00
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	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee CCM&CO		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford		State CT
Zip Code 06119				
Purpose of Expendit A-OTH	Description bumper stickers, t-shirts,stickers, banner			Amount \$22,340.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Aidan Palmer		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 385 Mountain Rd		City Cheshire		State CT
Zip Code 06410				
Purpose of Expendit CNSLT	Description Jul 1 - Jul 15			Amount \$2,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Melissa Murray		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 8 Norden Pl		City Norwalk		State CT
Zip Code 06855				
Purpose of Expendit CNSLT	Description campaign manager Jun 1 - Jun 30			Amount \$10,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

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 - Amendment
N. Expenses Paid By Committee	

Name of Payee LaSonya Cromartie		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 57 Herschel Ave		City Waterbury	State CT	Zip Code 06708
Purpose of Expendit CNSLT	Description Last week of june - difference becasue of a corrected invoice.			Amount \$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 #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 07/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Foreign Transaction Fee			Amount \$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 Metriccool Software		Date of Payment 07/17/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address c /Tellez 12 N Entreplanta H 28007		City Madrid	State YT	Zip Code
Purpose of Expendit Misc *	Description social media management tool			Amount \$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 #	

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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Key Bank Basic Business Checking		Date of Payment 07/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit BNK	Description Fedwire Service Charge			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 LC Media LLC		Date of Payment 07/17/2026	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 Week 3 media buy			Amount \$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 Key Bank Basic Business Checking		Date of Payment 07/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit BNK	Description Fedwire Service charge			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 #	

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 - Amendment
N. Expenses Paid By Committee	

Name of Payee Josh Elliott		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description Namecheap, direct payments to Cruz and Reyes			Amount \$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 #	

Name of Payee Josh Elliott		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description Partial payment for media buy			Amount \$43,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Josh Elliott		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description Staff direct payment Rameikas			Amount \$7,000.00
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	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Josh Elliott		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description Reyes			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 Josh Elliott		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description Mancini Media			Amount \$4,116.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Josh Elliott		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description Partial payment LC Media (media buy)			Amount \$87,000.00
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	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Aidan Palmer		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 385 Mountain Rd		City Cheshire	State CT	Zip Code 06410
Purpose of Expendit CNSLT	Description 2nd half of June			Amount \$2,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee CC MURRAY LLC		Date of Payment 07/20/2026	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			Amount \$280,170.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 07/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Fedwire Service 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 #	

Total of Section N**\$1,677,918.48**

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 - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Mancini Media				06/18/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount \$4,116.00	
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?	
Diego Reyes				06/18/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount \$2,000.00	
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?	
Melanie Cruz				06/18/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount \$2,000.00	
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?	
Melanie Cruz				06/18/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount \$1,000.00	
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 - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Diego Reyes				06/19/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount	
92 Williamsburg Rd		Bridgeport		CT	06606		
Purpose of Expenditure (by code)	Description			Event #			
CNSLT						\$1,750.00	

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Namecheap, Inc				06/27/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount	
4600 E Washington St Ste		Phoenix		AZ	85034		
Purpose of Expenditure (by code)	Description			Event #			
OFFICE						\$74.72	

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Jayden Rameikas				07/08/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount	
186 Oxford St		Hartford		CT	06105		
Purpose of Expenditure (by code)	Description			Event #			
CNSLT						\$7,000.00	

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Diego Reyes				07/10/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount	
92 Williamsburg Rd		Bridgeport		CT	06606		
Purpose of Expenditure (by code)	Description			Event #			
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 - Amendment

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		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount
1604 Fawn Ln		Huntingdon Valley		PA	19006	
Purpose of Expenditure (by code)	Description			Event #		
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		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount
1604 Fawn Ln		Huntingdon Valley		PA	19006	
Purpose of Expenditure (by code)	Description			Event #		
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		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount
4600 E Washington St Ste		Phoenix		AZ	85034	
Purpose of Expenditure (by code)	Description			Event #		
OFFICE						\$71.88

Total of Section O					\$153,762.60
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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 - 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				First Weekly Supplemental Filing Primary - Amendment	
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		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
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 - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Cahill	First Meghan	MI	Date of Payment to Vendor 06/17/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 50997314 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Park Mobile				
Street Address of Vendor 1075 Peachtree St Ste 3100		City Atlanta		State GA Zip Code 30309
Purpose of Expenditure (by code) Misc *	Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$2.15

Last Name of Worker/Consultant Hazen	First Carol	MI	Date of Payment to Vendor 06/17/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 2335 Dixwell Ave		City Hamden		State CT Zip Code 06514
Purpose of Expenditure (by code) OFFICE	Description flash drive			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$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 - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Dimarco	First Aidan	MI	Date of Payment to Vendor 06/17/2026	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 If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$18.12

Last Name of Worker/Consultant Farrell	First Madeline	MI	Date of Payment to Vendor 06/17/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # RBF1NWGF ☐ 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 If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$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 - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Hazen	First Carol	MI	Date of Payment to Vendor 07/03/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 2335 Dixwell Ave		City Hamden		State CT Zip Code 06514
Purpose of Expenditure (by code) PRNT	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$95.23

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/14/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Yangaroo				
Street Address of Vendor 700 Kinderkamack Rd		City Oradell		State NJ Zip Code 07649
Purpose of Expenditure (by code) A-TV	Description Subcontractor of LC Media LLC (shipping)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$495.00

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 - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/16/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Schwartz and Sons LLC				
Street Address of Vendor 181 Front St		City New York		State NY
Zip Code 10038-3501				
Purpose of Expenditure (by code) A-TV	Description Subcontractor of LC Media LLC (production)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$135,788.75

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/16/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Evolve Media				
Street Address of Vendor 1725 Interstate Street Ste 300		City Washington		State DC
Zip Code 20036				
Purpose of Expenditure (by code) A-TV	Description Subcontractor of LC Media LLC (Digital)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$99,800.00

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 - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/16/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Evolve Media				
Street Address of Vendor 1725 Interstate Street Ste 300		City Washington		State DC Zip Code 20036
Purpose of Expenditure (by code) A-TV	Description Subcontractor of LC Media LLC (digital)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$99,800.00

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/20/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Evolve Media				
Street Address of Vendor 1725 Interstate Street Ste 300		City Washington		State DC Zip Code 20036
Purpose of Expenditure (by code) A-TV	Description Ssubcontractor of LC Media LLC (Digital)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$99,800.00

IV. EXPENDITURES (Sections N - S)

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

Josh for CT

TYPE OF REPORT

First Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

Stern

First

Eric

MI

Date of Payment to Vendor

07/21/2026

Payment to Reimburse Committee Worker/Consultant as reported in Section N:

☐ Check #☐ Debit Card☒ EFT

Name of Vendor Paid by Committee Worker/Consultant

Yangaroo

Street Address of Vendor

700 Kinderkamack Rd

City

Oradell

State

NJ

Zip Code

07649

Purpose of Expenditure (by code)

A-TV

Description

Subcontractor of LC Media LLC (shipping)

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐ Yes☒ No

Expenditure # (if applicable)

Event #

Amount

\$385.00

If yes, assign an Expenditure # and completes Itemization in Addendum R

Total of Section R**\$436,236.34****IV. EXPENDITURES (Sectuibs N - S)**

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

Josh for CT

TYPE OF REPORT

First 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