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

January 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
10/01/2025	thru	**12/31/2025**

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**	**06/10/2026 12:24:37PM**
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	January 10 Filing - 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	**$30,608.79**	
14. Contributions received from Individuals (Section A and B)	**$39,918.00**	**$85,232.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$820.00**	**$1,490.00**
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)	**$40,738.00**	**$86,722.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$71,346.79**	**$86,722.00**
20. Expenses Paid by Committee (Section N)	**$47,444.85**	**$62,820.06**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$23,901.94**	**$23,901.94**
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)	**$200.00**	**$1,094.88**
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)	**$658.95**	**$843.28**
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	January 10 Filing - Amendment

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Ellner~~	~~Abbey~~		~~0647~~

Residential Street Address	City	State	Zip Code
~~44 Gordon St~~	~~Hamden~~	~~CT~~	~~06517-2009~~

Principal Occupation	Name of Employer
~~wellness services coordinator~~	~~N/A~~

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: ~~$50.00~~

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: ~~10/01/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
D'Angelo	Karen		0648

Residential Street Address	City	State	Zip Code
3 Maher Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
faculty	Southern Connecticut State University

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: $5.00

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: 10/01/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Skrybailo	Irene		0649

Residential Street Address	City	State	Zip Code
205 Pumpkin Hill Rd	New Milford	CT	06776

Principal Occupation	Name of Employer
retired	CT

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: $50.00

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: 10/01/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Durso	Daniel		0650

Residential Street Address	City	State	Zip Code
1490 Forbes St	East Hartford	CT	06118

Principal Occupation	Name of Employer
Retired	CT

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	Amount of Contribution
10/01/2025	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Lombardi	Antonia		0651

Residential Street Address	City	State	Zip Code
195 Meadowside Rd	Milford	CT	06460

Principal Occupation	Name of Employer
Secretary	Milford Board of Education

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	Amount of Contribution
10/01/2025	$170.00	$20.00

Last Name	First	MI	Contribution ID #
~~Tobin~~	~~Michael~~		~~0652~~

Residential Street Address	City	State	Zip Code
~~74 Helen St~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation	Name of Employer
~~Retired~~	~~State of CT - DOT~~

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	Amount of Contribution
~~10/01/2025~~	~~$200.00~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Finch	Brian		0653

Residential Street Address	City	State	Zip Code
654 Naugatuck Ave	Milford	CT	06461

Principal Occupation	Name of Employer
IT	Tomra

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	Amount of Contribution
10/01/2025	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Welch-Collins	Baird		0654

Residential Street Address	City	State	Zip Code
145 Jones Hollow Rd	Marlborough	CT	06447

Principal Occupation	Name of Employer
Teacher	Lebanon Board of Education

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: $5.00

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: 10/01/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Smith	Jenn		0655

Residential Street Address	City	State	Zip Code
18 Samoset Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Public Defender	Office of the Chief Public Defender

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: $100.00

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: 10/01/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bannon	Judy		0656

Residential Street Address	City	State	Zip Code
28 Forest View Rd	Northford	CT	06472

Principal Occupation	Name of Employer
retired	retired

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: $25.00

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: 10/01/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Tobin	**Michael**		**0652**

Residential Street Address	City	State	Zip Code
74 Helen St	**Hamden**	**CT**	**06514**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$100.00**

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: **10/01/2025**

Aggregate Contributions: **$100.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ellner	**Abbey**		**0647**

Residential Street Address	City	State	Zip Code
44 Gordon St	**Hamden**	**CT**	**06517-2009**

Principal Occupation	Name of Employer
wellness services coordinator	**Western CT Area Agency on Aging**

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: **$50.00**

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: **10/01/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Annes	**Eric**		**0646**

Residential Street Address	City	State	Zip Code
200 Thornton St	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Supervisor of Technical Analysis	**Connecticut Department of Energy and Environmental**

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: **$20.00**

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: **10/02/2025**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
~~Annes~~	~~Eric~~		~~0646~~

Residential Street Address	City	State	Zip Code
~~200 Thornton St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Analyst~~	~~N/A~~

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: ~~$20.00~~

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: ~~10/02/2025~~

Aggregate Contributions: ~~$40.00~~

Last Name	First	MI	Contribution ID #
Cann	Immacula		0641

Residential Street Address	City	State	Zip Code
234 Klondike St	Stratford	CT	06614

Principal Occupation	Name of Employer
CNO-DNP, RN	Silver Hill Hospital

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: $150.00

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: 10/03/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Medina~~	~~Melvin~~		~~0642~~

Residential Street Address	City	State	Zip Code
~~9 Dickinson Dr~~	~~Woodbridge~~	~~CT~~	~~06525~~

Principal Occupation	Name of Employer
~~Non-Profit~~	~~Non-Profit Advocacy~~

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: ~~$100.00~~

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
~~10/03/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
~~Eckert~~	~~Jeffrey~~		~~0643~~

Residential Street Address	City	State	Zip Code
~~250 Litchfield Rd~~	~~Watertown~~	~~CT~~	~~06795~~

Principal Occupation	Name of Employer
~~Unemployed~~	~~Unemployed~~

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: ~~$75.00~~

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
~~10/03/2025~~	~~$150.00~~

Last Name	First	MI	Contribution ID #
Watson	Gavin		0644

Residential Street Address	City	State	Zip Code
70 Crescent Dr	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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
10/03/2025	$125.00

Last Name	First	MI	Contribution ID #
Kroop	Dale		0645

Residential Street Address	City	State	Zip Code
161 Thornton St	Hamden	CT	06517

Principal Occupation	Name of Employer
Consultant	na

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: $100.00

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
10/03/2025	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Medina	**Melvin**		**0642**

Residential Street Address	City	State	Zip Code
9 Dickinson Dr	**Woodbridge**	**CT**	**06525**

Principal Occupation	Name of Employer
Vice President of Advocacy and External Affairs	**The Connecticut Project Action Fund**

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: **$100.00**

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: **10/03/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Eckert	**Jeffrey**		**0643**

Residential Street Address	City	State	Zip Code
220 Honey Hill Rd	**Watertown**	**CT**	**06795**

Principal Occupation	Name of Employer
Unemployed	**Unemployed**

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: **$75.00**

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: **10/03/2025**

Aggregate Contributions: **$75.00**

Last Name	First	MI	Contribution ID #
Sieng	**Ryan**		**0640**

Residential Street Address	City	State	Zip Code
150 Foxon Rd	**East Haven**	**CT**	**06513**

Principal Occupation	Name of Employer
Student	**Student**

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: **$5.00**

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: **10/04/2025**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
~~Sieng~~	~~Ryan~~		~~0640~~

Residential Street Address	City	State	Zip Code
~~150 Foxon Rd~~	~~East Haven~~	~~CT~~	~~06513~~

Principal Occupation	Name of Employer
~~Student~~	~~CT~~

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: ~~$5.00~~

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: ~~10/04/2025~~

Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Trusiewicz	Michael		0638

Residential Street Address	City	State	Zip Code
470 Wooster Rd	Middlebury	CT	06762

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 10/05/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Scimone	John		0639

Residential Street Address	City	State	Zip Code
347 Boston Post Rd	Waterford	CT	06385

Principal Occupation	Name of Employer
Engineer	Sonalysts, Inc

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: $5.00

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: 10/05/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Morrissey	Jessica		0632

Residential Street Address	City	State	Zip Code
46 Broad St	Stonington	CT	06378

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 10/06/2025

Aggregate Contributions: $420.00

Last Name	First	MI	Contribution ID #
~~Asikainen~~	~~Theresa~~		~~0633~~

Residential Street Address	City	State	Zip Code
~~405 Penfield Hill Rd~~	~~Portland~~	~~CT~~	~~06480~~

Principal Occupation	Name of Employer
~~N/A~~	~~N/A~~

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: ~~$150.00~~

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: ~~10/06/2025~~

Aggregate Contributions: ~~$300.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~D'Antonio~~	~~Chris~~		~~0634~~

Residential Street Address	City	State	Zip Code
~~18 Montano Rd~~	~~Enfield~~	~~CT~~	~~06082~~

Principal Occupation	Name of Employer
~~Software Engineer~~	~~The Hartford~~

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: ~~$25.00~~

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
~~10/06/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
Collier	Charles		0635

Residential Street Address	City	State	Zip Code
154 Kohary Dr	New Haven	CT	06515

Principal Occupation	Name of Employer
Assistant Dean	Quinnipiac university

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: $100.00

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
10/06/2025	$100.00

Last Name	First	MI	Contribution ID #
Leonard	Catherine		0636

Residential Street Address	City	State	Zip Code
5 Constitution Plz	Hartford	CT	06103

Principal Occupation	Name of Employer
Software Developer	Otis Elevators

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: $150.00

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
10/06/2025	$150.00

Last Name	First	MI	Contribution ID #
Robbins	Andrew		0637

Residential Street Address	City	State	Zip Code
2355 Lancashire Dr	Ann Arbor	MI	48105

Principal Occupation	Name of Employer
Researcher	University of Michigan

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: $25.00

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
10/06/2025	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Asikainen	**Theresa**		**0633**

Residential Street Address	City	State	Zip Code
405 Penfield Hill Rd	**Portland**	**CT**	**06480**

Principal Occupation	Name of Employer
Senior Claim Specialist, Surety	**AXIS Capital**

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: **$150.00**

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: **10/06/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
D'Antonio	**Christian**		**0634**

Residential Street Address	City	State	Zip Code
18 Montano Rd	**Enfield**	**CT**	**06082**

Principal Occupation	Name of Employer
Software Engineer	**The Hartford**

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: **$25.00**

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: **10/06/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
bailey	**John**		**0630**

Residential Street Address	City	State	Zip Code
17 Glenbrook Rd	**West Hartford**	**CT**	**06107**

Principal Occupation	Name of Employer
Lobbyist	**TCORS Capitol Group**

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: **$100.00**

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: **10/07/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Ayalon	Aram		0629

Residential Street Address	City	State	Zip Code
194 Stratford	New Britain	CT	06053

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 10/07/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~bailey~~	~~John~~		~~0630~~

Residential Street Address	City	State	Zip Code
~~17 Glenbrook Rd~~	~~West Hartford~~	~~CT~~	~~06107~~

Principal Occupation	Name of Employer
~~Lobbyist~~	~~TCORS Capitol Group~~

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: ~~$100.00~~

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
~~10/07/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
Donnelly	Kate		0631

Residential Street Address	City	State	Zip Code
202 Station Rd	Hampton	CT	06247

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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
10/07/2025	$50.00

Last Name	First	MI	Contribution ID #
~~Balliett~~	~~Jennifer~~		~~0626~~

Residential Street Address	City	State	Zip Code
~~6 Crossland Pl~~	~~Norwalk~~	~~CT~~	~~06851-5605~~

Principal Occupation	Name of Employer
~~Candle Maker~~	~~CT~~

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: ~~$50.00~~

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
~~10/08/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Fleck	Paul		0627

Residential Street Address	City	State	Zip Code
112 Shepards Knoll Dr	Hamden	CT	06514

Principal Occupation	Name of Employer
Nonprofit Executive	NY

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: $25.00

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
10/08/2025	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Allik	Judith		0628

Residential Street Address	City	State	Zip Code
30 Russell Ave	Stonington	CT	06379

Principal Occupation	Name of Employer
Clinical Child Psychologist	retired

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

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	Amount of Contribution
10/08/2025	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Balliett	**Jennifer**		**0626**

Residential Street Address	City	State	Zip Code
6 Crossland Pl	**Norwalk**	**CT**	**06851-5605**

Principal Occupation	Name of Employer
Owner	**Zena Moon**

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

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	Amount of Contribution
10/08/2025	**$50.00**	**$50.00**

Last Name	First	MI	Contribution ID #
Smith	George		0625

Residential Street Address	City	State	Zip Code
8 Maplevale Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Admin Mgr	AG Cleaning Agents

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

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	Amount of Contribution
10/09/2025	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Barr	Michael		0623

Residential Street Address	City	State	Zip Code
26 Abedar Ln	Latham	NY	12110

Principal Occupation	Name of Employer
Actuary	PNC

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

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	Amount of Contribution
10/10/2025	$150.00	$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Christina~~	~~Kristy~~		~~0624~~

Residential Street Address	City	State	Zip Code
~~57 Pawcatuck Ave~~	~~Pawcatuck~~	~~CT~~	~~06379~~

Principal Occupation	Name of Employer
~~pastry chef~~	~~Zest fresh pastry~~

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: ~~$50.00~~

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
~~10/10/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Christina	**Kristy**		**0624**

Residential Street Address	City	State	Zip Code
57 Pawcatuck Ave	**Pawcatuck**	**CT**	**06379**

Principal Occupation	Name of Employer
pastry chef	**Zest fresh pastry**

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: **$50.00**

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
10/10/2025	**$50.00**

Last Name	First	MI	Contribution ID #
Turgeon	Steven		0622

Residential Street Address	City	State	Zip Code
105 Lair Rd	New Hartford	CT	06057

Principal Occupation	Name of Employer
Teacher	Simsbury School District

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: $20.00

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
10/11/2025	$20.00

Last Name	First	MI	Contribution ID #
~~A Khan- Bureau~~	~~Diba~~		~~0619~~

Residential Street Address	City	State	Zip Code
~~40 Hill Top Trl~~	~~Salem~~	~~CT~~	~~06420~~

Principal Occupation	Name of Employer
~~Professor~~	~~Connecticut~~

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: ~~$50.00~~

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
~~10/12/2025~~	~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Godzeno	Robert		0620

Residential Street Address	City	State	Zip Code
29 Douglas Ave Unit B	Stamford	CT	06906

Principal Occupation	Name of Employer
Attorney	Karp & Langerman P.C.

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: $100.00

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: 10/12/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
E Romano	Gina		0621

Residential Street Address	City	State	Zip Code
1 Terrace Dr	Sherman	CT	06784

Principal Occupation	Name of Employer
Substitute Teacher, retired amusemant park operato	Substitute Teacher

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: $25.00

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: 10/12/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Khan-Bureau	**Diba**	**A**	**0619**

Residential Street Address	City	State	Zip Code
40 Hill Top Trl	**Salem**	**CT**	**06420**

Principal Occupation	Name of Employer
Professor	**Connecticut**

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: **$50.00**

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: **10/12/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Herbert	Sheila		0892

Residential Street Address	City	State	Zip Code
9 Jay St	New London	CT	06320

Principal Occupation	Name of Employer
Bookkeeper	Fiddleheads Food Cooperative

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: $25.00

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: 10/13/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Salsich	**Jan**		**0893**

Residential Street Address	City	State	Zip Code
27 Church St	**Mystic**	**CT**	**06355**

Principal Occupation	Name of Employer
Retired	**Retired RN**

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

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	Amount of Contribution
10/13/2025	**$25.00**	**$25.00**

Last Name	First	MI	Contribution ID #
Caffrey	Karen		0657

Residential Street Address	City	State	Zip Code
30 Jenny Cliff Rd	Manchester	CT	06040

Principal Occupation	Name of Employer
Psychotherapist	Karen Caffrey LPC

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

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	Amount of Contribution
10/13/2025	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Simms	Jason		0658

Residential Street Address	City	State	Zip Code
81 Long Hill Rd	Deep River	CT	06517

Principal Occupation	Name of Employer
Public Relations	Theirsay LLC

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

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	Amount of Contribution
10/13/2025	$150.00	$150.00

Last Name	First	MI	Contribution ID #
Manning	Gina		0659

Residential Street Address	City	State	Zip Code
67 Carriage Dr E	Meriden	CT	06450

Principal Occupation	Name of Employer
Teacher	CT

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

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	Amount of Contribution
10/13/2025	$27.00	$27.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DiMattia	Michael		0660

Residential Street Address	City	State	Zip Code
7 Homer St	Norwalk	CT	06851

Principal Occupation	Name of Employer
Biomedical Researcher	Schrodinger

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

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	Amount of Contribution
10/13/2025	$320.00	$320.00

Last Name	First	MI	Contribution ID #
~~Salsich~~	~~Jan~~		~~0893~~

Residential Street Address	City	State	Zip Code
~~27 Church St~~	~~Mystic~~	~~CT~~	~~06355~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired RN~~

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

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	Amount of Contribution
~~10/13/2025~~	~~$50.00~~	~~$25.00~~

Last Name	First	MI	Contribution ID #
~~Bonafe~~	~~Nathalie~~		~~0664~~

Residential Street Address	City	State	Zip Code
~~29 Grand Ave~~	~~New Haven~~	~~CT~~	~~06513~~

Principal Occupation	Name of Employer
~~Self-employed~~	~~A Gentler Parting LLC~~

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

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	Amount of Contribution
~~10/14/2025~~	~~$640.00~~	~~$320.00~~

Last Name	First	MI	Contribution ID #
James	David		0891

Residential Street Address	City	State	Zip Code
1863 Chamberlain Hwy	Berlin	CT	06037

Principal Occupation	Name of Employer
retired	retired

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

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	Amount of Contribution
10/14/2025	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bonafe	**Nathalie**		**0664**

Residential Street Address	City	State	Zip Code
29 Grand Ave	**New Haven**	**CT**	**06513**

Principal Occupation	Name of Employer
Owner	**A Gentler Parting LLC**

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: **$320.00**

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: **10/14/2025**

Aggregate Contributions: **$320.00**

Last Name	First	MI	Contribution ID #
Dorman	**Brett**		**0665**

Residential Street Address	City	State	Zip Code
54 Cedar Ridge Dr	**Glastonbury**	**CT**	**06033**

Principal Occupation	Name of Employer
CAD Draftsperson	**City of Meriden**

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: **$100.00**

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: **10/15/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
~~Dorman~~	~~Brett~~		~~0665~~

Residential Street Address	City	State	Zip Code
~~54 Cedar Ridge Dr~~	~~Glastonbury~~	~~CT~~	~~06033~~

Principal Occupation	Name of Employer
~~Engineering Technician~~	~~City of Meriden~~

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: ~~$100.00~~

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: ~~10/15/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
York	Jason		0666

Residential Street Address	City	State	Zip Code
150 Dowd St	Newington	CT	06111

Principal Occupation	Name of Employer
Digital Communications Manager	State of CT

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: $20.00

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: 10/17/2025

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gallagher	Sarah		0887

Residential Street Address	City	State	Zip Code
21 Hawthorne Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Senior Vice President	National Council of Nonprofits

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: $25.00

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: 10/17/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ficara	Jonathan		0885

Residential Street Address	City	State	Zip Code
15 Berkeley Dr .	Vernon	CT	06066

Principal Occupation	Name of Employer
Social worker	AMH youth services

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: $5.00

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: 10/18/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sartori	John		0886

Residential Street Address	City	State	Zip Code
126 Elmfield St	West Hartford	CT	06110

Principal Occupation	Name of Employer
Manager	CT

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: $25.00

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: 10/18/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Marra	Jennifer		0881

Residential Street Address	City	State	Zip Code
75 Redwood Dr	East Haven	CT	06513

Principal Occupation	Name of Employer
Project Manager	Merck & Co Inc.

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: $25.00

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: 10/22/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heimer	Win		0882

Residential Street Address	City	State	Zip Code
799 Prospect Ave # A2	West Hartford	CT	06105

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 10/22/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Cannady	Dana		0883

Residential Street Address	City	State	Zip Code
2405 Whitney Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Finance	Aware Recovery Care

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: $10.00

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: 10/22/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Seitz	Vicki		0884

Residential Street Address	City	State	Zip Code
194 Haverford St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 10/22/2025

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Cannady	Dana		0671

Residential Street Address	City	State	Zip Code
2405 Whitney Ave Apt 209	Hamden	CT	06518

Principal Occupation	Name of Employer
Finance	Aware Recovery Care

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: $10.00

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: 10/22/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heimer	Win		0672

Residential Street Address	City	State	Zip Code
799 Prospect Ave # A2	West Hartford	CT	06105

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 10/22/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Garibay	Jane		0674

Residential Street Address	City	State	Zip Code
409 Broad St	Windsor	CT	06095

Principal Occupation	Name of Employer
State Legislator	CT

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: $25.00

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: 10/24/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Brown~~	~~Debra~~		~~0675~~

Residential Street Address	City	State	Zip Code
~~157 Santamaria Dr~~	~~Torrington~~	~~CT~~	~~06790~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$300.00~~

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: ~~10/24/2025~~

Aggregate Contributions: ~~$600.00~~

Last Name	First	MI	Contribution ID #
~~Wilusz~~	~~Tony~~		~~0676~~

Residential Street Address	City	State	Zip Code
~~157 Santamaria Dr~~	~~Torrington~~	~~CT~~	~~06790~~

Principal Occupation	Name of Employer
~~Retired~~	~~CT~~

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: ~~$320.00~~

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: ~~10/24/2025~~

Aggregate Contributions: ~~$640.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Boudreau	Paul		0677

Residential Street Address	City	State	Zip Code
3443 Dixwell Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Organizer	The Connecticut Project

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: $50.00

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: 10/24/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Cramer~~	~~Jason~~		~~0679~~

Residential Street Address	City	State	Zip Code
~~37 Iroquois Rd~~	~~Bristol~~	~~CT~~	~~06010~~

Principal Occupation	Name of Employer
~~Sales - construction~~	~~CT Building Collaborative~~

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: ~~$245.00~~

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: ~~10/24/2025~~

Aggregate Contributions: ~~$490.00~~

Last Name	First	MI	Contribution ID #
~~Audette~~	~~Brian~~		~~0680~~

Residential Street Address	City	State	Zip Code
~~659 Jones Hill Rd~~	~~West Haven~~	~~CT~~	~~06516~~

Principal Occupation	Name of Employer
~~Game Designer~~	~~Electronic Arts~~

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: ~~$25.00~~

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: ~~10/24/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Sky	Mitzy		0682

Residential Street Address	City	State	Zip Code
111 Towne St # 412	Stamford	CT	06902

Principal Occupation	Name of Employer
Associate counselor	Abilis Inc

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: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 10242025C

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 10/24/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Mower~~	~~Nicolas~~		~~0873~~

Residential Street Address	City	State	Zip Code
~~34 William St~~	~~Cambridge~~	~~MA~~	~~02139~~

Principal Occupation	Name of Employer
~~Engineer~~	~~MA~~

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: ~~$75.00~~

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: ~~10/24/2025~~

Aggregate Contributions: ~~$150.00~~

Last Name	First	MI	Contribution ID #
~~Cintron~~	~~Josh~~		~~0876~~

Residential Street Address	City	State	Zip Code
~~164 Oak St~~	~~East Hartford~~	~~CT~~	~~06118~~

Principal Occupation	Name of Employer
~~Unemployed~~	~~Unemployed~~

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: ~~$5.00~~

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: ~~10/24/2025~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Cintron	**Josue**		**0876**

Residential Street Address	City	State	Zip Code
164 Oak St	**East Hartford**	**CT**	**06118**

Principal Occupation	Name of Employer
Unemployed	**Unemployed**

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: **$5.00**

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: **10/24/2025**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Audette	**Brian**		**0680**

Residential Street Address	City	State	Zip Code
659 Jones Hill Rd	**West Haven**	**CT**	**06516**

Principal Occupation	Name of Employer
Game Designer	**Electronic Arts**

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: **$25.00**

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: **10/24/2025**

Aggregate Contributions: **$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cramer	**Jason**	**R**	**0679**

Residential Street Address	City	State	Zip Code
37 Iroquois Rd	**Bristol**	**CT**	**06010**

Principal Occupation	Name of Employer
Sales - construction	**CT Building Collaborative**

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: **$245.00**

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: **10/24/2025**

Aggregate Contributions: **$245.00**

Last Name	First	MI	Contribution ID #
Mower	**Nicolas**		**0873**

Residential Street Address	City	State	Zip Code
34 William St	**Cambridge**	**MA**	**02139**

Principal Occupation	Name of Employer
Structural Engineer	**Commonwealth Fusion Systems**

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: **$75.00**

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: **10/24/2025**

Aggregate Contributions: **$75.00**

Last Name	First	MI	Contribution ID #
Brown	**Debra**		**0675**

Residential Street Address	City	State	Zip Code
157 Santamaria Dr	**Torrington**	**CT**	**06790**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$300.00**

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: **10/24/2025**

Aggregate Contributions: **$300.00**

Last Name	First	MI	Contribution ID #
Wilusz	**Tony**		**0676**

Residential Street Address	City	State	Zip Code
157 Santamaria Dr	**Torrington**	**CT**	**06790**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$320.00**

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: **10/24/2025**

Aggregate Contributions: **$320.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Chenier	**Christopher**		**0868**

Residential Street Address	City	State	Zip Code
56 Prospect St #	**Portland**	**CT**	**06480**

Principal Occupation	Name of Employer
Designer	**Christopher James Chernier**

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

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	Amount of Contribution
10/25/2025	**$25.00**	**$25.00**

Last Name	First	MI	Contribution ID #
Chevalier	Ben		0867

Residential Street Address	City	State	Zip Code
55 Hurlbut Rd	Tolland	CT	06084

Principal Occupation	Name of Employer
Take Out Server	Rein's Deli

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

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	Amount of Contribution
10/25/2025	$50.00	$50.00

Last Name	First	MI	Contribution ID #
~~Chenier~~	~~Christopher~~		~~0868~~

Residential Street Address	City	State	Zip Code
~~56 Prospect St #~~	~~Portland~~	~~CT~~	~~06480~~

Principal Occupation	Name of Employer
~~Self-employed~~	~~Self-employed~~

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

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	Amount of Contribution
~~10/25/2025~~	~~$50.00~~	~~$25.00~~

Last Name	First	MI	Contribution ID #
Stio	Eileen		0870

Residential Street Address	City	State	Zip Code
123 Worth Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

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

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	Amount of Contribution
10/25/2025	$150.00	$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bomke	David		0683

Residential Street Address	City	State	Zip Code
112 Laura Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Part time energy consultant, DBA Bomke & Company L	Retired

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: $75.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 10242025C

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 10/25/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Miller	Claudia		0685

Residential Street Address	City	State	Zip Code
81 New Rd	Avon	CT	06001

Principal Occupation	Name of Employer
Nanny	CT

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: $50.00

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: 10/25/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Lally	Nathan		0688

Residential Street Address	City	State	Zip Code
281 Gilead Rd	Andover	CT	06232

Principal Occupation	Name of Employer
Data Science Manager	Hartford Steam Boiler

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: $320.00

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: 10/26/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Chisolm	Kevin		0690

Residential Street Address	City	State	Zip Code
351 Marin Blvd # 711	Jersey City	NJ	07302

Principal Occupation	Name of Employer
Lawyer	Paul, Weiss

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: $25.00

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: 10/27/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cunningham	Hollis		0691

Residential Street Address	City	State	Zip Code
39 Maple Hollow Rd	New Hartford	CT	06057

Principal Occupation	Name of Employer
Laboratory Assistant	CTech Adhesives, LLC

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: $27.00

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: 10/27/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Levey- Burden	Kia		0861

Residential Street Address	City	State	Zip Code
360 Wakelee Ave	Ansonia	CT	06401

Principal Occupation	Name of Employer
Launch Consulting	Self Employment

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: $50.00

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: 10/27/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Padowicz	Nadine		0862

Residential Street Address	City	State	Zip Code
34 Anderson Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Social Worker- Psychotherapist in private practice	Nadine Padowicz,LCSW

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: $10.00

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: 10/27/2025

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Garland	Farrah		0865

Residential Street Address	City	State	Zip Code
396 N Stonington Rd	Stonington	CT	06378

Principal Occupation	Name of Employer
Activist	Farrah Garland

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: $5.00

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: 10/27/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Coffey	David		0694

Residential Street Address	City	State	Zip Code
25 Springside Ave # 3D	New Haven	CT	06515

Principal Occupation	Name of Employer
Instructor	Guitar Center

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: $27.00

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: 10/28/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
~~Tajildeen~~	~~Bilal~~		~~0695~~

Residential Street Address	City	State	Zip Code
~~12 Donald Ter~~	~~Waterbury~~	~~CT~~	~~06705~~

Principal Occupation	Name of Employer
~~Dean~~	~~CT State Community College~~

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: ~~$150.00~~

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: ~~10/29/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
~~McEvoy~~	~~Victoria~~		~~0699~~

Residential Street Address	City	State	Zip Code
~~200 Tyler St # 309~~	~~New Haven~~	~~CT~~	~~06512~~

Principal Occupation	Name of Employer
~~retired~~	~~n/a~~

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: ~~$20.00~~

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: ~~10/29/2025~~

Aggregate Contributions: ~~$40.00~~

Last Name	First	MI	Contribution ID #
Cumberbatch	Evelyn		0856

Residential Street Address	City	State	Zip Code
147 Thornton St	Hamden	CT	06517

Principal Occupation	Name of Employer
Psychiatrist	CT

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: $100.00

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: 10/29/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hardy	Travis		0857

Residential Street Address	City	State	Zip Code
7 Homer St	Norwalk	CT	06851

Principal Occupation	Name of Employer
Non-Profit/Education	Classroom Champions

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: $25.00

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: 10/29/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Blake	Alisha		0858

Residential Street Address	City	State	Zip Code
27 Jay St	New London	CT	06320

Principal Occupation	Name of Employer
Political Director	CT

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: $100.00

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: 10/29/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Tajildeen	**Bilal**		**0695**

Residential Street Address	City	State	Zip Code
12 Donald Ter	**Waterbury**	**CT**	**06705**

Principal Occupation	Name of Employer
Associate Dean of Institutional Advancement	**CT State Community College**

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: **$150.00**

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: **10/29/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
McEvoy	**Victoria**		**0699**

Residential Street Address	City	State	Zip Code
200 Tyler St # 309	**New Haven**	**CT**	**06512**

Principal Occupation	Name of Employer
retired	**retired**

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: **$20.00**

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: **10/29/2025**

Aggregate Contributions: **$20.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Montgomery Cooper	**Rev. Odell**		**0852**

Residential Street Address	City	State	Zip Code
10 Judwin Ave	**New Haven**	**CT**	**06515**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$100.00**

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
10/30/2025	**$100.00**

Last Name	First	MI	Contribution ID #
Martin	**Jessica**		**0704**

Residential Street Address	City	State	Zip Code
431 Church St	**Wethersfield**	**CT**	**06109**

Principal Occupation	Name of Employer
Artist Manager	**Marionette Management**

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: **$150.00**

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
10/30/2025	**$150.00**

Last Name	First	MI	Contribution ID #
Fisher	Andrea		0851

Residential Street Address	City	State	Zip Code
120 Village Ln	Branford	CT	06405

Principal Occupation	Name of Employer
sales Counselor	Tauck Inc

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: $100.00

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
10/30/2025	$100.00

Last Name	First	MI	Contribution ID #
~~Montgomery Cooper~~	~~Rev. Odell~~		~~0852~~

Residential Street Address	City	State	Zip Code
~~10 Judwin Ave~~	~~New Haven~~	~~CT~~	~~06515~~

Principal Occupation	Name of Employer
~~President of Interruptions~~	~~self employed~~

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: ~~$100.00~~

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
~~10/30/2025~~	~~$200.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Levesque	Larry		0853

Residential Street Address	City	State	Zip Code
32 Park Place Cir	West Hartford	CT	06110

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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
10/30/2025	$100.00

Last Name	First	MI	Contribution ID #
Cummings	Morgan		0700

Residential Street Address	City	State	Zip Code
50 Barbara Ln	Hamden	CT	06518

Principal Occupation	Name of Employer
Therapist	CT

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: $25.00

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
10/30/2025	$25.00

Last Name	First	MI	Contribution ID #
Cooper	Rev. Odell	M	0702

Residential Street Address	City	State	Zip Code
10 Judwin Ave	New Haven	CT	06515

Principal Occupation	Name of Employer
President of Interruptions	self employed

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: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 10242025C

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
10/30/2025	$100.00

Last Name	First	MI	Contribution ID #
~~Martin~~	~~Jessica~~		~~0704~~

Residential Street Address	City	State	Zip Code
~~431 Church St~~	~~Wethersfield~~	~~CT~~	~~06109~~

Principal Occupation	Name of Employer
~~Self-employed~~	~~Marionette Management~~

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: ~~$150.00~~

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
~~10/30/2025~~	~~$300.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Hansen~~	~~Fritz~~		~~0706~~

Residential Street Address	City	State	Zip Code
~~55 Fernwood Rd~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~graphic designer~~	~~self: Fritz Hansen Graphic Design~~

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: ~~$100.00~~

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: ~~10/31/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Chapman	Danielle		0707

Residential Street Address	City	State	Zip Code
71 Spring Garden St	Hamden	CT	06517

Principal Occupation	Name of Employer
Writer/professor	Yale University

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: $150.00

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: 10/31/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Dudek~~	~~Karl~~		~~0708~~

Residential Street Address	City	State	Zip Code
~~515 Killarney Pass Cir~~	~~Mundelein~~	~~IL~~	~~60060~~

Principal Occupation	Name of Employer
~~Self-employed~~	~~Northern Equipment Remarketing LLC~~

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: ~~$150.00~~

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: ~~10/31/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Pancoast	Linda		0849

Residential Street Address	City	State	Zip Code
227 Church St	New Haven	CT	06510

Principal Occupation	Name of Employer
Teacher	Self

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: $20.00

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: 10/31/2025

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Hansen~~	~~Fritz~~		~~0706~~

Residential Street Address	City	State	Zip Code
~~55 Fernwood Rd~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~graphic designer~~	~~Fritz Hansen Graphic Design~~

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: ~~$100.00~~

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
~~10/31/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
Dudek	**Karl**		**0708**

Residential Street Address	City	State	Zip Code
515 Killarney Pass Cir	**Mundelein**	**IL**	**60060**

Principal Occupation	Name of Employer
Contract Asset Manager	**Northern Equipment Remarketing LLC**

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: **$150.00**

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
10/31/2025	**$150.00**

Last Name	First	MI	Contribution ID #
Hansen	**Fritz**		**0706**

Residential Street Address	City	State	Zip Code
55 Fernwood Rd	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Graphic Designer	**Fritz Hansen Graphic Design**

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: **$100.00**

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
10/31/2025	**$200.00**

Last Name	First	MI	Contribution ID #
Resch	Richard		0845

Residential Street Address	City	State	Zip Code
95 Broadfield Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $150.00

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
11/01/2025	$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Langmaid	John		0710

Residential Street Address	City	State	Zip Code
2200 Main St	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Attorney	State of Connecticut

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: $75.00

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: 11/01/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
~~Craig~~	~~Duncan~~		~~0711~~

Residential Street Address	City	State	Zip Code
~~172 North St~~	~~Wallingford~~	~~CT~~	~~06492~~

Principal Occupation	Name of Employer
~~Sales Professional~~	~~Unemployed~~

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: ~~$75.00~~

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: ~~11/02/2025~~

Aggregate Contributions: ~~$150.00~~

Last Name	First	MI	Contribution ID #
Crouch	Maurine		0712

Residential Street Address	City	State	Zip Code
156 Lakeview Ave	Hamden	CT	06514

Principal Occupation	Name of Employer
Program manager	Yale

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: $50.00

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: 11/02/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Craig	**Duncan**	**J**	**0711**

Residential Street Address	City	State	Zip Code
172 North St	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
Sales Professional	**Municipal mentor group**

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: **$75.00**

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: **11/02/2025**

Aggregate Contributions: **$75.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Velez	Sophia		0713

Residential Street Address	City	State	Zip Code
19 Lincoln Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Attorney	NYS

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: $75.00

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: 11/03/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Dancy	Victoria		0714

Residential Street Address	City	State	Zip Code
14 Beverly Rd	New Haven	CT	06531

Principal Occupation	Name of Employer
State of CT Higher Education Administrator	Connecticut

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: $25.00

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: 11/03/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Niedospial~~	~~Ashlee~~		~~0717~~

Residential Street Address	City	State	Zip Code
~~55 Anita St~~	~~New Haven~~	~~CT~~	~~06511~~

Principal Occupation	Name of Employer
~~Consultant~~	~~N/A~~

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: ~~$25.00~~

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: ~~11/05/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Monahan~~	~~Michael~~		~~0719~~

Residential Street Address	City	State	Zip Code
~~24 Greenwood Ave~~	~~Darien~~	~~CT~~	~~06820~~

Principal Occupation	Name of Employer
~~Auditor~~	~~Auditor~~

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: ~~$75.00~~

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: ~~11/05/2025~~

Aggregate Contributions: ~~$150.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Das	**Riju**		**0836**

Residential Street Address	City	State	Zip Code
4B Talcott Gln	**Farmington**	**CT**	**06032**

Principal Occupation	Name of Employer
Attorney	**State of Virginia**

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: **$25.00**

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
11/05/2025	**$25.00**

Last Name	First	MI	Contribution ID #
~~Das~~	~~Riju~~		~~0836~~

Residential Street Address	City	State	Zip Code
~~4~~	~~Farmington~~	~~CT~~	~~06032~~

Principal Occupation	Name of Employer
~~Attorney~~	~~State of Virginia~~

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: ~~$25.00~~

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
~~11/05/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
McManus	Joan		0838

Residential Street Address	City	State	Zip Code
5 Broadview Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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
11/05/2025	$140.00

Last Name	First	MI	Contribution ID #
Waldron	Mary		0839

Residential Street Address	City	State	Zip Code
30 Bokum Rd	Essex	CT	06426

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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
11/05/2025	$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Niedospial	**Ashlee**		**0717**

Residential Street Address	City	State	Zip Code
55 Anita St	**New Haven**	**CT**	**06511**

Principal Occupation	Name of Employer
Consultant	**The Narrative Project**

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

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	Amount of Contribution
11/05/2025	**$25.00**	**$25.00**

Last Name	First	MI	Contribution ID #
Monahan	**Michael**		**0719**

Residential Street Address	City	State	Zip Code
24 Greenwood Ave	**Darien**	**CT**	**06820**

Principal Occupation	Name of Employer
Auditor	**Auditor**

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

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	Amount of Contribution
11/05/2025	**$75.00**	**$75.00**

Last Name	First	MI	Contribution ID #
Watson	Gavin		0720

Residential Street Address	City	State	Zip Code
70 Crescent Dr	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Retired	Retired

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

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	Amount of Contribution
11/06/2025	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Corbett	Erin		0722

Residential Street Address	City	State	Zip Code
443 Park Ave	Bloomfield	CT	06002

Principal Occupation	Name of Employer
Professor	Quinnipiac University

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

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	Amount of Contribution
11/06/2025	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Davis	Allen		0723

Residential Street Address	City	State	Zip Code
283 Saint Paul St Apt 21	Brookline	MA	02446

Principal Occupation	Name of Employer
Teacher	International School of Boston

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: $100.00

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
11/06/2025	$100.00

Last Name	First	MI	Contribution ID #
Bromley	Rayford		0724

Residential Street Address	City	State	Zip Code
27 Norway St	Milford	CT	06461

Principal Occupation	Name of Employer
Student	Student

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: $5.00

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
11/06/2025	$5.00

Last Name	First	MI	Contribution ID #
Repasz	Craig		0833

Residential Street Address	City	State	Zip Code
18 Nutmeg Hill Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Advocacy	NA

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: $75.00

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
11/06/2025	$75.00

Last Name	First	MI	Contribution ID #
Waldron	Mary		0725

Residential Street Address	City	State	Zip Code
30 Bokum Rd # 103	Essex	CT	06426

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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
11/07/2025	$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Rugh~~	~~John~~		~~0726~~

Residential Street Address	City	State	Zip Code
~~41 Prospect St~~	~~Terryville~~	~~CT~~	~~06786~~

Principal Occupation	Name of Employer
~~Retired~~	~~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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$320.00~~

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
~~11/07/2025~~	~~$640.00~~

Last Name	First	MI	Contribution ID #
DAngeloPowers	Jill		0727

Residential Street Address	City	State	Zip Code
103 Housatonic Ave	Stratford	CT	06615

Principal Occupation	Name of Employer
Real Estate	Server

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: $5.00

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
11/07/2025	$5.00

Last Name	First	MI	Contribution ID #
Rugh	**John**		**0726**

Residential Street Address	City	State	Zip Code
41 Prospect St	**Terryville**	**CT**	**06786**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$320.00**

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
11/07/2025	**$320.00**

Last Name	First	MI	Contribution ID #
Derman	Jon		0728

Residential Street Address	City	State	Zip Code
946 New Haven Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Information Technology	CT State Colleges & Universities

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: $150.00

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
11/09/2025	$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Meyer	Kristen		0821

Residential Street Address	City	State	Zip Code
9 School Hill Ln	Westbrook	CT	06498

Principal Occupation	Name of Employer
Research Administrator	Yale University

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: $50.00

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: 11/10/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Shuler~~	~~Scott~~		~~0822~~

Residential Street Address	City	State	Zip Code
~~1 Burrs Ln~~	~~Providence~~	~~RI~~	

Principal Occupation	Name of Employer
~~educator~~	~~retired~~

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: ~~$25.00~~

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: ~~11/10/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Muguerza	Renato		0823

Residential Street Address	City	State	Zip Code
27 Ellington St .	Hartford	CT	06106

Principal Occupation	Name of Employer
LEgislative Aide	City of Hartford

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: $5.00

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: 11/10/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Tirella	Carl		0824

Residential Street Address	City	State	Zip Code
7 Forest Ridge Rd	Nyack	NY	10960

Principal Occupation	Name of Employer
Retail	Budr Cannabis

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: $320.00

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: 11/10/2025

Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DiRollo	Mark		0825

Residential Street Address	City	State	Zip Code
33 Millport Ave	New Canaan	CT	06840

Principal Occupation	Name of Employer
Self employed care giver, medical advocate and tec	Not applicable

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

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	Amount of Contribution
11/10/2025	$425.00	$100.00

Last Name	First	MI	Contribution ID #
Shuler	**Scott**		**0822**

Residential Street Address	City	State	Zip Code
1 Burrs Ln	**Providence**	**RI**	

Principal Occupation	Name of Employer
retired	**retired**

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

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	Amount of Contribution
11/10/2025	**$25.00**	**$25.00**

Last Name	First	MI	Contribution ID #
Davis	Jameson		0818

Residential Street Address	City	State	Zip Code
12 Chatterton Woods	Hamden	CT	06518

Principal Occupation	Name of Employer
Environmental Law - Consultant	Writing Wrongs LLC

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

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	Amount of Contribution
11/11/2025	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Dykstra	Nicole		0819

Residential Street Address	City	State	Zip Code
221 Park Rd	Oxford	CT	06478

Principal Occupation	Name of Employer
Research Analyst	State of Connecticut

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

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	Amount of Contribution
11/11/2025	$75.00	$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~DeCurtis~~	~~Joe~~		~~0820~~

Residential Street Address	City	State	Zip Code
~~9 School Hill Ln~~	~~Westbrook~~	~~CT~~	~~06498~~

Principal Occupation	Name of Employer
~~Police Detective~~	~~South Kingstown Police Department~~

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: ~~$50.00~~

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: ~~11/11/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
DeCurtis	**Joseph**	**L**	**0820**

Residential Street Address	City	State	Zip Code
9 School Hill Ln	**Westbrook**	**CT**	**06498**

Principal Occupation	Name of Employer
Police Detective	**South Kingstown Police Department**

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: **$50.00**

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: **11/11/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Dillon	**Jennifer**		**0813**

Residential Street Address	City	State	Zip Code
7 Lake View Dr	**Ashford**	**CT**	**06278**

Principal Occupation	Name of Employer
Health Coach	**You Peace Wellness LLC**

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: **$100.00**

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: **11/12/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Delany	Hubert		0812

Residential Street Address	City	State	Zip Code
19 Reynolds Ave	Stamford	CT	06905

Principal Occupation	Name of Employer
Soldier	CT

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: $150.00

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: 11/12/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Dillon~~	~~Jennifer~~		~~0813~~

Residential Street Address	City	State	Zip Code
~~7 Lake View Dr~~	~~Ashford~~	~~CT~~	~~06278~~

Principal Occupation	Name of Employer
~~Health Coach~~	~~self-employed You Peace Wellness~~

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: ~~$100.00~~

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
~~11/12/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
Padowicz	Nadine		0814

Residential Street Address	City	State	Zip Code
34 Anderson Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Social Worker- Psychotherapist in private practice	Nadine Padowicz,LCSW

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: $25.00

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
11/12/2025	$60.00

Last Name	First	MI	Contribution ID #
Cash	William		0815

Residential Street Address	City	State	Zip Code
586 Opening Hill Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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: $15.00

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
11/12/2025	$35.00

Last Name	First	MI	Contribution ID #
mooney	whitney		0816

Residential Street Address	City	State	Zip Code
1015 N Main Street Ext Apt	Wallingford	CT	06492

Principal Occupation	Name of Employer
Director of development	Middlesex United way

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: $10.00

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
11/12/2025	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bertolini	Peter		0817

Residential Street Address	City	State	Zip Code
33 Parker Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
LCSW	State of CT-Recently applied for early retirement.

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: $27.00

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: 11/12/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Berriault	Bobby		0809

Residential Street Address	City	State	Zip Code
129 Newhall St	New Haven	CT	06511

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $5.00

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: 11/13/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
diamond	mark		0810

Residential Street Address	City	State	Zip Code
24 West Trl	Stamford	CT	06903

Principal Occupation	Name of Employer
attorney	mark diamond

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: $320.00

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: 11/13/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Chirmanova	Irene		0811

Residential Street Address	City	State	Zip Code
73 Allen Avenue Ext	Falmouth	ME	04105

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $320.00

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: 11/13/2025

Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Geist	Gabriel		0795

Residential Street Address	City	State	Zip Code
116 Briarcliff Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Teacher	Nhboe

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: $25.00

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: 11/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
fish	roger		0796

Residential Street Address	City	State	Zip Code
104 Hartford Tpke	Eastford	CT	06242

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 11/14/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Dolan	Nancy		0797

Residential Street Address	City	State	Zip Code
99 Niles Hill Rd	New London	CT	06320

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 11/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Weigt	Donald		0798

Residential Street Address	City	State	Zip Code
21 Reed Ct	Bloomfield	CT	06002

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 11/14/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Krantz~~	~~Thomas~~		~~0799~~

Residential Street Address	City	State	Zip Code
~~143 Hoyt St~~	~~Stamford~~	~~CT~~	~~06905~~

Principal Occupation	Name of Employer
~~self-employed~~	~~Connecticut~~

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: ~~$25.00~~

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: ~~11/14/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Waldron	Freesia		0800

Residential Street Address	City	State	Zip Code
148 Alexander Dr	Meriden	CT	06450

Principal Occupation	Name of Employer
Attorney	State of Connecticut Division of Public Defender S

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: $150.00

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: 11/14/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Waldron	Garrett		0801

Residential Street Address	City	State	Zip Code
148 Alexander Dr	Meriden	CT	06450

Principal Occupation	Name of Employer
Business development	The Next Street

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: $5.00

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: 11/14/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
KIMBALL	SCOTT		0802

Residential Street Address	City	State	Zip Code
230 Ridgefield Dr	Middletown	CT	06457

Principal Occupation	Name of Employer
Accountant	Morris Group

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: $5.00

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: 11/14/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Link	Leslie		0803

Residential Street Address	City	State	Zip Code
192 Churchill Dr	Newington	CT	06111

Principal Occupation	Name of Employer
Retired	Retired

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: $15.00

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: 11/14/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Cardosi	Melissa		0804

Residential Street Address	City	State	Zip Code
60 Harmon St	Hamden	CT	06517

Principal Occupation	Name of Employer
Adjunct professor	CT State Norwalk

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: $5.00

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: 11/14/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Quarello~~	~~James~~		~~0805~~

Residential Street Address	City	State	Zip Code
~~28 Edgewood Dr~~	~~Wallingford~~	~~CT~~	

Principal Occupation	Name of Employer
~~Home Inspector~~	~~JRV Home Inspection Svcs., LLC~~

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: ~~$25.00~~

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: ~~11/14/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
sweeney	susan		0806

Residential Street Address	City	State	Zip Code
44 Strawberry Hill Ave	Stamford	CT	06902

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 11/14/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
rosenthal	judy sirota		0807

Residential Street Address	City	State	Zip Code
70 Brookside Dr	Hamden	CT	06517

Principal Occupation	Name of Employer
photographer, artist	judy sirota rosenthal

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: $25.00

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: 11/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Woods	Connie		0808

Residential Street Address	City	State	Zip Code
10 Fort Hill Rd # 2C	Groton	CT	06340

Principal Occupation	Name of Employer
Homemaker	CT

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: $27.00

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: 11/14/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Krantz	**Thomas**		**0799**

Residential Street Address	City	State	Zip Code
143 Hoyt St	**Stamford**	**CT**	**06905**

Principal Occupation	Name of Employer
Board Member	**World Alliance of International Financial Centers**

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: **$25.00**

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: **11/14/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Quarello	**James**		**0805**

Residential Street Address	City	State	Zip Code
28 Edgewood Dr	**Wallingford**	**CT**	

Principal Occupation	Name of Employer
Home Inspector	**JRV Home Inspection Svcs., LLC**

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: **$25.00**

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: **11/14/2025**

Aggregate Contributions: **$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Butts	Andrew		0791

Residential Street Address	City	State	Zip Code
25 Old Stonewall Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $150.00

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: 11/15/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Webster	Jonathan		0792

Residential Street Address	City	State	Zip Code
6 Manor Ln	Easton	CT	06612

Principal Occupation	Name of Employer
Capital Markets Operations	Yale New Haven Health System

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: $320.00

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: 11/15/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
McEvoy	Emily		0793

Residential Street Address	City	State	Zip Code
254 Carriage Crossing Ln	Middletown	CT	06457

Principal Occupation	Name of Employer
Labor Organizer	4Cs SEIU Local 1973

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: $25.00

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: 11/15/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Leckman	Hannah		0794

Residential Street Address	City	State	Zip Code
125 Spring Glen Ter	Hamden	CT	06517

Principal Occupation	Name of Employer
retired educator and potter	retired

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: $75.00

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: 11/15/2025

Aggregate Contributions: $175.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Siegelbaum	Beth		0784

Residential Street Address	City	State	Zip Code
57 Russell St	Norwalk	CT	06855

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 11/16/2025

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
MIller	Alice		0785

Residential Street Address	City	State	Zip Code
444 Yale Ave	New Haven	CT	06515

Principal Occupation	Name of Employer
Teacher/activist	Yale University

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: $275.00

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: 11/16/2025

Aggregate Contributions: $275.00

Last Name	First	MI	Contribution ID #
Nwokoye	Ifeoma		0786

Residential Street Address	City	State	Zip Code
61 Loomis Pl	New Haven	CT	06511

Principal Occupation	Name of Employer
Nurse Practitioner	Lifestyle Medicine New Haven

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: $320.00

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: 11/16/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Forman	James		0787

Residential Street Address	City	State	Zip Code
61 Loomis Pl	New Haven	CT	06511

Principal Occupation	Name of Employer
Professor	Yale University

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: $320.00

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: 11/16/2025

Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kunzel	Regina		0788

Residential Street Address	City	State	Zip Code
15 Mill Rock Rd	Hamden	CT	

Principal Occupation	Name of Employer
Professor	CT

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: $150.00

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: 11/16/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Nagin	Paul		0789

Residential Street Address	City	State	Zip Code
343 Highland Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Chimborazo Publishing, Inc.	CT

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: $150.00

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: 11/16/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Haberly	Nancy		0790

Residential Street Address	City	State	Zip Code
30 Duck Farm Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Artist	Fairfield Museum and History Center

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: $150.00

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: 11/16/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Powell	Chris		0780

Residential Street Address	City	State	Zip Code
5 Chestnut St	Trumbull	CT	06611

Principal Occupation	Name of Employer
Student	Student

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: $25.00

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: 11/17/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Christmas~~	~~Carol~~		~~0781~~

Residential Street Address	City	State	Zip Code
~~72 Woodbine St .~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$100.00~~

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
~~11/17/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
Dynowski	Samantha		0782

Residential Street Address	City	State	Zip Code
25 Ardmore Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Director	Sierra Club

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: $100.00

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
11/17/2025	$100.00

Last Name	First	MI	Contribution ID #
Lewis	Mindy		0783

Residential Street Address	City	State	Zip Code
170 Long Hill Rd	South Windsor	CT	06074

Principal Occupation	Name of Employer
Registrar of Voters	Town of South Windsor

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: $25.00

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
11/17/2025	$25.00

Last Name	First	MI	Contribution ID #
Christmas	**Carol**		**0781**

Residential Street Address	City	State	Zip Code
72 Woodbine St .	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$100.00**

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
11/17/2025	**$100.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McManus	Joan		0776

Residential Street Address	City	State	Zip Code
5 Broadview Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 11/18/2025

Aggregate Contributions: $165.00

Last Name	First	MI	Contribution ID #
Buhler	William		0777

Residential Street Address	City	State	Zip Code
8 Winchester Way	Cromwell	CT	06416

Principal Occupation	Name of Employer
retired	retired

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: $50.00

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: 11/18/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Guild	Craig		0778

Residential Street Address	City	State	Zip Code
68 West St	Groton	CT	06340

Principal Occupation	Name of Employer
Librarian	State of Connecticut: CCSU

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: $75.00

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: 11/18/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Papps	Sheila		0779

Residential Street Address	City	State	Zip Code
70 Blanchard Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Marketing Professional	Evernorth Health Services

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: $5.00

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: 11/18/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
VanDuzee	Kathleen		0774

Residential Street Address	City	State	Zip Code
198 Whisconier Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 11/19/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Drew	Daniel		0775

Residential Street Address	City	State	Zip Code
1 Linwood Ln	New Milford	CT	06776

Principal Occupation	Name of Employer
Chief Operating Officer	Heritage Village Master Association, Inc.

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: $100.00

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: 11/19/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Ehrhard~~	~~Thomas~~		~~0772~~

Residential Street Address	City	State	Zip Code
~~42 Briaroot Dr~~	~~Smithtown~~	~~NY~~	~~11787~~

Principal Occupation	Name of Employer
~~NY State Assembly Legislative Aide~~	~~NY~~

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: ~~$5.00~~

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: ~~11/20/2025~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Gardner	Daron		0773

Residential Street Address	City	State	Zip Code
1 Campbell Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Admin	Yale

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: $50.00

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: 11/20/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ehrhard	**Thomas**		**0772**

Residential Street Address	City	State	Zip Code
42 Briaroot Dr	**Smithtown**	**NY**	**11787**

Principal Occupation	Name of Employer
Legislative Aide	**New York State Assembly**

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: **$5.00**

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: **11/20/2025**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Grzadko	**Krzysztof**		**0767**

Residential Street Address	City	State	Zip Code
11 Sunnyside Ave .	**Hamden**	**CT**	**06518**

Principal Occupation	Name of Employer
IT Tech	**Amazon**

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: **$25.00**

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: **11/21/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
~~Grzadko~~	~~Krzysztof~~		~~0767~~

Residential Street Address	City	State	Zip Code
~~11 Sunnyside Ave .~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~IT Tech~~	~~CT~~

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: ~~$25.00~~

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: ~~11/21/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Rose	Caitlin		0768

Residential Street Address	City	State	Zip Code
2390 State St	Hamden	CT	06517

Principal Occupation	Name of Employer
CEO	Friendship Service Center

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: $50.00

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: 11/21/2025

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Schwartz	Jeremy		0769

Residential Street Address	City	State	Zip Code
71 Chestnut St	Willimantic	CT	06226

Principal Occupation	Name of Employer
rabbi	Temple Bnai Israel

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: $25.00

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: 11/21/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Dlugolenski	Thomas		0770

Residential Street Address	City	State	Zip Code
64 Silver Brook Ln	North Granby	CT	06060

Principal Occupation	Name of Employer
Intern	Springfield Thunderbirds

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: $5.00

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: 11/21/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Reis	Graziela		0771

Residential Street Address	City	State	Zip Code
1385 Paradise Ave	Hamden	CT	06514

Principal Occupation	Name of Employer
Yale employee	Yale employee

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: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 10242025C

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 11/21/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Egan	Thomas		0766

Residential Street Address	City	State	Zip Code
20 Platt St	Ansonia	CT	06401

Principal Occupation	Name of Employer
Attorney	Egan Law LLC

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: $75.00

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: 11/22/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Broderick	Thomas		0765

Residential Street Address	City	State	Zip Code
20 Woolsley Ave	Trumbull	CT	06611

Principal Occupation	Name of Employer
Social Studies Teacher	Ridgefield Public Schools

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: $100.00

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: 11/23/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Osborne	Devin		0759

Residential Street Address	City	State	Zip Code
57 S Water St	New Haven	CT	06519

Principal Occupation	Name of Employer
Researcher	YSPH

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: $320.00

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: 11/24/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Evermore	Michele		0760

Residential Street Address	City	State	Zip Code
195 Fairlane Dr	Wethersfield	CT	06109

Principal Occupation	Name of Employer
Senior Fellow	National Academy of Social Insurance

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: $150.00

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: 11/24/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Breverman	Craig		0761

Residential Street Address	City	State	Zip Code
13 Phillip Ln	Ledyard	CT	06339

Principal Occupation	Name of Employer
IT	Yale New Haven Health

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: $100.00

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: 11/24/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Krantz	Thomas		0762

Residential Street Address	City	State	Zip Code
143 Hoyt St	Stamford	CT	06905

Principal Occupation	Name of Employer
Board of directors of an association in Belgium	Board of directors of an association in Belgium

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: $10.00

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: 11/24/2025

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
~~Loewenthal~~	~~Ted~~		~~0763~~

Residential Street Address	City	State	Zip Code
~~137 Steele Rd~~	~~West Hartford~~	~~CT~~	~~06119~~

Principal Occupation	Name of Employer
~~Retired~~	~~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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$50.00~~

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: ~~11/24/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Padowicz	Nadine		0764

Residential Street Address	City	State	Zip Code
34 Anderson Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Psychotherapist	Nadine Padowicz,LCSW

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: $5.00

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: 11/24/2025

Aggregate Contributions: $65.00

Last Name	First	MI	Contribution ID #
Loewenthal	**Ted**		**0763**

Residential Street Address	City	State	Zip Code
137 Steele Rd	**West Hartford**	**CT**	**06119**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$50.00**

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: **11/24/2025**

Aggregate Contributions: **$50.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Humiston	Karen		0753

Residential Street Address	City	State	Zip Code
73 Independence Dr	Mansfield Center	CT	06250

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 11/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lamarre	Rebecca		0754

Residential Street Address	City	State	Zip Code
101 Dutton Rd	Pelham	NH	03076

Principal Occupation	Name of Employer
Attorney	Devine Millimet & Branch, P.A.

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: $25.00

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: 11/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bartolomei	Jay		0755

Residential Street Address	City	State	Zip Code
11 High St .	West Hartford	CT	06119

Principal Occupation	Name of Employer
Labor Relations Representative	UPSEU

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: $25.00

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: 11/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Waldron	Mary		0756

Residential Street Address	City	State	Zip Code
30 Bokum Rd # 103	Essex	CT	

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 11/28/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~MCCLEARY~~	~~Rita~~		~~0757~~

Residential Street Address	City	State	Zip Code
~~926 Ridge Rd~~	~~Hamden~~	~~CT~~	

Principal Occupation	Name of Employer
~~clinical psychologist~~	~~self~~

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: ~~$25.00~~

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
~~11/28/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
Huizenga	Curt		0758

Residential Street Address	City	State	Zip Code
36 Surrey Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired	CT

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: $25.00

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
11/28/2025	$40.00

Last Name	First	MI	Contribution ID #
MCCLEARY	**Rita**		**0757**

Residential Street Address	City	State	Zip Code
926 Ridge Rd	**Hamden**	**CT**	

Principal Occupation	Name of Employer
Psychotherapist	**Rita W McCleary, PsyD**

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: **$25.00**

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
11/28/2025	**$25.00**

Last Name	First	MI	Contribution ID #
PADOWICZ	NADINE		0751

Residential Street Address	City	State	Zip Code
34 Anderson Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Social Worker	Nadine Padowicz, LCSW

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: $25.00

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
11/29/2025	$90.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bell Jr	Donald		0752

Residential Street Address	City	State	Zip Code
105 Ridgewood Rd	East Hartford	CT	06118

Principal Occupation	Name of Employer
Policy Counsel	Project On Government Oversight

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: $25.00

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
11/29/2025	$25.00

Last Name	First	MI	Contribution ID #
~~Christmas~~	~~Carol~~		~~0748~~

Residential Street Address	City	State	Zip Code
~~72 Woodbine St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~retired~~	~~CT~~

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: ~~$100.00~~

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
~~11/30/2025~~	~~$250.00~~

Last Name	First	MI	Contribution ID #
~~Macunas~~	~~Matt~~		~~0749~~

Residential Street Address	City	State	Zip Code
~~321 Ellis St~~	~~New Britain~~	~~CT~~	~~06051~~

Principal Occupation	Name of Employer
~~consultant~~	~~self~~

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: ~~$35.00~~

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
~~11/30/2025~~	~~$70.00~~

Last Name	First	MI	Contribution ID #
Fleuette	Lise		0750

Residential Street Address	City	State	Zip Code
88 Beers Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Pursuit Manager	Aon. Inc.

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: $25.00

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
11/30/2025	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Macunas	**Matt**		**0749**

Residential Street Address	City	State	Zip Code
321 Ellis St	**New Britain**	**CT**	**06051**

Principal Occupation	Name of Employer
Consultant	**Matt Macunas**

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: **$35.00**

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: **11/30/2025**

Aggregate Contributions: **$35.00**

Last Name	First	MI	Contribution ID #
Christmas	**Carol**		**0748**

Residential Street Address	City	State	Zip Code
72 Woodbine St	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
retired	**retired**

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: **$100.00**

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: **11/30/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Feldstein	Edward		0740

Residential Street Address	City	State	Zip Code
92 Magnolia Ave	Westbury	NY	11590

Principal Occupation	Name of Employer
Owner	Atlas Direct

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: $320.00

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: 12/01/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
~~Salsich~~	~~James~~		~~0741~~

Residential Street Address	City	State	Zip Code
~~43 Herrick Rd~~	~~Brooklyn~~	~~CT~~	~~06234~~

Principal Occupation	Name of Employer
~~Teacher~~	~~Eastford Public Schools~~

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: ~~$5.00~~

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: ~~12/01/2025~~

Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hardy	Travis		0742

Residential Street Address	City	State	Zip Code
7 Homer St	Norwalk	CT	06851

Principal Occupation	Name of Employer
Consultant	Classroom Champions

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: $25.00

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: 12/01/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
BYRNES	Pamela		0743

Residential Street Address	City	State	Zip Code
50 S Washington Ave	Niantic	CT	06357

Principal Occupation	Name of Employer
consultant - health care policy	NA

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: $50.00

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: 12/01/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Kirby	Deborah		0744

Residential Street Address	City	State	Zip Code
13 Albatross Dr	Ledyard	CT	06339

Principal Occupation	Name of Employer
Retired	Retired

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: $250.00

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: 12/01/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Jarvis	Pamela		0745

Residential Street Address	City	State	Zip Code
296 W Cornwall Rd	West Cornwall	CT	06796

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 12/01/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Papps	Sheila		0746

Residential Street Address	City	State	Zip Code
70 Blanchard Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Marketing Professional	Evernorth Health Services

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: $10.00

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: 12/01/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Kozak	David		0747

Residential Street Address	City	State	Zip Code
88 Whitney Ridge Ter	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 12/01/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Salsich	**James**		**0741**

Residential Street Address	City	State	Zip Code
43 Herrick Rd	**Brooklyn**	**CT**	**06234**

Principal Occupation	Name of Employer
Teacher	**Eastford Public Schools**

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: **$5.00**

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: **12/01/2025**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Neff	Nancy A.		0738

Residential Street Address	City	State	Zip Code
101 Old Town Rd	Ashford	CT	06278

Principal Occupation	Name of Employer
Retired	Retired

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: $320.00

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: 12/02/2025

Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Caron~~	~~Kim~~		~~0739~~

Residential Street Address	City	State	Zip Code
~~69 Massachusetts Dr~~	~~Bristol~~	~~CT~~	~~06010~~

Principal Occupation	Name of Employer
~~Executive Administrator~~	~~New Opportunities Inc~~

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	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~12/02/2025~~	~~$50.00~~
If yes, list Event #			

Amount of Contribution: ~~$25.00~~

Last Name	First	MI	Contribution ID #
Caron	**Kimberly**		**0739**

Residential Street Address	City	State	Zip Code
69 Massachusetts Dr	**Bristol**	**CT**	**06010**

Principal Occupation	Name of Employer
Executive Administrator	**New Opportunities Inc**

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	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	**12/02/2025**	**$25.00**
If yes, list Event #			

Amount of Contribution: **$25.00**

Last Name	First	MI	Contribution ID #
Morgan	Collin		0734

Residential Street Address	City	State	Zip Code
2 Foley Rd	Portland	CT	06480

Principal Occupation	Name of Employer
Software Engineer	Sonalysts, inc.

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	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	12/03/2025	$27.00
If yes, list Event #			

Amount of Contribution: $27.00

Last Name	First	MI	Contribution ID #
Currey	Jeff		0735

Residential Street Address	City	State	Zip Code
50 McKee St	East Hartford	CT	06108

Principal Occupation	Name of Employer
Chief of Staff	State of CT

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	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	12/03/2025	$150.00
If yes, list Event #			

Amount of Contribution: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Woods	Peter		0736

Residential Street Address	City	State	Zip Code
10 Fort Hill Rd	Groton	CT	06340

Principal Occupation	Name of Employer
FNP	VA Clinic

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: $27.00

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
12/03/2025	$27.00

Last Name	First	MI	Contribution ID #
~~Correa Brown~~	~~Linda~~		~~0737~~

Residential Street Address	City	State	Zip Code
~~11 Bank St~~	~~Manchester~~	~~CT~~	~~06040~~

Principal Occupation	Name of Employer
~~Activist~~	~~BLM860~~

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: ~~$5.00~~

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
~~12/03/2025~~	~~$10.00~~

Last Name	First	MI	Contribution ID #
Correa Brown	**Linda**		**0737**

Residential Street Address	City	State	Zip Code
11 Bank St	**Manchester**	**CT**	**06040**

Principal Occupation	Name of Employer
Office Assistant	**K& S Wholesale**

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: **$5.00**

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
12/03/2025	**$5.00**

Last Name	First	MI	Contribution ID #
Heilmann	Callie		0733

Residential Street Address	City	State	Zip Code
89 Grovers Ave	Bridgeport	CT	06605

Principal Occupation	Name of Employer
Co-Director	Bridgeport Generation Now

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: $150.00

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
12/04/2025	$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cooney	Suzanne		0730

Residential Street Address	City	State	Zip Code
35 Filbert St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	retired

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: $75.00

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: 12/05/2025

Aggregate Contributions: $375.00

Last Name	First	MI	Contribution ID #
Kehoe	Meaghan		0731

Residential Street Address	City	State	Zip Code
111 Park Ave	Colchester	CT	06415

Principal Occupation	Name of Employer
Teacher	Colchester Board of Ed

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: $150.00

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: 12/05/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Fitzmaurice	Daniel		0732

Residential Street Address	City	State	Zip Code
831 College Rd	Orange	CT	06477

Principal Occupation	Name of Employer
Director of Advocacy	United Way of CT

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: $75.00

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: 12/05/2025

Aggregate Contributions: $175.00

Last Name	First	MI	Contribution ID #
Fox	Paul		1329

Residential Street Address	City	State	Zip Code
11 Hanford Pl	Norwalk	CT	06854

Principal Occupation	Name of Employer
Engineer	ASML

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: $75.00

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: 12/06/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~DUNN~~	~~GREGORY~~		~~1330~~

Residential Street Address	City	State	Zip Code
~~25 Bonnie View Dr~~	~~Trumbull~~	~~CT~~	~~06611~~

Principal Occupation	Name of Employer
~~retired~~	~~n/A~~

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: ~~$25.00~~

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
~~12/06/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
Cahoon	Kaleb		1331

Residential Street Address	City	State	Zip Code
1033 Whalley Ave	New Haven	CT	06515

Principal Occupation	Name of Employer
Library Technical Assistant II	Wallingford Public Library

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: $25.00

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
12/06/2025	$25.00

Last Name	First	MI	Contribution ID #
Molito	Justin		1332

Residential Street Address	City	State	Zip Code
32 Mile Hill Rd S	Newtown	CT	06470

Principal Occupation	Name of Employer
Director of Organizing	WGAE

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: $75.00

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
12/06/2025	$75.00

Last Name	First	MI	Contribution ID #
DUNN	**GREGORY**		**1330**

Residential Street Address	City	State	Zip Code
25 Bonnie View Dr	**Trumbull**	**CT**	**06611**

Principal Occupation	Name of Employer
retired	**retired**

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: **$25.00**

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
12/06/2025	**$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Sellenberg~~	~~Elaine~~		~~1328~~

Residential Street Address	City	State	Zip Code
~~5 Brookwood Dr~~	~~Rocky Hill~~	~~CT~~	~~06067~~

Principal Occupation	Name of Employer
~~ADA Paratransit Coordinator~~	~~Employed~~

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: ~~$50.00~~

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
~~12/07/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Sellenberg	**Elaine**		**1328**

Residential Street Address	City	State	Zip Code
5 Brookwood Dr	**Rocky Hill**	**CT**	**06067**

Principal Occupation	Name of Employer
ADA Paratransit Coordinator	**Greater Hartford Transit District**

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: **$50.00**

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
12/07/2025	**$50.00**

Last Name	First	MI	Contribution ID #
~~Gallagher~~	~~Madeline~~		~~1325~~

Residential Street Address	City	State	Zip Code
~~247 Natchaug Dr~~	~~Meriden~~	~~CT~~	~~06450~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$25.00~~

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
~~12/08/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Espinosa~~	~~Mark~~		~~1326~~

Residential Street Address	City	State	Zip Code
~~41 Elmhurst Cir~~	~~West Hartford~~	~~CT~~	~~06110~~

Principal Occupation	Name of Employer
~~Executive officer, Labor Union~~	~~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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$50.00~~

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
~~12/08/2025~~	~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Michel	David		1327

Residential Street Address	City	State	Zip Code
4 Rockledge Dr	Stamford	CT	06902

Principal Occupation	Name of Employer
wholesale consultant	Eyes Of Steel

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: $75.00

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: 12/08/2025

Aggregate Contributions: $225.00

Last Name	First	MI	Contribution ID #
Espinosa	**Mark**		**1326**

Residential Street Address	City	State	Zip Code
41 Elmhurst Cir	**West Hartford**	**CT**	**06110**

Principal Occupation	Name of Employer
Labor Union President & Funds' Trustee	**United Food & Commercial Workers Union Local 919**

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: **$50.00**

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: **12/08/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Gallagher	**Madeline**		**1325**

Residential Street Address	City	State	Zip Code
247 Natchaug Dr	**Meriden**	**CT**	**06450**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$25.00**

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: **12/08/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Martin	**Lori**		**1297**

Residential Street Address	City	State	Zip Code
20 Howard St	**New Haven**	**CT**	**06513**

Principal Occupation	Name of Employer
Executive Director	**Haven's Harvest**

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: **$50.00**

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: **12/09/2025**

Aggregate Contributions: **$100.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Maser	**Amy**		**1324**

Residential Street Address	City	State	Zip Code
26 Seneca Rd	**Danbury**	**CT**	**06811**

Principal Occupation	Name of Employer
Executive Assistant	**Kohlberg & Co.**

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: **$10.00**

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
12/09/2025	**$10.00**

Last Name	First	MI	Contribution ID #
tuhus	**melinda**		**1306**

Residential Street Address	City	State	Zip Code
103 Carmat Rd	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
retired	**retired**

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: **$65.00**

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
12/09/2025	**$380.00**

Last Name	First	MI	Contribution ID #
Dorman	**Brett**		**1321**

Residential Street Address	City	State	Zip Code
54 Cedar Ridge Dr	**Glastonbury**	**CT**	**06033**

Principal Occupation	Name of Employer
CAD Draftsperson	**City of Meriden**

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: **$75.00**

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
12/09/2025	**$350.00**

Last Name	First	MI	Contribution ID #
DeLucia	**Pasquale**		**1322**

Residential Street Address	City	State	Zip Code
7 Shepard Hill Rd	**Hamden**	**CT**	**06514**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$75.00**

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
12/09/2025	**$450.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Abad	**Joey**		**1294**

Residential Street Address	City	State	Zip Code
187 Hampton Ave	**West Hartford**	**CT**	**06110**

Principal Occupation	Name of Employer
Career Coach	**Trinity College**

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: **$5.00**

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: **12/09/2025**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
Sweet	Andrew		1316

Residential Street Address	City	State	Zip Code
4 Prospect Ct	Hamden	CT	06517

Principal Occupation	Name of Employer
Teacher	The Foote School

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: $50.00

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: 12/09/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
McFadden	Laurie		1317

Residential Street Address	City	State	Zip Code
484 Long Hill Rd .	Middletown	CT	06457

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/09/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Moore	Leland		1318

Residential Street Address	City	State	Zip Code
189 Concord St	New Haven	CT	06512

Principal Occupation	Name of Employer
Attorney	State of Connecticut

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: $150.00

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: 12/09/2025

Aggregate Contributions: $300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gabriele	Amanda		1319

Residential Street Address	City	State	Zip Code
18 Renee Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
Director, Digital Analytics	Mayo Clinic

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: $150.00

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: 12/09/2025

Aggregate Contributions: $450.00

Last Name	First	MI	Contribution ID #
Godzeno	Robert		1320

Residential Street Address	City	State	Zip Code
29 Douglas Ave	Stamford	CT	06906

Principal Occupation	Name of Employer
Attorney	Karp & Langerman P.C.

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: $100.00

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: 12/09/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Dorman~~	~~Brett~~		~~1321~~

Residential Street Address	City	State	Zip Code
~~54 Cedar Ridge Dr~~	~~Glastonbury~~	~~CT~~	~~06033~~

Principal Occupation	Name of Employer
~~CAD Draftsperson~~	~~CT~~

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: ~~$75.00~~

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: ~~12/09/2025~~

Aggregate Contributions: ~~$425.00~~

Last Name	First	MI	Contribution ID #
~~DeLucia~~	~~Pat~~		~~1322~~

Residential Street Address	City	State	Zip Code
~~7 Shepard Hill Rd~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation	Name of Employer
~~Retired~~	~~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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$75.00~~

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: ~~12/09/2025~~

Aggregate Contributions: ~~$525.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~A Khan-Bureau~~	~~Diba~~		~~1323~~

Residential Street Address	City	State	Zip Code
~~40 Hill Top Trl~~	~~Salem~~	~~CT~~	~~06420~~

Principal Occupation	Name of Employer
~~Professor~~	~~CT State Community College~~

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: ~~$75.00~~

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
~~12/09/2025~~	~~$250.00~~

Last Name	First	MI	Contribution ID #
~~Maser~~	~~Amy~~		~~1324~~

Residential Street Address	City	State	Zip Code
~~26 Seneca Rd~~	~~Danbury~~	~~CT~~	~~06811~~

Principal Occupation	Name of Employer
~~Executive Assistant~~	~~CT~~

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: ~~$10.00~~

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
~~12/09/2025~~	~~$20.00~~

Last Name	First	MI	Contribution ID #
~~**Abad**~~	~~**Joey**~~		~~**1294**~~

Residential Street Address	City	State	Zip Code
~~**187 Hampton Ave**~~	~~**West Hartford**~~	~~**CT**~~	~~**06110**~~

Principal Occupation	Name of Employer
~~**Career Coach**~~	~~**Trinity College**~~

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: ~~**$5.00**~~

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
~~**12/09/2025**~~	~~**$10.00**~~

Last Name	First	MI	Contribution ID #
Rasmussen-Tuller	**Andrew**		**1310**

Residential Street Address	City	State	Zip Code
7 Douglas Cir	**West Hartford**	**CT**	**06110**

Principal Occupation	Name of Employer
Broker	**AR Tuller Realty**

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: **$150.00**

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
12/09/2025	**$150.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Roccapriore	**Brian**		**1288**

Residential Street Address	City	State	Zip Code
35 River Rd	**Clinton**	**CT**	**06413**

Principal Occupation	Name of Employer
Manager	**United Way of Connecticut**

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: **$20.00**

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: **12/09/2025**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
Monahan	**Michael**		**1301**

Residential Street Address	City	State	Zip Code
24 Greenwood Ave	**Darien**	**CT**	**06820-2401**

Principal Occupation	Name of Employer
Auditor	**Connecticut**

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: **$100.00**

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: **12/09/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Khan-Bureau	**Diba**	**A**	**1323**

Residential Street Address	City	State	Zip Code
40 Hill Top Trl	**Salem**	**CT**	**06420**

Principal Occupation	Name of Employer
Professor	**CT State Community College**

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: **$75.00**

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: **12/09/2025**

Aggregate Contributions: **$175.00**

Last Name	First	MI	Contribution ID #
~~**tuhus**~~	~~**melinda**~~		~~**1306**~~

Residential Street Address	City	State	Zip Code
~~**103 Carmat Rd**~~	~~**Hamden**~~	~~**CT**~~	~~**06517**~~

Principal Occupation	Name of Employer
~~**retired**~~	~~**NA**~~

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: ~~**$65.00**~~

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: ~~**12/09/2025**~~

Aggregate Contributions: ~~**$380.00**~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Huizenga	**Susan**	**A**	**1292**

Residential Street Address	City	State	Zip Code
36 Surrey Dr	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
retired	**retired**

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: **$50.00**

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: **12/09/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
~~**DeLucia**~~	~~**Pasquale**~~		~~**1322**~~

Residential Street Address	City	State	Zip Code
~~**7 Shepard Hill Rd**~~	~~**Hamden**~~	~~**CT**~~	~~**06514**~~

Principal Occupation	Name of Employer
~~**Retired**~~	~~**Retired**~~

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: ~~**$75.00**~~

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: ~~**12/09/2025**~~

Aggregate Contributions: ~~**$450.00**~~

Last Name	First	MI	Contribution ID #
~~**Dorman**~~	~~**Brett**~~		~~**1321**~~

Residential Street Address	City	State	Zip Code
~~**54 Cedar Ridge Dr**~~	~~**Glastonbury**~~	~~**CT**~~	~~**06033**~~

Principal Occupation	Name of Employer
~~**CAD Draftsperson**~~	~~**City of Meriden**~~

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: ~~**$75.00**~~

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: ~~**12/09/2025**~~

Aggregate Contributions: ~~**$250.00**~~

Last Name	First	MI	Contribution ID #
~~Roccapriore~~	~~Brian M~~		~~1288~~

Residential Street Address	City	State	Zip Code
~~35 River Rd~~	~~Clinton~~	~~CT~~	~~06413~~

Principal Occupation	Name of Employer
~~Manager~~	~~United Way of Connecticut~~

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: ~~$20.00~~

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: ~~12/09/2025~~

Aggregate Contributions: ~~$40.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Levesque	Larry		1289

Residential Street Address	City	State	Zip Code
33 Park Place Cir	West Hartford	CT	06110

Principal Occupation	Name of Employer
Retired	Retired

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	Amount of Contribution
12/09/2025	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Rosenblum	Michael		1290

Residential Street Address	City	State	Zip Code
4275 Whitney Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

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	Amount of Contribution
12/09/2025	$75.00	$75.00

Last Name	First	MI	Contribution ID #
Albis	James		1291

Residential Street Address	City	State	Zip Code
324 Old Mill Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Partner	Graff Public Solutions

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	Amount of Contribution
12/09/2025	$50.00	$50.00

Last Name	First	MI	Contribution ID #
~~Huizenga~~	~~Susan~~		~~1292~~

Residential Street Address	City	State	Zip Code
~~36 Surrey Dr~~	~~Wallingford~~	~~CT~~	~~06492~~

Principal Occupation	Name of Employer
~~retired~~	~~retired~~

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	Amount of Contribution
~~12/09/2025~~	~~$100.00~~	~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Chafee	Brandon		1293

Residential Street Address	City	State	Zip Code
73 Ten Acre Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Engineer	Eversource

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

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	Amount of Contribution
12/09/2025	$100.00	$50.00

Last Name	First	MI	Contribution ID #
~~Abad~~	~~Joey~~		~~1294~~

Residential Street Address	City	State	Zip Code
~~187 Hampton Ave~~	~~West Hartford~~	~~CT~~	~~06110~~

Principal Occupation	Name of Employer
~~Staff~~	~~College~~

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

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	Amount of Contribution
~~12/09/2025~~	~~$15.00~~	~~$5.00~~

Last Name	First	MI	Contribution ID #
Marra	Jennifer		1295

Residential Street Address	City	State	Zip Code
75 Redwood Dr	East Haven	CT	06513

Principal Occupation	Name of Employer
Project manager	Merck

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

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	Amount of Contribution
12/09/2025	$50.00	$25.00

Last Name	First	MI	Contribution ID #
Wormser	Andrew		1296

Residential Street Address	City	State	Zip Code
85 Bedford Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
MD	CMG

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

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	Amount of Contribution
12/09/2025	$325.00	$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Martin~~	~~Lori~~		~~1297~~

Residential Street Address	City	State	Zip Code
~~24 Sherland Ave~~	~~New Haven~~	~~CT~~	~~06513~~

Principal Occupation	Name of Employer
~~Executive Director~~	~~Haven,Äôs Harvest~~

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: ~~$50.00~~

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: ~~12/09/2025~~

Aggregate Contributions: ~~$150.00~~

Last Name	First	MI	Contribution ID #
Meyer	Kristen		1298

Residential Street Address	City	State	Zip Code
9 School Hill Ln	Westbrook	CT	06498

Principal Occupation	Name of Employer
Research Administrator	Yale University

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: $50.00

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: 12/09/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
McManus	Joan		1299

Residential Street Address	City	State	Zip Code
5 Broadview Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 12/09/2025

Aggregate Contributions: $240.00

Last Name	First	MI	Contribution ID #
Yordon	Nathaniel		1300

Residential Street Address	City	State	Zip Code
67 North St	Easton	CT	06612

Principal Occupation	Name of Employer
CPA	Capossela, Cohen, LLC

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: $150.00

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: 12/09/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Monahan~~	~~Michael~~		~~1301~~

Residential Street Address	City	State	Zip Code
~~24 Greenwood Ave~~	~~Darien~~	~~CT~~	~~06820-2401~~

Principal Occupation	Name of Employer
~~Auditor~~	~~Connecticut~~

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: ~~$100.00~~

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: ~~12/09/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Coville	Lynn		1302

Residential Street Address	City	State	Zip Code
164 Hammock Rd N Unit 14	Westbrook	CT	06498

Principal Occupation	Name of Employer
Retired	Retired

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: $320.00

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: 12/09/2025

Aggregate Contributions: $470.00

Last Name	First	MI	Contribution ID #
Smith	George		1303

Residential Street Address	City	State	Zip Code
8 Maplevale Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Management	A&G Cleaning Agents

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: $50.00

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: 12/09/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Buhler	William		1304

Residential Street Address	City	State	Zip Code
8 Winchester Way	Cromwell	CT	06416

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/09/2025

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Loewenthal	Ted		1305

Residential Street Address	City	State	Zip Code
137 Steele Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 12/09/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
~~tuhus~~	~~melinda~~		~~1306~~

Residential Street Address	City	State	Zip Code
~~103 Carmat Rd~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~retired~~	~~NA~~

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: ~~$65.00~~

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: ~~12/09/2025~~

Aggregate Contributions: ~~$445.00~~

Last Name	First	MI	Contribution ID #
Vogel	Michael		1307

Residential Street Address	City	State	Zip Code
580 Cherry Brook Rd	Canton	CT	06019

Principal Occupation	Name of Employer
Attorney	Allegaert Berger & Vogel LLP

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: $100.00

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: 12/09/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Yaccarino	David		1308

Residential Street Address	City	State	Zip Code
56 Robert Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Staff Scientist	Thermo Fisher Scientific

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: $100.00

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: 12/09/2025

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Robichaud	Renee		1309

Residential Street Address	City	State	Zip Code
71 Temple St	Waterbury	CT	06706

Principal Occupation	Name of Employer
Administrator	Webster Bank

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: $220.00

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
12/09/2025	$320.00

Last Name	First	MI	Contribution ID #
~~Rasmussen Tuller~~	~~Andrew~~		~~1310~~

Residential Street Address	City	State	Zip Code
~~7 Douglas Cir~~	~~West Hartford~~	~~CT~~	~~06110~~

Principal Occupation	Name of Employer
~~Broker~~	~~AR Tuller Realty~~

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: ~~$150.00~~

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
~~12/09/2025~~	~~$300.00~~

Last Name	First	MI	Contribution ID #
Chevalier	Ben		1311

Residential Street Address	City	State	Zip Code
55 Hurlbut Rd	Tolland	CT	06084

Principal Occupation	Name of Employer
Take-out Server	Rein's Deli

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: $50.00

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
12/09/2025	$100.00

Last Name	First	MI	Contribution ID #
Phillips	Jeanie		1312

Residential Street Address	City	State	Zip Code
50 Appletree Dr	East Hartford	CT	06118

Principal Occupation	Name of Employer
Legislative Aide	State of CT

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: $100.00

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
12/09/2025	$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gadkar-Wilcox	Wynn		1313

Residential Street Address	City	State	Zip Code
36 Overlook Pl	Trumbull	CT	06611

Principal Occupation	Name of Employer
Professor	Western Connecticut State University

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: $150.00

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: 12/09/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Cumberbatch	Evelyn		1314

Residential Street Address	City	State	Zip Code
147 Thornton St	Hamden	CT	06517

Principal Occupation	Name of Employer
Psychiatrist	Retired

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: $100.00

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: 12/09/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Sexton	Alice		1315

Residential Street Address	City	State	Zip Code
45 Hardin Ln	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Lawyer	State of Connecticut

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: $75.00

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: 12/09/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Blatteau	Leslie		1252

Residential Street Address	City	State	Zip Code
410 Greenwich Ave	New Haven	CT	06519

Principal Occupation	Name of Employer
Teacher	NHPS

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: $75.00

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: 12/10/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Ryan~~	~~Patricia~~		~~1253~~

Residential Street Address	City	State	Zip Code
~~26 Melbourne Rd~~	~~Norwalk~~	~~CT~~	~~06851~~

Principal Occupation	Name of Employer
~~Counselor~~	~~Tricia Ryan Counseling PLLC~~

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: ~~$25.00~~

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
~~12/10/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
Zartman	Justin		1254

Residential Street Address	City	State	Zip Code
158 Hillcrest Ter	Meriden	CT	06450

Principal Occupation	Name of Employer
Lawyer	CT Education Association

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: $25.00

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
12/10/2025	$25.00

Last Name	First	MI	Contribution ID #
~~Ku~~	~~Michelle~~		~~1255~~

Residential Street Address	City	State	Zip Code
~~28 Platts Hill Rd~~	~~Newtown~~	~~CT~~	~~06470~~

Principal Occupation	Name of Employer
~~Regulatory Submissions Scientist~~	~~Atrium~~

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: ~~$25.00~~

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
~~12/10/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Bannon~~	~~Peter & Judy~~		~~1256~~

Residential Street Address	City	State	Zip Code
~~28 Forest View Rd~~	~~Northford~~	~~CT~~	~~06472~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$25.00~~

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
~~12/10/2025~~	~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Downing~~	~~Jackie~~		~~1257~~

Residential Street Address	City	State	Zip Code
~~41 Hideaway Ln~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Nonprofit support~~	~~The Community Foundation for Greater New Haven~~

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: ~~$150.00~~

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: ~~12/10/2025~~

Aggregate Contributions: ~~$750.00~~

Last Name	First	MI	Contribution ID #
Hansen	Michael		1258

Residential Street Address	City	State	Zip Code
44 Grandview Ave	Old Lyme	CT	06371

Principal Occupation	Name of Employer
Communications supervisor	Amtrak

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: $25.00

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: 12/10/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Byrne	Emily		1259

Residential Street Address	City	State	Zip Code
275 Winchester Ave	New Haven	CT	06511

Principal Occupation	Name of Employer
Executive Director	Connecticut Voices for Children

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: $50.00

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: 12/10/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Atchley	Chris		1260

Residential Street Address	City	State	Zip Code
31 Colony St	Hamden	CT	06518

Principal Occupation	Name of Employer
Client Technologies Administrator II	Yale University

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: $50.00

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: 12/10/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Manning	Gina		1261

Residential Street Address	City	State	Zip Code
67 Carriage Dr E	Meriden	CT	06450

Principal Occupation	Name of Employer
Teacher	South Windsor board of education

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: $27.00

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: 12/10/2025

Aggregate Contributions: $54.00

Last Name	First	MI	Contribution ID #
Silver-Bonito	Timothy		1262

Residential Street Address	City	State	Zip Code
9 Rae Ln	Norwalk	CT	06850

Principal Occupation	Name of Employer
Executive Recruiter	TSB Executive Search LLC

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: $25.00

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: 12/10/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Tomassi	Alexa		1263

Residential Street Address	City	State	Zip Code
40 S Meadow Ln	Meriden	CT	06450

Principal Occupation	Name of Employer
Communications Officer	Yale University

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: $10.00

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: 12/10/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Perloe	Jonathan		1264

Residential Street Address	City	State	Zip Code
34 Bridge St	Great Barrington	MA	01230

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 12/10/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Powell	Christopher		1265

Residential Street Address	City	State	Zip Code
5 Chestnut St	Trumbull	CT	06611

Principal Occupation	Name of Employer
Student	Student

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: $25.00

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: 12/10/2025

Aggregate Contributions: $45.00

Last Name	First	MI	Contribution ID #
Cash	William		1266

Residential Street Address	City	State	Zip Code
586 Opening Hill Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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: $20.00

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: 12/10/2025

Aggregate Contributions: $55.00

Last Name	First	MI	Contribution ID #
York	Jason		1267

Residential Street Address	City	State	Zip Code
150 Dowd St	Newington	CT	06111

Principal Occupation	Name of Employer
Digital Communications Manager	State of Connecticut

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: $25.00

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: 12/10/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Siegel-Miles	Alyssa		1268

Residential Street Address	City	State	Zip Code
712 Colonel Ledyard Hwy	Ledyard	CT	06339

Principal Occupation	Name of Employer
Research Technician	University of Connecticut

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: $25.00

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: 12/10/2025

Aggregate Contributions: $65.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McDonough	Donna		1269

Residential Street Address	City	State	Zip Code
154 Haverford St .	Hamden	CT	06517

Principal Occupation	Name of Employer
RN triage	Yalu U

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: $25.00

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: 12/10/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Robbins	Andrew		1270

Residential Street Address	City	State	Zip Code
2355 Lancashire Dr	Ann Arbor	MI	48105

Principal Occupation	Name of Employer
Researcher	University of Michigan

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: $25.00

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: 12/10/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
DeChello	John		1271

Residential Street Address	City	State	Zip Code
65 Jackson Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Executive	Slocum & Sons

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: $25.00

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: 12/10/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Bertolini	Peter		1272

Residential Street Address	City	State	Zip Code
33 Parker Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
LCSW-recently applied for retirement	State of CT-DMHAS

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: $27.00

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: 12/10/2025

Aggregate Contributions: $54.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Caffrey~~	~~Karen~~		~~1273~~

Residential Street Address	City	State	Zip Code
~~30 Jenny Cliff Rd~~	~~Manchester~~	~~CT~~	~~06040~~

Principal Occupation	Name of Employer
~~Self-employed psychotherapist~~	~~Connecticut~~

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: ~~$50.00~~

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: ~~12/10/2025~~

Aggregate Contributions: ~~$230.00~~

Last Name	First	MI	Contribution ID #
Oatis	Victoria		1274

Residential Street Address	City	State	Zip Code
12 Fairfield Ter	Norwalk	CT	06851

Principal Occupation	Name of Employer
Librarian	CT

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: $25.00

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: 12/10/2025

Aggregate Contributions: $65.00

Last Name	First	MI	Contribution ID #
Chisolm	Kevin		1275

Residential Street Address	City	State	Zip Code
351 Marin Blvd	Jersey City	NJ	07302

Principal Occupation	Name of Employer
Lawyer	Paul weiss

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: $25.00

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: 12/10/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Smith	Debra		1276

Residential Street Address	City	State	Zip Code
1139 New Haven Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Head teacher	YMCA

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: $25.00

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: 12/10/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Freeman	Seth		1277

Residential Street Address	City	State	Zip Code
42 Fuller Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
Professor	State of CT

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: $50.00

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: 12/10/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Erard	Amanda		1278

Residential Street Address	City	State	Zip Code
27 Greenway St	Hamden	CT	06517

Principal Occupation	Name of Employer
Research Scientist	Yale University

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: $50.00

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: 12/10/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Papacoda~~	~~Karolyn~~		~~1279~~

Residential Street Address	City	State	Zip Code
~~29 Veranda Ave~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Attorney~~	~~Self- Attorney~~

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: ~~$50.00~~

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: ~~12/10/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Repasz	Craig		1280

Residential Street Address	City	State	Zip Code
18 Nutmeg Hill Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 12/10/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dyer	Matt		1281

Residential Street Address	City	State	Zip Code
405 Hunter Dr	Litchfield	CT	06759

Principal Occupation	Name of Employer
Attorney	Furey Donovan Cooney & Dyer

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: $150.00

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: 12/10/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Seavy	Charmaine		1282

Residential Street Address	City	State	Zip Code
18 Quarry Rd	Simsbury	CT	06070

Principal Occupation	Name of Employer
ADVERTISING	CV MEDIA, INC.

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: $75.00

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: 12/10/2025

Aggregate Contributions: $175.00

Last Name	First	MI	Contribution ID #
Wilkie	Ava		1283

Residential Street Address	City	State	Zip Code
420 Old Spring Rd	Stratford	CT	06614

Principal Occupation	Name of Employer
Marketing Analytics Professional	Philips Personal Health

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: $25.00

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: 12/10/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Craig~~	~~Duncan J~~		~~1284~~

Residential Street Address	City	State	Zip Code
~~172 North St~~	~~Wallingford~~	~~CT~~	~~06492~~

Principal Occupation	Name of Employer
~~Unemployed~~	~~N/a~~

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: ~~$75.00~~

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: ~~12/10/2025~~

Aggregate Contributions: ~~$150.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mower	Gabriel		1285

Residential Street Address	City	State	Zip Code
16 Route 164	Preston	CT	06365

Principal Occupation	Name of Employer
Associate Biomanufacturer	Amgen

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: $150.00

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: 12/10/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Williams	Rebecca		1286

Residential Street Address	City	State	Zip Code
133 Robin Hl	Meriden	CT	06450

Principal Occupation	Name of Employer
administration	united way

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: $25.00

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: 12/10/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Giddings	Joanna		1287

Residential Street Address	City	State	Zip Code
503 Oak Ridge Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Disabled

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: $25.00

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: 12/10/2025

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
~~Downing~~	~~Jacqueline~~		~~1257~~

Residential Street Address	City	State	Zip Code
~~41 Hideaway Ln~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Nonprofit Adminstrator~~	~~The Community Foundation for Greater New Haven~~

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: ~~$150.00~~

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: ~~12/10/2025~~

Aggregate Contributions: ~~$600.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ku	**Michelle**		**1255**

Residential Street Address	City	State	Zip Code
28 Platts Hill Rd	**Newtown**	**CT**	**06470**

Principal Occupation	Name of Employer
Regulatory Submissions Scientist	**Atrium**

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: **$25.00**

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: **12/10/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Bannon	**Judy**	**M**	**1256**

Residential Street Address	City	State	Zip Code
28 Forest View Rd	**Northford**	**CT**	**06472**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$25.00**

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: **12/10/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Craig	**Duncan**	**J**	**1284**

Residential Street Address	City	State	Zip Code
172 North St	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
Sales Professional	**Municipal mentor group**

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: **$75.00**

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: **12/10/2025**

Aggregate Contributions: **$75.00**

Last Name	First	MI	Contribution ID #
Papacoda	**Karolyn**		**1279**

Residential Street Address	City	State	Zip Code
29 Veranda Ave	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Attorney	**Karolyn Ryan Papacoda, Attorney at Law LLC**

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: **$50.00**

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: **12/10/2025**

Aggregate Contributions: **$50.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ryan	**Patricia**	**L**	**1253**

Residential Street Address	City	State	Zip Code
26 Melbourne Rd	**Norwalk**	**CT**	**06851**

Principal Occupation	Name of Employer
Counselor	**Tricia Ryan Counseling PLLC**

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: **$25.00**

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: **12/10/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
~~**Caffrey**~~	~~**Karen**~~		~~**1273**~~

Residential Street Address	City	State	Zip Code
~~**30 Jenny Cliff Rd**~~	~~**Manchester**~~	~~**CT**~~	~~**06040**~~

Principal Occupation	Name of Employer
~~**Psychotherapist**~~	~~**Karen Caffrey LPC**~~

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: ~~**$50.00**~~

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: ~~**12/10/2025**~~

Aggregate Contributions: ~~**$180.00**~~

Last Name	First	MI	Contribution ID #
Downing	**Jacqueline**		**1257**

Residential Street Address	City	State	Zip Code
41 Hideaway Ln	**Hamden**	**CT**	**06518**

Principal Occupation	Name of Employer
Nonprofit Adminstrator	**The Community Foundation for Greater New Haven**

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: **$150.00**

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: **12/10/2025**

Aggregate Contributions: **$600.00**

Last Name	First	MI	Contribution ID #
Caffrey	**Karen**		**1273**

Residential Street Address	City	State	Zip Code
30 Jenny Cliff Rd	**Manchester**	**CT**	**06040**

Principal Occupation	Name of Employer
Psychotherapist	**Karen Caffrey LPC**

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: **$50.00**

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: **12/10/2025**

Aggregate Contributions: **$180.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cardillo	**Chad**		**1249**

Residential Street Address	City	State	Zip Code
158 Hillcrest Ter	**Meriden**	**CT**	**06450**

Principal Occupation	Name of Employer
Teacher	**Meriden Board of Education**

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: **$25.00**

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: **12/11/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Leavitt-Smith	**Erin**		**1247**

Residential Street Address	City	State	Zip Code
7 Wintergreen Ln	**West Simsbury**	**CT**	**06092**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$50.00**

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: **12/11/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
~~**Cardillo**~~	~~**Chad**~~		~~**1249**~~

Residential Street Address	City	State	Zip Code
~~**158 Hillcrest Ter**~~	~~**Meriden**~~	~~**CT**~~	~~**06450**~~

Principal Occupation	Name of Employer
~~**Teacher**~~	~~**Meriden Board of Education**~~

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: ~~**$25.00**~~

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: ~~**12/11/2025**~~

Aggregate Contributions: ~~**$50.00**~~

Last Name	First	MI	Contribution ID #
Ferguson	Godfrey		1245

Residential Street Address	City	State	Zip Code
172 W Shepard Ave	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	None

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: $150.00

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: 12/11/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Flood	Brian		1246

Residential Street Address	City	State	Zip Code
41 Ridgeview Rd	Portland	CT	06480

Principal Occupation	Name of Employer
Trial Lawyer	The Flood Law Firm, LLC

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: $320.00

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: 12/11/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
~~Leavitt-Smith~~	~~Erin~~		~~1247~~

Residential Street Address	City	State	Zip Code
~~7 Wintergreen Ln~~	~~West Simsbury~~	~~CT~~	~~06092~~

Principal Occupation	Name of Employer
~~Director~~	~~NA~~

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: ~~$50.00~~

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: ~~12/11/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Cotton	Dominic		1248

Residential Street Address	City	State	Zip Code
60 Corona Dr	Milford	CT	06460

Principal Occupation	Name of Employer
Brain Injury Rehab	Life Skills Unlimited

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: $75.00

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: 12/11/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Cardillo~~	~~Chad~~		~~1249~~

Residential Street Address	City	State	Zip Code
~~158 Hillcrest Ter~~	~~Meriden~~	~~CT~~	~~06450~~

Principal Occupation	Name of Employer
~~Teacher~~	~~Meriden Board of Education~~

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: ~~$25.00~~

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: ~~12/11/2025~~

Aggregate Contributions: ~~$75.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bajorek	Laurie		1250

Residential Street Address	City	State	Zip Code
60 Patricia Dr	Vernon	CT	06066

Principal Occupation	Name of Employer
Office Administrator	CT Federation of School Administrators

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: $50.00

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: 12/11/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Harris	Alex		1251

Residential Street Address	City	State	Zip Code
37 Christopher Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
corporate executive	Archtop Fiber LLC

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: $50.00

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: 12/11/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Carrington	Michael		1240

Residential Street Address	City	State	Zip Code
76 Reservoir Rd	Southbury	CT	06488

Principal Occupation	Name of Employer
Attorney	Giuliano Richardson & Sfara

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: $150.00

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: 12/12/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Coffey	David		1241

Residential Street Address	City	State	Zip Code
25 Springside Ave	New Haven	CT	06515

Principal Occupation	Name of Employer
Instructor	Guitar Center

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: $27.00

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: 12/12/2025

Aggregate Contributions: $27.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Klay	Amanda		1242

Residential Street Address	City	State	Zip Code
133 Cottage St	New Haven	CT	06511

Principal Occupation	Name of Employer
Director of Strategic Partnerships	DataHaven

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: $25.00

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: 12/12/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Neitlich	Susan		1243

Residential Street Address	City	State	Zip Code
30 Spring Glen Ter	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 12/12/2025

Aggregate Contributions: $325.00

Last Name	First	MI	Contribution ID #
~~D'Antonio~~	~~Chris~~		~~1244~~

Residential Street Address	City	State	Zip Code
~~18 Montano Rd~~	~~Enfield~~	~~CT~~	~~06082~~

Principal Occupation	Name of Employer
~~Software engineer~~	~~The Hartford~~

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: ~~$25.00~~

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: ~~12/12/2025~~

Aggregate Contributions: ~~$125.00~~

Last Name	First	MI	Contribution ID #
~~D'Antonio~~	**~~Christian~~**		**~~1244~~**

Residential Street Address	City	State	Zip Code
~~18 Montano Rd~~	**~~Enfield~~**	**~~CT~~**	**~~06082~~**

Principal Occupation	Name of Employer
~~Software engineer~~	**~~The Hartford~~**

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: **~~$25.00~~**

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: **~~12/12/2025~~**

Aggregate Contributions: **~~$75.00~~**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
D'Antonio	**Christian**		**1244**

Residential Street Address	City	State	Zip Code
18 Montano Rd	**Enfield**	**CT**	**06082**

Principal Occupation	Name of Employer
Software engineer	**The Hartford**

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: **$25.00**

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: **12/12/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Magaldi-Lewis	**Catherine**		**1239**

Residential Street Address	City	State	Zip Code
32	**Andover**	**CT**	**06233**

Principal Occupation	Name of Employer
retired	**retired**

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: **$50.00**

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: **12/13/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Fritsch	Walter		1236

Residential Street Address	City	State	Zip Code
96 Victor St	East Haven	CT	06512

Principal Occupation	Name of Employer
retired	retired

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: $50.00

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: 12/13/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Kawa	Alex		1237

Residential Street Address	City	State	Zip Code
105 Winding Ln	Avon	CT	06001

Principal Occupation	Name of Employer
Customer Experience Associate II	TEEMA

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: $15.00

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: 12/13/2025

Aggregate Contributions: $45.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cromey	Leigh		1238

Residential Street Address	City	State	Zip Code
53 Woodbine St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/13/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Magaldi Lewis~~	~~Catherine~~		~~1239~~

Residential Street Address	City	State	Zip Code
~~32~~	~~Andover~~	~~CT~~	~~06233~~

Principal Occupation	Name of Employer
~~retired~~	~~retired~~

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: ~~$50.00~~

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: ~~12/13/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Krantz	**Thomas**		**1229**

Residential Street Address	City	State	Zip Code
143 Hoyt St	**Stamford**	**CT**	**06905**

Principal Occupation	Name of Employer
Board Member	**World Alliance of International Financial Centers**

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: **$200.00**

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: **12/14/2025**

Aggregate Contributions: **$235.00**

Last Name	First	MI	Contribution ID #
~~**Christmas**~~	~~**Carol**~~		~~**1223**~~

Residential Street Address	City	State	Zip Code
~~**72 Woodbine St**~~	~~**Hamden**~~	~~**CT**~~	~~**06517**~~

Principal Occupation	Name of Employer
~~**retired**~~	~~**retired**~~

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: ~~**$95.00**~~

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: ~~**12/14/2025**~~

Aggregate Contributions: ~~**$340.00**~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hinds	**Katherine**		**1233**

Residential Street Address	City	State	Zip Code
55 Fernwood Rd	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$150.00**

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: **12/14/2025**

Aggregate Contributions: **$300.00**

Last Name	First	MI	Contribution ID #
Christmas	**Carol**		**1223**

Residential Street Address	City	State	Zip Code
72 Woodbine St	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
retired	**retired**

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: **$95.00**

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: **12/14/2025**

Aggregate Contributions: **$440.00**

Last Name	First	MI	Contribution ID #
~~Christmas~~	~~Carol~~		~~1223~~

Residential Street Address	City	State	Zip Code
~~72 Woodbine St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~retired~~	~~CT~~

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: ~~$95.00~~

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: ~~12/14/2025~~

Aggregate Contributions: ~~$535.00~~

Last Name	First	MI	Contribution ID #
Bivens	Gregory		1224

Residential Street Address	City	State	Zip Code
1060 W Woods Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Counselor	Judicial Branch

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: $5.00

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: 12/14/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zukauskas	Crystal		1225

Residential Street Address	City	State	Zip Code
110 Wakefield St	Hamden	CT	06517

Principal Occupation: Sales

Name of Employer: Verisk analytics

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: $70.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 10242025C

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 12/14/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Zukauskas	Kyle		1226

Residential Street Address	City	State	Zip Code
110 Wakefield St	Hamden	CT	06517

Principal Occupation: Engineer

Name of Employer: State of CT

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: $25.00

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: 12/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Panayotakis	Alexa		1227

Residential Street Address	City	State	Zip Code
419 Denslow Hill Rd	Hamden	CT	06514

Principal Occupation: Deputy Chief of Staff

Name of Employer: Town of Hamden

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: $20.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 10242025C

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 12/14/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Amritt	Alex		1228

Residential Street Address	City	State	Zip Code
455 Ocean Ave	West Haven	CT	06516

Principal Occupation: Director

Name of Employer: Unitas

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: $100.00

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: 12/14/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Krantz~~	~~Thomas~~		~~1229~~

Residential Street Address	City	State	Zip Code
~~143 Hoyt St~~	~~Stamford~~	~~CT~~	~~06905~~

Principal Occupation	Name of Employer
~~self-employed, director of a non-profit associatio~~	~~self-employed, director of a non-profit associatio~~

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: ~~$200.00~~

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: ~~12/14/2025~~

Aggregate Contributions: ~~$460.00~~

Last Name	First	MI	Contribution ID #
Mower	Ephraim		1230

Residential Street Address	City	State	Zip Code
6 Marshall Dr	Fitchburg	MA	01420

Principal Occupation	Name of Employer
Software Engineer	ZSuite

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: $75.00

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: 12/14/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Easmon	Lynette		1231

Residential Street Address	City	State	Zip Code
8 Jackson Rd	Bloomfield	CT	06002

Principal Occupation	Name of Employer
Paralegal	Voya Financial

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: $25.00

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: 12/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Woodward	Travis		1232

Residential Street Address	City	State	Zip Code
1095 W Woods Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Engineer	Connecticut DOT

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: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 10242025C

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 12/14/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Hinds~~	~~Katherine~~		~~1233~~

Residential Street Address	City	State	Zip Code
~~55 Fernwood Rd~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Retired~~	~~N/A~~

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: ~~$150.00~~

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: ~~12/14/2025~~

Aggregate Contributions: ~~$450.00~~

Last Name	First	MI	Contribution ID #
Fleck	Paul		1234

Residential Street Address	City	State	Zip Code
112 Shepards Knoll Dr	Hamden	CT	06514

Principal Occupation	Name of Employer
Executive Director	Immigration Law & Justice New York

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: $25.00

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: 12/14/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Crowder	Christina		1235

Residential Street Address	City	State	Zip Code
65 Treadwell St	Hamden	CT	06517

Principal Occupation	Name of Employer
Residential house painter	C. Crowder Painting

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: $25.00

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: 12/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Little	Lynn		1210

Residential Street Address	City	State	Zip Code
6 Edsands Farm Ln	New Milford	CT	06776

Principal Occupation	Name of Employer
Transfer station operator	Three veterans llc

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: $20.00

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: 12/15/2025

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fox	Larry		1211

Residential Street Address	City	State	Zip Code
60 Mountain View Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 12/15/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Gale	Adrienne		1212

Residential Street Address	City	State	Zip Code
128 Oxford St	Hartford	CT	06105

Principal Occupation	Name of Employer
Homemaker	Connecticut

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: $10.00

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: 12/15/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Sullivan	Karen		1213

Residential Street Address	City	State	Zip Code
20 Senator Dr	Cromwell	CT	06416

Principal Occupation	Name of Employer
Retired engineer	Retired

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: $150.00

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: 12/15/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Morgan	Collin		1214

Residential Street Address	City	State	Zip Code
2 Foley Rd	Portland	CT	06480

Principal Occupation	Name of Employer
Software Engineer	Sonalysts, inc.

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: $50.00

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: 12/15/2025

Aggregate Contributions: $77.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Padowicz	Nadine		1215

Residential Street Address	City	State	Zip Code
34 Anderson Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Social Worker- Psychotherapist in private practice	Nadine Padowicz,LCSW

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: $27.00

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: 12/15/2025

Aggregate Contributions: $117.00

Last Name	First	MI	Contribution ID #
Winkler	Michael		1216

Residential Street Address	City	State	Zip Code
20 Gottier Dr	Vernon	CT	06066

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/15/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Waldron~~	~~Mary~~		~~1217~~

Residential Street Address	City	State	Zip Code
~~30 Bokum Rd # 103~~	~~Essex~~	~~CT~~	~~06426-1510~~

Principal Occupation	Name of Employer
~~Retired~~	~~Unemployment~~

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: ~~$15.00~~

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: ~~12/15/2025~~

Aggregate Contributions: ~~$30.00~~

Last Name	First	MI	Contribution ID #
~~Lim~~	~~Junhyun~~		~~1218~~

Residential Street Address	City	State	Zip Code
~~500 Bedford St~~	~~Stamford~~	~~CT~~	~~06901~~

Principal Occupation	Name of Employer
~~Software engineer~~	~~Valitana~~

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: ~~$320.00~~

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: ~~12/15/2025~~

Aggregate Contributions: ~~$640.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Burgio	Anne		1219

Residential Street Address	City	State	Zip Code
554 Toby Hill Rd	Westbrook	CT	06498

Principal Occupation	Name of Employer
North Regional Manager	Knights Bridge Winery

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: $50.00

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
12/15/2025	$150.00

Last Name	First	MI	Contribution ID #
Gale	Tracy		1220

Residential Street Address	City	State	Zip Code
6 Cone St	Hartford	CT	06105

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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
12/15/2025	$25.00

Last Name	First	MI	Contribution ID #
~~Levitt~~	~~Amanda~~		~~1221~~

Residential Street Address	City	State	Zip Code
~~30 Swarthmore St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Naturopathic Physician~~	~~CT~~

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: ~~$100.00~~

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
~~12/15/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
~~Cadiz~~	~~Cris~~		~~1222~~

Residential Street Address	City	State	Zip Code
~~87 North Rd~~	~~Pomfret Center~~	~~CT~~	~~06259~~

Principal Occupation	Name of Employer
~~self-employed, freelance writer~~	~~CT~~

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: ~~$20.00~~

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
~~12/15/2025~~	~~$60.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Waldron	**Mary**		**1217**

Residential Street Address	City	State	Zip Code
30 Bokum Rd # 103	**Essex**	**CT**	**06426-1510**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$15.00**

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: **12/15/2025**

Aggregate Contributions: **$15.00**

Last Name	First	MI	Contribution ID #
Cadiz	**Cris**		**1222**

Residential Street Address	City	State	Zip Code
87 North Rd	**Pomfret Center**	**CT**	**06259**

Principal Occupation	Name of Employer
Freelance writer	**Cris Ellen Cadiz**

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: **$20.00**

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: **12/15/2025**

Aggregate Contributions: **$40.00**

Last Name	First	MI	Contribution ID #
Lim	**Junhyun**		**1218**

Residential Street Address	City	State	Zip Code
500 Bedford St	**Stamford**	**CT**	**06901**

Principal Occupation	Name of Employer
Software engineer	**Valitana**

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: **$320.00**

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: **12/15/2025**

Aggregate Contributions: **$320.00**

Last Name	First	MI	Contribution ID #
~~**Cadiz**~~	~~**Cris**~~		~~**1222**~~

Residential Street Address	City	State	Zip Code
~~**87 North Rd**~~	~~**Pomfret Center**~~	~~**CT**~~	~~**06259**~~

Principal Occupation	Name of Employer
~~**Freelance writer**~~	~~**Cris Ellen Cadiz**~~

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: ~~**$20.00**~~

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: ~~**12/15/2025**~~

Aggregate Contributions: ~~**$40.00**~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Levitt	**Amanda**		**1221**

Residential Street Address	City	State	Zip Code
30 Swarthmore St	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Naturopathic Physician	**Whole Health**

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: **$100.00**

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: **12/15/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Baxter	Alice		1208

Residential Street Address	City	State	Zip Code
75 Churchill Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
retired	CT

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: $100.00

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: 12/16/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gagnon	Gail		1209

Residential Street Address	City	State	Zip Code
35 Overbrook Dr	East Hartford	CT	06118

Principal Occupation	Name of Employer
Retired	Connecticut

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: $50.00

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: 12/16/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Yiamouyiannis~~	~~Carmen~~		~~1190~~

Residential Street Address	City	State	Zip Code
~~61 Beverly Rd~~	~~West Hartford~~	~~CT~~	~~06119~~

Principal Occupation	Name of Employer
~~Professor~~	~~CT state Capital~~

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: ~~$5.00~~

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: ~~12/17/2025~~

Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Allik	Judith		1191

Residential Street Address	City	State	Zip Code
30 Russell Ave	Stonington	CT	06379

Principal Occupation	Name of Employer
Retired	Retired

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: $27.00

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: 12/17/2025

Aggregate Contributions: $52.00

Last Name	First	MI	Contribution ID #
Blossom	Jackson		1192

Residential Street Address	City	State	Zip Code
5 Joes Hill Rd	Danbury	CT	06811

Principal Occupation	Name of Employer
Teacher	Stamford Public Schools; WERACE

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: $25.00

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: 12/17/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Giddings	Joanna		1193

Residential Street Address	City	State	Zip Code
503 Oak Ridge Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Disabled

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: $10.00

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: 12/17/2025

Aggregate Contributions: $45.00

Last Name	First	MI	Contribution ID #
Nugent	Monika		1194

Residential Street Address	City	State	Zip Code
84 Hope Cir	Windsor	CT	06095

Principal Occupation	Name of Employer
Manager of public policy	The Alliance

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: $25.00

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: 12/17/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Martin	Karen		1195

Residential Street Address	City	State	Zip Code
15 Oak Grove Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Radiologic Technologist	Retired

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

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	Amount of Contribution
12/17/2025	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Gersten	Sarah		1196

Residential Street Address	City	State	Zip Code
1663 Asylum Ave	West Hartford	CT	06117

Principal Occupation	Name of Employer
Attorney	For Purpose Law Group

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

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	Amount of Contribution
12/17/2025	$75.00	$75.00

Last Name	First	MI	Contribution ID #
~~Ludwig~~	~~Christopher~~		~~1197~~

Residential Street Address	City	State	Zip Code
~~50 Railroad St~~	~~New Milford~~	~~CT~~	~~06776~~

Principal Occupation	Name of Employer
~~IT technician~~	~~Connecticut~~

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

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	Amount of Contribution
~~12/17/2025~~	~~$20.00~~	~~$10.00~~

Last Name	First	MI	Contribution ID #
Vieira	Natalie		1198

Residential Street Address	City	State	Zip Code
1524 1st Ave	Oakland	CA	94606

Principal Occupation	Name of Employer
Strategic Support Lead	Building Impact Partners

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

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	Amount of Contribution
12/17/2025	$150.00	$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Georgiadis	Dru		1199

Residential Street Address	City	State	Zip Code
321 Puritan Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Retired	Retired

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	Amount of Contribution
12/17/2025	$75.00	$75.00

Last Name	First	MI	Contribution ID #
Veneziano	Amanda		1200

Residential Street Address	City	State	Zip Code
52 Terry Rd	Gales Ferry	CT	06335

Principal Occupation	Name of Employer
Marketing manager	Windham Region Chamber of Commerce

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	Amount of Contribution
12/17/2025	$300.00	$150.00

Last Name	First	MI	Contribution ID #
~~Menapace~~	~~Nicholas~~		~~1201~~

Residential Street Address	City	State	Zip Code
~~38 Hope St~~	~~Niantic~~	~~CT~~	~~06357~~

Principal Occupation	Name of Employer
~~teacher~~	~~New London Public schools~~

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	Amount of Contribution
~~12/17/2025~~	~~$50.00~~	~~$25.00~~

Last Name	First	MI	Contribution ID #
Morgenstein	Larry		1202

Residential Street Address	City	State	Zip Code
177 S Main St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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	Amount of Contribution
12/17/2025	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Salsich	James		1203

Residential Street Address	City	State	Zip Code
43 Herrick Rd	Brooklyn	CT	06234

Principal Occupation	Name of Employer
Teacher	Eastford Elementary school

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: $10.00

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: 12/17/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Cash	William		1204

Residential Street Address	City	State	Zip Code
586 Opening Hill Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Retired	Retired

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: $27.00

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: 12/17/2025

Aggregate Contributions: $82.00

Last Name	First	MI	Contribution ID #
Friedman	Scott		1205

Residential Street Address	City	State	Zip Code
17 Cooper Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Data analyst	Scott D Friedman Consulting LLC

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: $25.00

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: 12/17/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gulyas	Ashley		1206

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

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $25.00

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: 12/17/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Maser~~	~~Amy~~		~~1207~~

Residential Street Address	City	State	Zip Code
~~26 Seneca Rd~~	~~Danbury~~	~~CT~~	~~06811~~

Principal Occupation	Name of Employer
~~Executive Assistant~~	~~N/A~~

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: ~~$50.00~~

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
~~12/17/2025~~	~~$120.00~~

Last Name	First	MI	Contribution ID #
Maser	**Amy**		**1207**

Residential Street Address	City	State	Zip Code
26 Seneca Rd	**Danbury**	**CT**	**06811**

Principal Occupation	Name of Employer
Executive Assistant	**Kohlberg & Co.**

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: **$50.00**

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
12/17/2025	**$60.00**

Last Name	First	MI	Contribution ID #
Yiamouyiannis	**Carmen**		**1190**

Residential Street Address	City	State	Zip Code
61 Beverly Rd	**West Hartford**	**CT**	**06119**

Principal Occupation	Name of Employer
Professor	**CT state- Capital**

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: **$5.00**

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
12/17/2025	**$5.00**

Last Name	First	MI	Contribution ID #
Ludwig	**Christopher**		**1197**

Residential Street Address	City	State	Zip Code
50 Railroad St	**New Milford**	**CT**	**06776**

Principal Occupation	Name of Employer
IT technician	**Danbury Public Schools**

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: **$10.00**

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
12/17/2025	**$10.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Menapace	**Nicholas**		**1201**

Residential Street Address	City	State	Zip Code
38 Hope St	**Niantic**	**CT**	**06357**

Principal Occupation	Name of Employer
teacher	**New London Public schools**

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: **$25.00**

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: **12/17/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
jahad	Leonard		1186

Residential Street Address	City	State	Zip Code
5 Judwin Ave	New Haven	CT	06515

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 12/18/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Gentile	Vincent		1187

Residential Street Address	City	State	Zip Code
35 Horse Shoe Dr	Westbrook	CT	06498

Principal Occupation	Name of Employer
Systems Administrator	Whelen Engineering

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: $150.00

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: 12/18/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Kim	Christine		1188

Residential Street Address	City	State	Zip Code
406 Humphrey St	New Haven	CT	06511

Principal Occupation	Name of Employer
unemployed	unemployed

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: $100.00

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: 12/18/2025

Aggregate Contributions: $227.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kim	Christine		1189

Residential Street Address	City	State	Zip Code
406 Humphrey St	New Haven	CT	06511

Principal Occupation	Name of Employer
unemployed	unemployed

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: $27.00

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: 12/18/2025

Aggregate Contributions: $227.00

Last Name	First	MI	Contribution ID #
~~Nag~~	~~Dhrupad~~		~~1182~~

Residential Street Address	City	State	Zip Code
~~1439 Euclid St NW~~	~~Washington~~	~~DC~~	~~20009~~

Principal Occupation	Name of Employer
~~Foreign Affairs Officer~~	~~Department of State~~

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: ~~$25.00~~

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: ~~12/19/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Ryden	Barbara		1183

Residential Street Address	City	State	Zip Code
88 Notch Hill Rd	North Branford	CT	06471

Principal Occupation	Name of Employer
retired	retired

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: $25.00

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: 12/19/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
~~Waldron~~	~~Mary~~		~~1184~~

Residential Street Address	City	State	Zip Code
~~30 Bokum Rd # 103~~	~~Essex~~	~~CT~~	~~06426-1510~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$25.00~~

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: ~~12/19/2025~~

Aggregate Contributions: ~~$80.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sullivan	Ryan		1185

Residential Street Address	City	State	Zip Code
995 Hopmeadow St	Simsbury	CT	06070

Principal Occupation	Name of Employer
Teacher	Hartford Public Schools

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: $50.00

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: 12/19/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Waldron	**Mary**		**1184**

Residential Street Address	City	State	Zip Code
30 Bokum Rd # 103	**Essex**	**CT**	**06426-1510**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$25.00**

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: **12/19/2025**

Aggregate Contributions: **$40.00**

Last Name	First	MI	Contribution ID #
Nag	**Dhrupad**		**1182**

Residential Street Address	City	State	Zip Code
1439 Euclid St NW	**Washington**	**DC**	**20009**

Principal Occupation	Name of Employer
Foreign Affairs Officer	**Department of State**

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: **$25.00**

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: **12/19/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Pilaar	Jeremy		1176

Residential Street Address	City	State	Zip Code
144 Hepburn Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Associate Research Scholar	Yale Law School

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: $50.00

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: 12/20/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gentes	Jeffrey		1177

Residential Street Address	City	State	Zip Code
37 Cottage Rd	Enfield	CT	06082

Principal Occupation	Name of Employer
lawyer	Yale University

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: $25.00

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: 12/20/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Graesser	Christine		1178

Residential Street Address	City	State	Zip Code
28 Lawrence Ave	Avon	CT	06001

Principal Occupation	Name of Employer
Retired	Retired

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: $320.00

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: 12/20/2025

Aggregate Contributions: $399.00

Last Name	First	MI	Contribution ID #
Russell	Dan		1179

Residential Street Address	City	State	Zip Code
25 Munson Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Application Developer	University of Connecticut

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: $5.00

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: 12/20/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
McKernan	Kevin		1180

Residential Street Address	City	State	Zip Code
23 Exeter Ave	West Hartford	CT	06110

Principal Occupation	Name of Employer
Transportation Engineer	State of CT

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: $25.00

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: 12/20/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Feely	Christine		1181

Residential Street Address	City	State	Zip Code
282 Westpoint Ter	West Hartford	CT	06107

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 12/20/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Caffrey	**Karen**		**1175**

Residential Street Address	City	State	Zip Code
30 Jenny Clfs	**Manchester**	**CT**	**06040**

Principal Occupation	Name of Employer
Psychotherapist	**Karen Caffrey LPC**

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: **$75.00**

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: **12/21/2025**

Aggregate Contributions: **$75.00**

Last Name	First	MI	Contribution ID #
~~Caffrey~~	~~Karen~~		~~1175~~

Residential Street Address	City	State	Zip Code
~~30 Jenny Clfs~~	~~Manchester~~	~~CT~~	~~06040~~

Principal Occupation	Name of Employer
~~Psychotherapist~~	~~Karen Caffrey LPC~~

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: ~~$75.00~~

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: ~~12/21/2025~~

Aggregate Contributions: ~~$150.00~~

Last Name	First	MI	Contribution ID #
~~Pillsbury~~	~~Charlie~~		~~1135~~

Residential Street Address	City	State	Zip Code
~~247 Saint Ronan St~~	~~New Haven~~	~~CT~~	~~06511~~

Principal Occupation	Name of Employer
~~Law Professor~~	~~Quinnipiac University~~

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: ~~$150.00~~

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: ~~12/22/2025~~

Aggregate Contributions: ~~$350.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wright	David		1136

Residential Street Address	City	State	Zip Code
680 Knapps Hwy	Fairfield	CT	06825

Principal Occupation	Name of Employer
Crew; Mechanic	Trader Joe,Äôs

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: $25.00

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: 12/22/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Casenhiser	Patricia		1137

Residential Street Address	City	State	Zip Code
579 Prospect Dr	Stratford	CT	06615

Principal Occupation	Name of Employer
retired	retired

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: $75.00

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: 12/22/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Cella	Alida		1138

Residential Street Address	City	State	Zip Code
172 N Whittlesey Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Manager	Greenskies Clean Energy LLC

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: $100.00

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: 12/22/2025

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Coassin	Sophie		1139

Residential Street Address	City	State	Zip Code
33 Westerly Dr	Hamden	CT	06518

Principal Occupation	Name of Employer
Student	Student

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: $100.00

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: 12/22/2025

Aggregate Contributions: $300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Luna	Emily		1140

Residential Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040

Principal Occupation	Name of Employer
Staff Attorney	Greater Hartford Legal Aid, Inc.

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: $50.00

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: 12/22/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Doerr	Kristi		1141

Residential Street Address	City	State	Zip Code
12 Penny Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
AVP Tax	Richemont North America Inc

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: $100.00

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: 12/22/2025

Aggregate Contributions: $105.00

Last Name	First	MI	Contribution ID #
FABRIZI	NANCY		1142

Residential Street Address	City	State	Zip Code
923 Clintonville Rd	Wallingford	CT	06492-5342

Principal Occupation	Name of Employer
Retired	Retired

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: $20.00

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: 12/22/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Dugan	James		1143

Residential Street Address	City	State	Zip Code
6 Redwood Ln .	New Milford	CT	06776

Principal Occupation	Name of Employer
Disabled	Disabled

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: $20.00

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: 12/22/2025

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Dawson~~	~~Brian~~		~~1144~~

Residential Street Address	City	State	Zip Code
~~69 Cooley Rd~~	~~North Granby~~	~~CT~~	~~06060~~

Principal Occupation	Name of Employer
~~Lobbyist~~	~~Gallo & Robinson~~

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: ~~$25.00~~

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
~~12/22/2025~~	~~$75.00~~

Last Name	First	MI	Contribution ID #
Morgan	Collin		1145

Residential Street Address	City	State	Zip Code
2 Foley Rd	Portland	CT	06480

Principal Occupation	Name of Employer
Software Engineer	Sonalysts, inc.

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: $27.00

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
12/22/2025	$104.00

Last Name	First	MI	Contribution ID #
Nuchina	Nandhish		1146

Residential Street Address	City	State	Zip Code
55 Lochview Dr	Windsor	CT	06095

Principal Occupation	Name of Employer
Assistant Clerk	State Of Connecticut Judicial Branch

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: $15.00

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
12/22/2025	$15.00

Last Name	First	MI	Contribution ID #
DeChello	John		1147

Residential Street Address	City	State	Zip Code
65 Jackson Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Executive	Slocum & Sons

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: $25.00

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
12/22/2025	$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hansen	Nicholas		1148

Residential Street Address	City	State	Zip Code
30 Elgin St	Hamden	CT	06517

Principal Occupation	Name of Employer
Accountant	The Hartford

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: $50.00

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: 12/22/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Petronella	Ronald		1149

Residential Street Address	City	State	Zip Code
26 Cove Ave	Norwalk	CT	06855

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/22/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Bisbee	Chris		1150

Residential Street Address	City	State	Zip Code
730 Spring Garden St	Easton	PA	18042

Principal Occupation	Name of Employer
Business Development	WM

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: $100.00

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: 12/22/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gilstad-Hayden	Kate		1151

Residential Street Address	City	State	Zip Code
341 Cold Spring Dr	Westbrook	CT	06498

Principal Occupation	Name of Employer
Sratistician	Yale University

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: $25.00

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: 12/22/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sky	Mitzy		1152

Residential Street Address	City	State	Zip Code
111 Towne St	Stamford	CT	06902

Principal Occupation	Name of Employer
Direct care wmployee	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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 12/22/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Hayre~~	~~Sheila~~		~~1153~~

Residential Street Address	City	State	Zip Code
~~202 Propect St~~	~~New Haven~~	~~CT~~	~~06511~~

Principal Occupation	Name of Employer
~~Professor of Law~~	~~Na~~

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: ~~$50.00~~

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: ~~12/22/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Scimone	John		1154

Residential Street Address	City	State	Zip Code
347 Boston Post Rd	Waterford	CT	06385-1914

Principal Occupation	Name of Employer
Engineer	Sonalysts, Inc.

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: $10.00

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: 12/22/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
~~Chancio~~	~~Shannon~~		~~1155~~

Residential Street Address	City	State	Zip Code
~~3 Equinox Ave~~	~~Wolcott~~	~~CT~~	~~06716~~

Principal Occupation	Name of Employer
~~Bookkeeper~~	~~Bookkeeper~~

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: ~~$25.00~~

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: ~~12/22/2025~~

Aggregate Contributions: ~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Velez	Sophia		1156

Residential Street Address	City	State	Zip Code
19 Lincoln Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Attorney	NYS OCA

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: $75.00

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: 12/22/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Waleska	Hayley		1157

Residential Street Address	City	State	Zip Code
1400 20th St NW	Washington	DC	20036

Principal Occupation	Name of Employer
Product Manager	Alarm.com

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: $25.00

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: 12/22/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Jinks	Jim		1158

Residential Street Address	City	State	Zip Code
244 Academy Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
marketing	Mediabids

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: $50.00

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: 12/22/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Cardwell	Sean		1159

Residential Street Address	City	State	Zip Code
47 Amherst St	Hamden	CT	06518

Principal Occupation	Name of Employer
Civil Engineer	Town of Greenwich

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: $25.00

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: 12/22/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Farrell	Christopher		1160

Residential Street Address	City	State	Zip Code
55 Elm St	Hartford	CT	06106

Principal Occupation	Name of Employer
Attorney	Kahana Feld

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: $125.00

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: 12/22/2025

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Teitleman	Alan		1161

Residential Street Address	City	State	Zip Code
408 Whitney Ave Apt 1	New Haven	CT	06511

Principal Occupation	Name of Employer
Professor	State of CT

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: $25.00

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: 12/22/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Eke	Therese		1162

Residential Street Address	City	State	Zip Code
47 Point Beach Dr	Milford	CT	06460

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 12/22/2025

Aggregate Contributions: $175.00

Last Name	First	MI	Contribution ID #
Goslin	Megan		1163

Residential Street Address	City	State	Zip Code
83 Haverford St	Hamden	CT	06517

Principal Occupation	Name of Employer
Psychologist	Yale University

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: $50.00

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: 12/22/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hensley	Jordon		1164

Residential Street Address	City	State	Zip Code
26 Belden Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Assistant Librarian	New Canaan Public Schools

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: $5.00

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: 12/22/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Garcia	Esteban		1165

Residential Street Address	City	State	Zip Code
10 Winston Rd	East Lyme	CT	06333

Principal Occupation	Name of Employer
Bursar	State of Connecticut

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: $5.00

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: 12/22/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Parad	Adrienne		1166

Residential Street Address	City	State	Zip Code
5 Birch St	Ledyard	CT	06339

Principal Occupation	Name of Employer
Medical director	Optum

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: $75.00

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: 12/22/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
PADOWICZ	NADINE		1167

Residential Street Address	City	State	Zip Code
34 Anderson Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Social Worker	Nadine Padowicz, LCSW

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: $5.00

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: 12/22/2025

Aggregate Contributions: $122.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Guild	Craig		1168

Residential Street Address	City	State	Zip Code
68 West St	Groton	CT	06340

Principal Occupation	Name of Employer
Librarian	State of Connecticut: Central Connecticut State Un

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: $75.00

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: 12/22/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Tajildeen~~	~~Bilal~~		~~1169~~

Residential Street Address	City	State	Zip Code
~~12 Donald Ter~~	~~Waterbury~~	~~CT~~	~~06705~~

Principal Occupation	Name of Employer
~~Associate Dean~~	~~CT State Community College~~

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: ~~$50.00~~

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: ~~12/22/2025~~

Aggregate Contributions: ~~$400.00~~

Last Name	First	MI	Contribution ID #
Dowdell	Joseph		1170

Residential Street Address	City	State	Zip Code
84 W Mountain Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Electrical Engineer	ASML

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: $320.00

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: 12/22/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Chamberlin	Tyler		1171

Residential Street Address	City	State	Zip Code
241 West St .	Middletown	CT	06457

Principal Occupation	Name of Employer
software engineer	CT

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: $25.00

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: 12/22/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Haynes	Laura		1172

Residential Street Address	City	State	Zip Code
39 Fawnbrook Ln	Simsbury	CT	06070

Principal Occupation	Name of Employer
Professor	University of Connecticut

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: $25.00

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: 12/22/2025

Aggregate Contributions: $77.00

Last Name	First	MI	Contribution ID #
Pynn	Regina		1173

Residential Street Address	City	State	Zip Code
25 Walker Dr	Simsbury	CT	06070

Principal Occupation	Name of Employer
General Manager	Lightera

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: $5.00

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: 12/22/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Harkins	Miranda		1174

Residential Street Address	City	State	Zip Code
130 Gungy Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Scenic Artist	Goodspeed Musicals

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: $25.00

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: 12/22/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pillsbury	**Charles**	**A**	**1135**

Residential Street Address	City	State	Zip Code
247 Saint Ronan St	**New Haven**	**CT**	**06511**

Principal Occupation	Name of Employer
Law Professor	**Quinnipiac University**

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: **$150.00**

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: **12/22/2025**

Aggregate Contributions: **$200.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dawson	**Brian**		**1144**

Residential Street Address	City	State	Zip Code
69 Cooley Rd	**North Granby**	**CT**	**06060**

Principal Occupation	Name of Employer
Lobbyist	**Gallo & Robinson**

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: **$25.00**

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: **12/22/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Hayre	**Sheila**		**1153**

Residential Street Address	City	State	Zip Code
202 Propect St	**New Haven**	**CT**	**06511**

Principal Occupation	Name of Employer
Clinical Professor of Law	**Quinnipiac School of Law**

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: **$50.00**

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: **12/22/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Tajildeen	**Bilal**		**1169**

Residential Street Address	City	State	Zip Code
12 Donald Ter	**Waterbury**	**CT**	**06705**

Principal Occupation	Name of Employer
Associate Dean of Institutional Advancement	**CT State Community College**

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: **$50.00**

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: **12/22/2025**

Aggregate Contributions: **$200.00**

Last Name	First	MI	Contribution ID #
Chancio	**Shannon**		**1155**

Residential Street Address	City	State	Zip Code
3 Equinox Ave	**Wolcott**	**CT**	**06716**

Principal Occupation	Name of Employer
Bookkeeper	**Thyme and Season**

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: **$25.00**

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: **12/22/2025**

Aggregate Contributions: **$75.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Dawson~~	~~Brian~~		~~1144~~

Residential Street Address	City	State	Zip Code
~~69 Cooley Rd~~	~~North Granby~~	~~CT~~	~~06060~~

Principal Occupation	Name of Employer
~~Lobbyist~~	~~Gallo & Robinson~~

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: ~~$25.00~~

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: ~~12/22/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Wade	**Donna**		**1131**

Residential Street Address	City	State	Zip Code
241 Hogan Rd	**Hamden**	**CT**	**06518**

Principal Occupation	Name of Employer
Clerical Work	**GR Wade LLC**

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: **$50.00**

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: **12/23/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Klein	**Martha**		**1130**

Residential Street Address	City	State	Zip Code
88 Doolittle Dr	**Norfolk**	**CT**	**06058**

Principal Occupation	Name of Employer
Ski Instructor	**Mount Lakeridge**

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: **$100.00**

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: **12/23/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Grossman	Sally		1121

Residential Street Address	City	State	Zip Code
106 Niles Rd	Windsor	CT	06095

Principal Occupation	Name of Employer
Painter	Enhanced Interiors

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: $25.00

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: 12/23/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Johnson	Patrick		1122

Residential Street Address	City	State	Zip Code
67 Sunbright Dr S	Meriden	CT	06450

Principal Occupation	Name of Employer
Business Controller	Sectra

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: $75.00

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: 12/23/2025

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Salsich	James		1123

Residential Street Address	City	State	Zip Code
43 Herrick Rd	Brooklyn	CT	06234

Principal Occupation	Name of Employer
Teacher	Eastford elementary school

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: $25.00

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: 12/23/2025

Aggregate Contributions: $45.00

Last Name	First	MI	Contribution ID #
Magnoli	Mark		1124

Residential Street Address	City	State	Zip Code
338 Locust Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/23/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Kading	James		1125

Residential Street Address	City	State	Zip Code
159 Mechanic St	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 12/23/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Estabrook	Kristen		1126

Residential Street Address	City	State	Zip Code
96 Harborview Ave	Bridgeport	CT	06605

Principal Occupation	Name of Employer
Career Services	Yale

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: $10.00

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: 12/23/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Mower	Daniel		1127

Residential Street Address	City	State	Zip Code
228 Upper Delevan Ave	Corning	NY	14830

Principal Occupation	Name of Employer
Real estate	Keller williams

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: $75.00

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: 12/23/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Hayden	Zachary		1128

Residential Street Address	City	State	Zip Code
341 Cold Spring Dr	Westbrook	CT	06498

Principal Occupation	Name of Employer
Teacher	Oxford Academy

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: $25.00

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: 12/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Roy	Sarah		1129

Residential Street Address	City	State	Zip Code
3 Buena Vista Rd	Fairfield	CT	06825

Principal Occupation	Name of Employer
Outreach and Engagement Specialist	AECOM

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: $25.00

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: 12/23/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Klein~~	~~Martha~~		~~1130~~

Residential Street Address	City	State	Zip Code
~~PO Box 542 88 Doolittle Drive~~	~~Norfolk~~	~~CT~~	~~06058~~

Principal Occupation	Name of Employer
~~Ski Instructor~~	~~Mount Lakeridge~~

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: ~~$100.00~~

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
~~12/23/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
~~Wade~~	~~Donna~~		~~1131~~

Residential Street Address	City	State	Zip Code
~~241 Hogan Rd~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Retired~~	~~CA~~

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: ~~$50.00~~

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
~~12/23/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Millar	Ron		1132

Residential Street Address	City	State	Zip Code
1104 N Quincy St .	Arlington	VA	22201

Principal Occupation	Name of Employer
Political and PAC Manager	Center for Freethought Equality

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: $100.00

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
12/23/2025	$100.00

Last Name	First	MI	Contribution ID #
Merrifield	Ken		1133

Residential Street Address	City	State	Zip Code
22 Clinton St	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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
12/23/2025	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pierson	Rachel		1134

Residential Street Address	City	State	Zip Code
7 Wheeler Dr	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Retired	Retired

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: $30.00

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: 12/23/2025

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Hardy	Travis		1120

Residential Street Address	City	State	Zip Code
7 Homer St	Norwalk	CT	06851

Principal Occupation	Name of Employer
Consultant	Classroom Champions

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: $100.00

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: 12/24/2025

Aggregate Contributions: $175.00

Last Name	First	MI	Contribution ID #
Ayalon	Aram		1119

Residential Street Address	City	State	Zip Code
194 Stratford Rd	New Britain	CT	06053

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 12/25/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
~~Waldron~~	~~Mary~~		~~1111~~

Residential Street Address	City	State	Zip Code
~~30 Bokum Rd # 103~~	~~Essex~~	~~CT~~	~~06426-1510~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$50.00~~

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: ~~12/26/2025~~

Aggregate Contributions: ~~$180.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kaptain	Kathleen		1112

Residential Street Address	City	State	Zip Code
413 Ridge Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/26/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Popp	Cathy		1113

Residential Street Address	City	State	Zip Code
69 Belden Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	Retired

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: $27.00

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: 12/26/2025

Aggregate Contributions: $77.00

Last Name	First	MI	Contribution ID #
Carrington	Nancy		1114

Residential Street Address	City	State	Zip Code
25 Hamden Hills Dr Unit 42	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

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: $10.00

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: 12/26/2025

Aggregate Contributions: $42.00

Last Name	First	MI	Contribution ID #
White	Ann		1115

Residential Street Address	City	State	Zip Code
122 Colony St	Hamden	CT	06518

Principal Occupation	Name of Employer
Teacher	Fairfield public schools

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: $27.00

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: 12/26/2025

Aggregate Contributions: $52.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Grzadko~~	~~Krzysztof~~		~~1116~~

Residential Street Address	City	State	Zip Code
~~11 Sunnyside Ave .~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~IT~~	~~CT~~

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: ~~$27.00~~

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
~~12/26/2025~~	~~$104.00~~

Last Name	First	MI	Contribution ID #
Rose	Caitlin		1117

Residential Street Address	City	State	Zip Code
2390 State St	Hamden	CT	06517

Principal Occupation	Name of Employer
CEO	Friendship Service Center

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: $100.00

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
12/26/2025	$300.00

Last Name	First	MI	Contribution ID #
~~Loewenthal~~	~~Adlyn and~~		~~1118~~

Residential Street Address	City	State	Zip Code
~~137 Steele Rd~~	~~West Hartford~~	~~CT~~	~~06119~~

Principal Occupation	Name of Employer
~~retired~~	~~CT~~

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: ~~$320.00~~

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
~~12/26/2025~~	~~$640.00~~

Last Name	First	MI	Contribution ID #
Waldron	**Mary**		**1111**

Residential Street Address	City	State	Zip Code
30 Bokum Rd # 103	**Essex**	**CT**	**06426-1510**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$50.00**

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
12/26/2025	**$90.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Loewenthal	**Adlyn**		**1118**

Residential Street Address	City	State	Zip Code
137 Steele Rd	**West Hartford**	**CT**	**06119**

Principal Occupation	Name of Employer
retired	**retired**

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: **$320.00**

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: **12/26/2025**

Aggregate Contributions: **$320.00**

Last Name	First	MI	Contribution ID #
Grzadko	**Krzysztof**		**1116**

Residential Street Address	City	State	Zip Code
11 Sunnyside Ave .	**Hamden**	**CT**	**06518**

Principal Occupation	Name of Employer
IT Tech	**Amazon**

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: **$27.00**

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: **12/26/2025**

Aggregate Contributions: **$52.00**

Last Name	First	MI	Contribution ID #
Reynolds	**Jo Ann**		**1105**

Residential Street Address	City	State	Zip Code
159 Crescent St	**Willimantic**	**CT**	**06226**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$50.00**

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: **12/27/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Shain	Diana		1100

Residential Street Address	City	State	Zip Code
241 Jared Sparks Rd	Willington	CT	06279

Principal Occupation	Name of Employer
Sr. Financial Analyst	Dxc Technology

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: $10.00

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: 12/27/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hultgren	Debra		1101

Residential Street Address	City	State	Zip Code
404 Woodland Rd	Storrs	CT	06268

Principal Occupation	Name of Employer
Retired	CT

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: $25.00

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: 12/27/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Nguyen	Leon		1102

Residential Street Address	City	State	Zip Code
40 Park St	Stratford	CT	06614

Principal Occupation	Name of Employer
Intern	Synchrony Financial

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: $25.00

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: 12/27/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Johnson	Lara		1103

Residential Street Address	City	State	Zip Code
22 Kidder Brook Rd	Ashford	CT	06278

Principal Occupation	Name of Employer
Marketing Specialist	Berkshire Bank

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: $10.00

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: 12/27/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
CONGDON-MARR	LINDA		1104

Residential Street Address	City	State	Zip Code
11A Brickyard Rd	Woodstock	CT	06281

Principal Occupation	Name of Employer
Retired teacher	Retired

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: $75.00

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: 12/27/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Reynolds~~	~~Jo Ann~~		~~1105~~

Residential Street Address	City	State	Zip Code
~~159 Crescent St~~	~~Willimantic~~	~~CT~~	~~06226~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$50.00~~

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
~~12/27/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Hughes	James		1106

Residential Street Address	City	State	Zip Code
56 Daleville School Rd	Willington	CT	06279

Principal Occupation	Name of Employer
Director	Inst for Ethics & Emerging Tech

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: $25.00

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
12/27/2025	$25.00

Last Name	First	MI	Contribution ID #
Barker	Michael		1107

Residential Street Address	City	State	Zip Code
26 George St	Trumbull	CT	06611

Principal Occupation	Name of Employer
Management Consultant	Pursued by a Bear LLC

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: $100.00

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
12/27/2025	$100.00

Last Name	First	MI	Contribution ID #
Wirt	Sharon		1108

Residential Street Address	City	State	Zip Code
463B Heritage Vlg	Southbury	CT	06488

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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
12/27/2025	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Massaro	Eliza		1109

Residential Street Address	City	State	Zip Code
91 Westland Rd	Avon	CT	06001

Principal Occupation	Name of Employer
Consultant- Marketing	818 Political

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: $150.00

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: 12/27/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Wheeler	Judith		1110

Residential Street Address	City	State	Zip Code
12A Country Ln	Canton	CT	06019

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 12/27/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Caffrey	**Karen**		**1081**

Residential Street Address	City	State	Zip Code
30 Jenny Cliff Rd	**Manchester**	**CT**	**06040**

Principal Occupation	Name of Employer
Psychotherapist	**Karen Caffrey LPC**

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: **$10.00**

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: **12/28/2025**

Aggregate Contributions: **$190.00**

Last Name	First	MI	Contribution ID #
Doocy	**Fred**		**1064**

Residential Street Address	City	State	Zip Code
37 Old Colony Rd ,, Storrs-Mansfield	**Storrs**	**CT**	**06268**

Principal Occupation	Name of Employer
Appliance repair	**Storrs Appliance Repair**

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: **$10.00**

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: **12/28/2025**

Aggregate Contributions: **$10.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Silber	Matthew		1085

Residential Street Address	City	State	Zip Code
230 East Ave	Norwalk	CT	06855

Principal Occupation	Name of Employer
Teacher	Norwalk Public Schools

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: $5.00

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: 12/28/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Duni	Christopher		1044

Residential Street Address	City	State	Zip Code
314 Dixwell Ave	New Haven	CT	06511

Principal Occupation	Name of Employer
Grant Writer	Anchor Health

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: $25.00

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: 12/28/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gartland	Daniel	J	1083

Residential Street Address	City	State	Zip Code
26 Laurel St	Norwalk	CT	06855

Principal Occupation	Name of Employer
Journalist	Sports Illustrated

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: $25.00

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: 12/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hinds	Katherine		1060

Residential Street Address	City	State	Zip Code
55 Fernwood Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 12/28/2025

Aggregate Contributions: $325.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rice	Andrew		1040

Residential Street Address	City	State	Zip Code
35 Quaker Pl	Milford	CT	06460

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $5.00

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: 12/28/2025

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Phillips	Jeanie		1041

Residential Street Address	City	State	Zip Code
50 Appletree Dr	East Hartford	CT	06118

Principal Occupation	Name of Employer
Legislative aide	State of CT

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: $100.00

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: 12/28/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Pezzini	Norma		1042

Residential Street Address	City	State	Zip Code
59 Hubbard Pl	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $10.00

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: 12/28/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Gabriele	Timothy		1043

Residential Street Address	City	State	Zip Code
18 Renee Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
Recruiting Coordinator	Yale University

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: $25.00

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: 12/28/2025

Aggregate Contributions: $65.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Duni~~	~~Christopher~~		~~1044~~

Residential Street Address	City	State	Zip Code
~~314 Dixwell Ave~~	~~New Haven~~	~~CT~~	~~06511~~

Principal Occupation	Name of Employer
~~Grant Writer~~	~~Anchor Health~~

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: ~~$25.00~~

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
~~12/28/2025~~	~~$75.00~~

Last Name	First	MI	Contribution ID #
Moon	Susan		1045

Residential Street Address	City	State	Zip Code
41 Indian Spring Rd	Woodstock	CT	06281

Principal Occupation	Name of Employer
retired	retired

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
Ferenbach	Joanie		1046

Residential Street Address	City	State	Zip Code
21 Trout Lake Dr	Westbrook	CT	06498

Principal Occupation	Name of Employer
Bookkeeper	Angelini Wine Ltd

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: $10.00

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
12/28/2025	$10.00

Last Name	First	MI	Contribution ID #
Fischer	Michael		1047

Residential Street Address	City	State	Zip Code
80 Killdeer Rd	Hamden	CT	06517-3528

Principal Occupation	Name of Employer
Professor	Yale University

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: $75.00

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
12/28/2025	$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Laudano Jr~~	~~Salvatore~~		~~1048~~

Residential Street Address	City	State	Zip Code
~~1520 Dixwell Ave~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation	Name of Employer
~~Carpenter~~	~~Laudano Building & Remodeling, Inc~~

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: ~~$50.00~~

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
~~12/28/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Johnson	Tracy		1049

Residential Street Address	City	State	Zip Code
62 Grant Rd	Bethany	CT	06524

Principal Occupation	Name of Employer
Veterinarian	CT

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
Peterson	Margaret		1050

Residential Street Address	City	State	Zip Code
395 Browns Rd	Storrs	CT	06268

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
~~Krantz~~	~~Thomas~~		~~1051~~

Residential Street Address	City	State	Zip Code
~~143 Hoyt St~~	~~Stamford~~	~~CT~~	~~06905~~

Principal Occupation	Name of Employer
~~self-employed~~	~~retired~~

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: ~~$75.00~~

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
~~12/28/2025~~	~~$610.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Robie	Maura		1052

Residential Street Address	City	State	Zip Code
170 Sherman Rd	Woodstock	CT	06281

Principal Occupation	Name of Employer
Natural Resource Specialist	ECCD

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
Smith	Peter		1053

Residential Street Address	City	State	Zip Code
1139 New Haven Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
~~MCCLEARY~~	~~Rita~~		~~1054~~

Residential Street Address	City	State	Zip Code
~~926 Ridge Rd~~	~~Hamden~~	~~CT~~	~~06517-2142~~

Principal Occupation	Name of Employer
~~clinical psychologist~~	~~self~~

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: ~~$25.00~~

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
~~12/28/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
Gorden	Gay		1055

Residential Street Address	City	State	Zip Code
2832 18th Ave SE	Olympia	WA	98501

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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
12/28/2025	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sexton	Alice		1056

Residential Street Address	City	State	Zip Code
45 Hardin Ln	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Attorney	State of CT DOT

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: $50.00

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: 12/28/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Palmer	Aidan		1057

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

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $20.00

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: 12/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Winter	Steven		1058

Residential Street Address	City	State	Zip Code
459 Dixwell Ave	New Haven	CT	06511

Principal Occupation	Name of Employer
Executive Director of Climate and Sustainability	City of New Haven

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: $50.00

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: 12/28/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Coleman-Mitchell	Renee		1059

Residential Street Address	City	State	Zip Code
21 Burnwood Dr	Bloomfield	CT	06002

Principal Occupation	Name of Employer
Retired	Retired

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: $10.00

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: 12/28/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Hinds~~	~~Katherine~~		~~1060~~

Residential Street Address	City	State	Zip Code
~~55 Fernwood Rd~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Retired~~	~~Not applicable~~

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: ~~$25.00~~

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: ~~12/28/2025~~

Aggregate Contributions: ~~$500.00~~

Last Name	First	MI	Contribution ID #
Martin	Tom		1061

Residential Street Address	City	State	Zip Code
35 Samuel Hill Rd	Columbia	CT	06237

Principal Occupation	Name of Employer
retired	retired

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: $150.00

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: 12/28/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Bailey	John		1062

Residential Street Address	City	State	Zip Code
17 Glenbrook Rd	West Hartford	CT	06107-3413

Principal Occupation	Name of Employer
Lobbyist	Tcors Capitol Group

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: $75.00

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: 12/28/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Sullivan	Lorelei		1063

Residential Street Address	City	State	Zip Code
535 Bebbington Rd	Ashford	CT	06278

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/28/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Doocy~~	~~Fred~~		~~1064~~

Residential Street Address	City	State	Zip Code
~~37 Old Colony Rd ,, Storrs Mansfield~~	~~Storrs~~	~~CT~~	~~06268~~

Principal Occupation	Name of Employer
~~Appliance repair~~	~~Storrs Appliance Repair~~

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: ~~$10.00~~

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
~~12/28/2025~~	~~$20.00~~

Last Name	First	MI	Contribution ID #
Smith	Debra		1065

Residential Street Address	City	State	Zip Code
1139 New Haven Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Head teacher	YMCA

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: $25.00

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
12/28/2025	$50.00

Last Name	First	MI	Contribution ID #
Cintron	Josue		1066

Residential Street Address	City	State	Zip Code
164 Oak St	East Hartford	CT	06118

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $5.00

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
12/28/2025	$5.00

Last Name	First	MI	Contribution ID #
Smith	Nicholas		1067

Residential Street Address	City	State	Zip Code
1400 20th St NW	Washington	DC	20036

Principal Occupation	Name of Employer
Senior Digital Strategist	Greenpeace USA

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: $100.00

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
12/28/2025	$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dannies	Priscilla		1068

Residential Street Address	City	State	Zip Code
299 Edwards St	New Haven	CT	06511

Principal Occupation	Name of Employer
retired	retired

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: $75.00

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: 12/28/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Wells	Galen		1069

Residential Street Address	City	State	Zip Code
224 W Norwalk Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 12/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
guillet	Nicole		1070

Residential Street Address	City	State	Zip Code
1 Freestone Ave	Cromwell	CT	06416

Principal Occupation	Name of Employer
Teacher	Newington Board of Education

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: $10.00

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: 12/28/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Keller-McFarlane	Sarah		1071

Residential Street Address	City	State	Zip Code
8 Essex St	Fairfield	CT	06825

Principal Occupation	Name of Employer
Staff Counsel	USAA

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: $100.00

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: 12/28/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gauthier	Nicholas		1072

Residential Street Address	City	State	Zip Code
38 Norman St	Waterford	CT	06385

Principal Occupation	Name of Employer
State Representative	Connecticut General Assembly

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

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	Amount of Contribution
12/28/2025	$81.00	$27.00

Last Name	First	MI	Contribution ID #
rosenthal	judy sirota		1073

Residential Street Address	City	State	Zip Code
70 Brookside Dr	Hamden	CT	06517

Principal Occupation	Name of Employer
artist	Sirota Rosenthal (art and photography)

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

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	Amount of Contribution
12/28/2025	$30.00	$5.00

Last Name	First	MI	Contribution ID #
Smith	Leo		1074

Residential Street Address	City	State	Zip Code
64 Boysenberry Ct	Suffield	CT	06078

Principal Occupation	Name of Employer
Dark Sky Advicacy	Retired

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

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	Amount of Contribution
12/28/2025	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Marra	Jennifer		1075

Residential Street Address	City	State	Zip Code
75 Redwood Dr	East Haven	CT	06513

Principal Occupation	Name of Employer
Project Manager	Merck

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

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	Amount of Contribution
12/28/2025	$75.00	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Baez	Joseph		1076

Residential Street Address	City	State	Zip Code
56 Burke St	Hamden	CT	06514

Principal Occupation	Name of Employer
Utilization Monitor	City of New Haven

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: $5.00

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: 12/28/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Barber	Jan		1077

Residential Street Address	City	State	Zip Code
72 Woodbine St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	CT

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: $320.00

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: 12/28/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Mossberg	Lori		1078

Residential Street Address	City	State	Zip Code
310 Blue Trl	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Lombardo	Wayne		1079

Residential Street Address	City	State	Zip Code
571 Town St	Moodus	CT	06469

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 12/28/2025

Aggregate Contributions: $15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Leahy	John		1080

Residential Street Address	City	State	Zip Code
63 Paula Joy Ln	Tolland	CT	06084

Principal Occupation	Name of Employer
Project Engineer	CK Nickerson Construction

Is contributor a principal of a state contractor or prospective state contractor? [x] Yes [ ] No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? [ ] Yes [x] No

If yes, list Event #:

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [x] Credit/Debit Card

Date Received: 12/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Caffrey~~	~~Karen~~		~~1081~~

Residential Street Address	City	State	Zip Code
~~30 Jenny Cliff Rd~~	~~Manchester~~	~~CT~~	~~06040~~

Principal Occupation	Name of Employer
~~Psychotherapist~~	~~Karen Caffrey LPC~~

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [x] 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 [x] No

Amount of Contribution: ~~$10.00~~

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 [x] Credit/Debit Card

Date Received: ~~12/28/2025~~

Aggregate Contributions: ~~$250.00~~

Last Name	First	MI	Contribution ID #
~~Leary~~	~~Shannon~~		~~1082~~

Residential Street Address	City	State	Zip Code
~~8 Kilbourn Rd~~	~~Simsbury~~	~~CT~~	~~06070~~

Principal Occupation	Name of Employer
~~Self Employed special education advocate~~	~~Shannon Knall Special Education Advocate~~

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [x] 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 [x] No

Amount of Contribution: ~~$25.00~~

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 [x] Credit/Debit Card

Date Received: ~~12/28/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
~~Gartland~~	~~Dan~~		~~1083~~

Residential Street Address	City	State	Zip Code
~~26 Laurel St~~	~~Norwalk~~	~~CT~~	~~06855~~

Principal Occupation	Name of Employer
~~Journalist~~	~~Sports Illustrated~~

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [x] 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 [x] No

Amount of Contribution: ~~$25.00~~

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 [x] Credit/Debit Card

Date Received: ~~12/28/2025~~

Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ryden	Barbara		1084

Residential Street Address	City	State	Zip Code
88 Notch Hill Rd	North Branford	CT	06471

Principal Occupation	Name of Employer
Retired	CT retired

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: $25.00

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: 12/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Silber~~	~~Matt~~		~~1085~~

Residential Street Address	City	State	Zip Code
~~230 East Ave~~	~~Norwalk~~	~~CT~~	~~06855~~

Principal Occupation	Name of Employer
~~Teacher~~	~~Norwalk Public Schools~~

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: ~~$5.00~~

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: ~~12/28/2025~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Jones	Harvey		1086

Residential Street Address	City	State	Zip Code
12 Briar St	Norwalk	CT	06854

Principal Occupation	Name of Employer
Engineering Manager	Google

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: $25.00

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: 12/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
DiRollo	Mark		1087

Residential Street Address	City	State	Zip Code
33 Millport Ave	New Canaan	CT	06840

Principal Occupation	Name of Employer
Personal Assistant, Patient Advocate	Mark DiRollo - personsonal assistant, patient adv

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: $50.00

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: 12/28/2025

Aggregate Contributions: $475.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heimer	Win		1088

Residential Street Address	City	State	Zip Code
799 Prospect Ave # A2	West Hartford	CT	06105

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 12/28/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Lowell	Judi		1089

Residential Street Address	City	State	Zip Code
1 Hickory Ct	Columbia	CT	06237

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 12/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ryan	Mary		1090

Residential Street Address	City	State	Zip Code
205 Vernon Ave	Vernon	CT	06066

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 12/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Beman	Elizabeth		1091

Residential Street Address	City	State	Zip Code
21 Wicker St	Putnam	CT	06260

Principal Occupation	Name of Employer
Teacher	Town of Douglas

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: $25.00

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: 12/28/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Chinnock~~	~~Randal~~		~~1092~~

Residential Street Address	City	State	Zip Code
~~47 Kennerson Reservoir Rd~~	~~Ashford~~	~~CT~~	~~06278~~

Principal Occupation	Name of Employer
~~Retired~~	~~Na~~

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: ~~$100.00~~

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
~~12/28/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
Warinsky	Karen		1093

Residential Street Address	City	State	Zip Code
25 Tattoon Rd	Woodstock	CT	06281

Principal Occupation	Name of Employer
Retired	CT

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
Jamieson	Diane		1094

Residential Street Address	City	State	Zip Code
490 Sunset Hill Rd	North Grosvenordale	CT	06255

Principal Occupation	Name of Employer
Retired	CT

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
Forrester	Kerstin		1095

Residential Street Address	City	State	Zip Code
104 Underwood Rd Unit 15	Putnam	CT	06260

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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
12/28/2025	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Spiggle~~	~~Susan~~		~~1096~~

Residential Street Address	City	State	Zip Code
~~35 Samuel Hill Rd~~	~~Columbia~~	~~CT~~	~~06237~~

Principal Occupation	Name of Employer
~~Retired~~	~~None~~

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: ~~$150.00~~

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
~~12/28/2025~~	~~$300.00~~

Last Name	First	MI	Contribution ID #
Enderle	Paula		1097

Residential Street Address	City	State	Zip Code
210 Pond Factory Rd	Woodstock	CT	06281-1328

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
Colvin	Margaret		1098

Residential Street Address	City	State	Zip Code
10 Old River Rd	Willington	CT	06279

Principal Occupation	Name of Employer
Retired	CT

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: $15.00

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
12/28/2025	$15.00

Last Name	First	MI	Contribution ID #
Staehle	Bruce		1099

Residential Street Address	City	State	Zip Code
398 Brickyard Rd	Woodstock	CT	06281

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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
12/28/2025	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Duni~~	~~Christopher~~		~~1044~~

Residential Street Address	City	State	Zip Code
~~314 Dixwell Ave~~	~~New Haven~~	~~CT~~	~~06511~~

Principal Occupation	Name of Employer
~~Grant Writer~~	~~Anchor Health~~

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: ~~$25.00~~

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
~~12/28/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
MCCLEARY	Rita		1054

Residential Street Address	City	State	Zip Code
926 Ridge Rd	Hamden	CT	06517-2142

Principal Occupation	Name of Employer
Psychotherapist	Rita W McCleary, PsyD

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: $25.00

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
12/28/2025	$25.00

Last Name	First	MI	Contribution ID #
Laudano Jr	Salvatore		1048

Residential Street Address	City	State	Zip Code
1520 Dixwell Ave	Hamden	CT	06514

Principal Occupation	Name of Employer
Carpenter	Laudano Building & Remodeling, Inc

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: $50.00

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
12/28/2025	$50.00

Last Name	First	MI	Contribution ID #
Leary	Shannon		1082

Residential Street Address	City	State	Zip Code
8 Kilbourn Rd	Simsbury	CT	06070

Principal Occupation	Name of Employer
Manager, community outreach and business developme	Simsbury Community Media

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: $25.00

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
12/28/2025	$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Krantz	**Thomas**		**1051**

Residential Street Address	City	State	Zip Code
143 Hoyt St	**Stamford**	**CT**	**06905**

Principal Occupation: **Board Member**

Name of Employer: **World Alliance of International Financial Centers**

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: **$75.00**

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: **12/28/2025**

Aggregate Contributions: **$310.00**

Last Name	First	MI	Contribution ID #
Spiggle	**Susan**		**1096**

Residential Street Address	City	State	Zip Code
35 Samuel Hill Rd	**Columbia**	**CT**	**06237**

Principal Occupation: **Retired**

Name of Employer: **Retired**

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: **$150.00**

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: **12/28/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
~~**Leary**~~	~~**Shannon**~~		~~**1082**~~

Residential Street Address	City	State	Zip Code
~~**8 Kilbourn Rd**~~	~~**Simsbury**~~	~~**CT**~~	~~**06070**~~

Principal Occupation: ~~**special education advocate**~~

Name of Employer: ~~**Shannon Knall Special Education Advocate**~~

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: ~~**$25.00**~~

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: ~~**12/28/2025**~~

Aggregate Contributions: ~~**$75.00**~~

Last Name	First	MI	Contribution ID #
Chinnock	**Randal**		**1092**

Residential Street Address	City	State	Zip Code
47 Kennerson Reservoir Rd	**Ashford**	**CT**	**06278**

Principal Occupation: **Retired**

Name of Employer: **na**

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: **$100.00**

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: **12/28/2025**

Aggregate Contributions: **$100.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Doolittle~~	~~Erin~~		~~1019~~

Residential Street Address	City	State	Zip Code
~~117 Conway Rd~~	~~Manchester~~	~~CT~~	~~06042~~

Principal Occupation	Name of Employer
~~Marriage and Family therapist~~	~~Erin Doolittle, MA MFT~~

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: ~~$5.00~~

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
~~12/29/2025~~	~~$10.00~~

Last Name	First	MI	Contribution ID #
Pedersen	Janna		1032

Residential Street Address	City	State	Zip Code
PO Box 35	Storrs	CT	06268

Principal Occupation	Name of Employer
consultant	Connecticut

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: $25.00

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
12/29/2025	$25.00

Last Name	First	MI	Contribution ID #
Lewendon	Whitney		1023

Residential Street Address	City	State	Zip Code
57 Laurelwood Ln	Hamden	CT	06518

Principal Occupation	Name of Employer
retired	retired

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: $50.00

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
12/29/2025	$50.00

Last Name	First	MI	Contribution ID #
Doolittle	Erin		1019

Residential Street Address	City	State	Zip Code
117 Conway Rd	Manchester	CT	06042

Principal Occupation	Name of Employer
Marriage and Family therapist	Erin Doolittle, MA MFT

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: $5.00

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
12/29/2025	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lhamon	**Judy**		**1028**

Residential Street Address	City	State	Zip Code
24 King St	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$25.00**

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: **12/29/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
DUNN	**GREGORY**		**1026**

Residential Street Address	City	State	Zip Code
25 Bonnie View Dr	**Trumbull**	**CT**	**06611**

Principal Occupation	Name of Employer
retired	**retired**

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: **$25.00**

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: **12/29/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Must-Ettinger	Rachel		1015

Residential Street Address	City	State	Zip Code
500 Marble Rd	Orange	CT	06477

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 12/29/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
KINSLOE-BYERS	SUSI		1016

Residential Street Address	City	State	Zip Code
35 Nedwied	Tolland	CT	06084

Principal Occupation	Name of Employer
Retired	Retired

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: $10.00

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: 12/29/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Christensen	Tamara		1017

Residential Street Address	City	State	Zip Code
68 Wilson Ave # 210	Torrington	CT	06790

Principal Occupation	Name of Employer
Business Director	KidsPlay Children's Museum

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: $25.00

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: 12/29/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Chappell	Christopher		1018

Residential Street Address	City	State	Zip Code
132 Summer Hill Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Factory worker	CT

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: $25.00

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: 12/29/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Doolittle~~	~~Erin~~		~~1019~~

Residential Street Address	City	State	Zip Code
~~117 Conway Rd~~	~~Manchester~~	~~CT~~	~~06042~~

Principal Occupation	Name of Employer
~~Self-employed MFT~~	~~Erin Doolittle, MA MFT~~

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: ~~$5.00~~

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: ~~12/29/2025~~

Aggregate Contributions: ~~$15.00~~

Last Name	First	MI	Contribution ID #
Martinez-Alsina	Luis		1020

Residential Street Address	City	State	Zip Code
58 Eagle Ridge Dr	Gales Ferry	CT	06335

Principal Occupation	Name of Employer
Senior Principal Scientist	Pfizer

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: $5.00

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: 12/29/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Roth	Dana		1021

Residential Street Address	City	State	Zip Code
56 Deforest Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
Recreation Assistant	CT

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: $20.00

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: 12/29/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Beebe	Marilee		1022

Residential Street Address	City	State	Zip Code
90 Rhodes Rd	Tolland	CT	06084

Principal Occupation	Name of Employer
Civil Engineer	WSP USA

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: $75.00

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: 12/29/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
~~Lewendon~~	~~Whitney~~		~~1023~~

Residential Street Address	City	State	Zip Code
~~57 Laurelwood Ln~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~retired~~	~~CT~~

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: ~~$50.00~~

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: ~~12/29/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Rice	Andrew		1024

Residential Street Address	City	State	Zip Code
35 Quaker Pl	Milford	CT	06460

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $290.00

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: 12/29/2025

Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Desideraggio	Hillary		1025

Residential Street Address	City	State	Zip Code
88 Simsbury Rd	Granby	CT	06090

Principal Occupation	Name of Employer
Field Organizer	CT

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: $35.00

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
12/29/2025	$35.00

Last Name	First	MI	Contribution ID #
~~DUNN~~	~~GREGORY~~		~~1026~~

Residential Street Address	City	State	Zip Code
~~25 Bonnie View Dr~~	~~Trumbull~~	~~CT~~	~~06611~~

Principal Occupation	Name of Employer
~~retired~~	~~retired~~

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: ~~$25.00~~

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
~~12/29/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Schweitzer	Chris		1027

Residential Street Address	City	State	Zip Code
361 Elm St	New Haven	CT	06511

Principal Occupation	Name of Employer
Director	New Haven Leon SCP

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: $25.00

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
12/29/2025	$52.00

Last Name	First	MI	Contribution ID #
~~Lhamon~~	~~Judy~~		~~1028~~

Residential Street Address	City	State	Zip Code
~~24 King St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Retired~~	~~none~~

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: ~~$25.00~~

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
~~12/29/2025~~	~~$75.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barrington	Candace		1029

Residential Street Address	City	State	Zip Code
291 Townsend Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Higher Education	CCSU

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

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	Amount of Contribution
12/29/2025	$50.00	$25.00

Last Name	First	MI	Contribution ID #
VanDuzee	Kathleen		1030

Residential Street Address	City	State	Zip Code
198 Whisconier Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

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

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	Amount of Contribution
12/29/2025	$50.00	$25.00

Last Name	First	MI	Contribution ID #
Buhler	William		1031

Residential Street Address	City	State	Zip Code
8 Winchester Way	Cromwell	CT	06416

Principal Occupation	Name of Employer
Retired	Retired

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

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	Amount of Contribution
12/29/2025	$250.00	$50.00

Last Name	First	MI	Contribution ID #
~~Pedersen~~	~~Janna~~		~~1032~~

Residential Street Address	City	State	Zip Code
~~PO Box 35~~	~~Storrs~~	~~CT~~	~~06268~~

Principal Occupation	Name of Employer
~~Self-employed consultant~~	~~Connecticut~~

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

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	Amount of Contribution
~~12/29/2025~~	~~$50.00~~	~~$25.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lopez-Velasquez	Angela		1033

Residential Street Address	City	State	Zip Code
217 East Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Educator	CT

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: $25.00

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: 12/29/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hoffman	Diane		1034

Residential Street Address	City	State	Zip Code
190 Wilmot Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	CT

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: $25.00

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: 12/29/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Martinez	Maura		1035

Residential Street Address	City	State	Zip Code
87 Frederic Rd	Vernon	CT	06066

Principal Occupation	Name of Employer
Teacher	Enfield public schools

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: $5.00

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: 12/29/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gomberg	Maya		1036

Residential Street Address	City	State	Zip Code
4224 Pine St	Philadelphia	PA	19104

Principal Occupation	Name of Employer
Student	Student

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: $5.00

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: 12/29/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Palm	Christine		1037

Residential Street Address	City	State	Zip Code
29 E Liberty St	Chester	CT	06412

Principal Occupation	Name of Employer
Educator	The Active Voice

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: $100.00

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: 12/29/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Pallatto-Fontaine	Debra		1038

Residential Street Address	City	State	Zip Code
26 Maplewood Rd	Storrs	CT	06268

Principal Occupation	Name of Employer
Pastor	CT

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: $10.00

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: 12/29/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
currier	Tom		1039

Residential Street Address	City	State	Zip Code
15 Columbia Lndg	Columbia	CT	06237

Principal Occupation	Name of Employer
Real estate sales	Connecticut

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: $25.00

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: 12/29/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Crouch	Maurine		0964

Residential Street Address	City	State	Zip Code
156 Lakeview Ave	Hamden	CT	06514

Principal Occupation	Name of Employer
Public health	Yale

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: $25.00

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: 12/30/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Josephsen	Jeremiah		0965

Residential Street Address	City	State	Zip Code
184 Scribner Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Warehouse Manager	Lax.com

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: $75.00

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
12/30/2025	$75.00

Last Name	First	MI	Contribution ID #
Friday	Sandra		0966

Residential Street Address	City	State	Zip Code
44 Gordon St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $27.00

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
12/30/2025	$72.00

Last Name	First	MI	Contribution ID #
Donato	Frank		0967

Residential Street Address	City	State	Zip Code
15 Beech Tree Hill Rd	Shelton	CT	06484

Principal Occupation	Name of Employer
Retired	Retired

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: $10.00

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
12/30/2025	$10.00

Last Name	First	MI	Contribution ID #
Leonard	Catherine		0968

Residential Street Address	City	State	Zip Code
5 Constitution Plz	Hartford	CT	06103

Principal Occupation	Name of Employer
Software Developed	Otis Elevators

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: $320.00

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
12/30/2025	$470.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Borne	Rebecca		0969

Residential Street Address	City	State	Zip Code
28 Elmwood Rd	New Haven	CT	06515

Principal Occupation	Name of Employer
Attorney	CT Office of the Attorney General

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: $100.00

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: 12/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Elia	Cathy		0970

Residential Street Address	City	State	Zip Code
164 Dorrance St	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Morgan	Collin		0971

Residential Street Address	City	State	Zip Code
2 Foley Rd	Portland	CT	06480

Principal Occupation	Name of Employer
Software Engineer	Sonalysts, inc.

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: $25.00

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: 12/30/2025

Aggregate Contributions: $129.00

Last Name	First	MI	Contribution ID #
Jarvis	Pamela		0972

Residential Street Address	City	State	Zip Code
296 W Cornwall Rd	West Cornwall	CT	06796

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 12/30/2025

Aggregate Contributions: $175.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Popp	Cathy		0973

Residential Street Address	City	State	Zip Code
69 Belden Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
retired	retired

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: $50.00

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: 12/30/2025

Aggregate Contributions: $127.00

Last Name	First	MI	Contribution ID #
~~Kassen~~	~~Peter~~		~~0974~~

Residential Street Address	City	State	Zip Code
~~269 Moody Mount Rd~~	~~Lincolnville~~	~~ME~~	~~04849~~

Principal Occupation	Name of Employer
~~RET.~~	~~SELF~~

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: ~~$150.00~~

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: ~~12/30/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
~~Sieng~~	~~Ryan~~		~~0975~~

Residential Street Address	City	State	Zip Code
~~150 Foxon Rd~~	~~East Haven~~	~~CT~~	~~06513~~

Principal Occupation	Name of Employer
~~Student~~	~~Student~~

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: ~~$10.00~~

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: ~~12/30/2025~~

Aggregate Contributions: ~~$30.00~~

Last Name	First	MI	Contribution ID #
Kroop	Dale		0976

Residential Street Address	City	State	Zip Code
161 Thornton Street Hamden Ct # 6518	Hamden	CT	06517

Principal Occupation	Name of Employer
Consultant	na

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: $50.00

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: 12/30/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heimer	Win		0977

Residential Street Address	City	State	Zip Code
799 Prospect Ave # A2	West Hartford	CT	06105

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 12/30/2025

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Meyer	Kristen		0979

Residential Street Address	City	State	Zip Code
9 School Hill Ln	Westbrook	CT	06498

Principal Occupation	Name of Employer
Research Administrator	Yale University

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: $25.00

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: 12/30/2025

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Bowman	Phaedrel		0980

Residential Street Address	City	State	Zip Code
211 Shepard Ave	Hamden	CT	06514

Principal Occupation	Name of Employer
Teacher	Kelly Services

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: $5.00

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: 12/30/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gilstad-Hayden	Kate		0981

Residential Street Address	City	State	Zip Code
341 Cold Spring Dr	Westbrook	CT	06498

Principal Occupation	Name of Employer
Statistician	Yale

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: $25.00

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: 12/30/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hogan	Eileen		0982

Residential Street Address	City	State	Zip Code
330 Sharpless St	West Chester	PA	19382

Principal Occupation	Name of Employer
Administrative Asst.	Employer is JD2 Environmental, Inc.

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: $5.00

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: 12/30/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Bessette	Michael		0983

Residential Street Address	City	State	Zip Code
360 Abbe Rd	South Windsor	CT	06074

Principal Occupation	Name of Employer
Financial Examiner	State of Connecticut

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: $50.00

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: 12/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Graves	Jenny		0984

Residential Street Address	City	State	Zip Code
22 George St	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	City of New Haven- BOE

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: $50.00

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: 12/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sanchez	Teofilo		0985

Residential Street Address	City	State	Zip Code
109 Pease Rd	Woodbridge	CT	06525

Principal Occupation	Name of Employer
No	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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 12/30/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lucek	Susan		0986

Residential Street Address	City	State	Zip Code
95 Tolland Grn	Tolland	CT	06084

Principal Occupation	Name of Employer
Caregiver	Connecticut

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: $10.00

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: 12/30/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Cooney	Suzanne		0987

Residential Street Address	City	State	Zip Code
35 Filbert St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	retired

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: $27.00

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: 12/30/2025

Aggregate Contributions: $402.00

Last Name	First	MI	Contribution ID #
~~Heiss~~	~~Laurie~~		~~0988~~

Residential Street Address	City	State	Zip Code
~~105 Cross Hwy~~	~~Redding~~	~~CT~~	~~06896~~

Principal Occupation	Name of Employer
~~Self farmer/writer/ jewelry designer~~	~~Crossfield Concepts~~

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: ~~$15.00~~

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: ~~12/30/2025~~

Aggregate Contributions: ~~$30.00~~

Last Name	First	MI	Contribution ID #
Spiggle	Susan		0989

Residential Street Address	City	State	Zip Code
35 Samuel Hill Rd	Columbia	CT	06237

Principal Occupation	Name of Employer
Retired	Retired

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: $170.00

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: 12/30/2025

Aggregate Contributions: $470.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fountain	Christopher		0990

Residential Street Address	City	State	Zip Code
58 Severance Dr	Stamford	CT	06905

Principal Occupation	Name of Employer
AI Solutions Manager	Webster Bank

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: $100.00

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
12/30/2025	$100.00

Last Name	First	MI	Contribution ID #
Roy	Sarah		0991

Residential Street Address	City	State	Zip Code
3 Buena Vista Rd	Fairfield	CT	06825

Principal Occupation	Name of Employer
Outreach & Engagement Specialist	AECOM

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: $10.00

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
12/30/2025	$35.00

Last Name	First	MI	Contribution ID #
~~Seitz~~	~~Vicki~~		~~0992~~

Residential Street Address	City	State	Zip Code
~~194 Haverford St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$100.00~~

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
~~12/30/2025~~	~~$325.00~~

Last Name	First	MI	Contribution ID #
Waldron	Freesia		0993

Residential Street Address	City	State	Zip Code
148 Alexander Dr	Meriden	CT	06450

Principal Occupation	Name of Employer
Attorney	State of Connecticut Division of Public Defender S

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: $41.00

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
12/30/2025	$191.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Papps	Sheila		0994

Residential Street Address	City	State	Zip Code
70 Blanchard Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Marketing Professional	The Cigna Group

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: $10.00

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: 12/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Erard	Amanda		0995

Residential Street Address	City	State	Zip Code
27 Greenway St	Hamden	CT	06517

Principal Occupation	Name of Employer
Research Scientist	Yale University

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: $25.00

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: 12/30/2025

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Tomczak	Stephen Monroe		0996

Residential Street Address	City	State	Zip Code
60 Morningside Ter	Wallingford	CT	06492

Principal Occupation	Name of Employer
College Professor	Southern Connecticut State University

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: $50.00

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: 12/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Stio~~	~~Eileen~~		~~0997~~

Residential Street Address	City	State	Zip Code
~~123 Worth Ave~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Disabled, Retired~~	~~CT~~

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: ~~$50.00~~

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: ~~12/30/2025~~

Aggregate Contributions: ~~$250.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Waldron	Garrett		0998

Residential Street Address	City	State	Zip Code
148 Alexander Dr	Meriden	CT	06450

Principal Occupation	Name of Employer
Director of Business Development	CT

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: $15.00

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: 12/30/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Reilly	Brendan		0999

Residential Street Address	City	State	Zip Code
157 Washington Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Teacher	ACES

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: $25.00

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: 12/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Detmers	Mollie		1000

Residential Street Address	City	State	Zip Code
25 Lynwood Pl Apt 4	New Haven	CT	06511

Principal Occupation	Name of Employer
Server	Brazi,Äôs

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: $100.00

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: 12/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Casperson	Judy		1001

Residential Street Address	City	State	Zip Code
380 Auburn Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Small business and board consultant	Casperson Consulting LLC

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: $25.00

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: 12/30/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Smith	George		1002

Residential Street Address	City	State	Zip Code
8 Maplevale Rd	East Haven	CT	06512

Principal Occupation: Management

Name of Employer: A&G Cleaning Agents LLC

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: $100.00

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: 12/30/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Dlugolenski	Thomas		1003

Residential Street Address	City	State	Zip Code
64 Silver Brook Ln	North Granby	CT	06060

Principal Occupation: Retail Associate/Street Crew

Name of Employer: Springfield Thunderbirds

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: $25.00

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: 12/30/2025

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
O'Connor	Brian		1004

Residential Street Address	City	State	Zip Code
41 Brighton Dr	East Granby	CT	06026

Principal Occupation: Photographer

Name of Employer: State of Connecticut

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: $50.00

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: 12/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Stretch~~	~~Cynthia~~		~~1005~~

Residential Street Address	City	State	Zip Code
~~200 Alden Ave~~	~~New Haven~~	~~CT~~	~~06515~~

Principal Occupation: ~~Professor~~

Name of Employer: ~~Southern CT State U~~

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: ~~$50.00~~

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: ~~12/30/2025~~

Aggregate Contributions: ~~$200.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Salsich	James		1006

Residential Street Address	City	State	Zip Code
43 Herrick Rd	Brooklyn	CT	06234

Principal Occupation	Name of Employer
Teacher	Eastford Elementary School

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: $10.00

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: 12/30/2025

Aggregate Contributions: $55.00

Last Name	First	MI	Contribution ID #
Gordon	Amanda		1007

Residential Street Address	City	State	Zip Code
23 Golf Rd	Bolton	CT	06043

Principal Occupation	Name of Employer
Social work	CT

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: $25.00

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: 12/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Anderson	Erik		1008

Residential Street Address	City	State	Zip Code
23 Avenue C	Norwalk	CT	06854

Principal Occupation	Name of Employer
Partnerships Account Manager	JobTarget

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: $25.00

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: 12/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Smith	Debra		1009

Residential Street Address	City	State	Zip Code
1139 New Haven Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Head teacher	YMCA

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: $25.00

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: 12/30/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Boraey	Esam		1010

Residential Street Address	City	State	Zip Code
407 Lake St	Ithaca	NY	14850

Principal Occupation	Name of Employer
Center on Global Democracy	Cornell University

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: $25.00

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: 12/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rose	Mary		1011

Residential Street Address	City	State	Zip Code
274 Wall St	Hebron	CT	06248

Principal Occupation	Name of Employer
retired	retired

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: $5.00

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: 12/30/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Duryea~~	~~Tina~~		~~1012~~

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

Principal Occupation	Name of Employer
~~Artist Oil Painter~~	~~Self Employed TLDuryea~~

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: ~~$25.00~~

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: ~~12/30/2025~~

Aggregate Contributions: ~~$125.00~~

Last Name	First	MI	Contribution ID #
Rice	Marion		1013

Residential Street Address	City	State	Zip Code
138 Boston Post Rd	East Lyme	CT	06333

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 12/30/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rice	Joseph		1014

Residential Street Address	City	State	Zip Code
138 Boston Post Rd	East Lyme	CT	06333

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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: 12/30/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Duryea	**Tina**		**1012**

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

Principal Occupation	Name of Employer
Artist, Oil Painter	**Tina Duryea**

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: **$25.00**

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: **12/30/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Kassen	**Peter**		**0974**

Residential Street Address	City	State	Zip Code
269 Moody Mount Rd	**Lincolnville**	**ME**	**04849**

Principal Occupation	Name of Employer
RETIRED	**RETIRED**

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: **$150.00**

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: **12/30/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Stio	**Eileen**		**0997**

Residential Street Address	City	State	Zip Code
123 Worth Ave	**Hamden**	**CT**	**06518**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$50.00**

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: **12/30/2025**

Aggregate Contributions: **$200.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stretch	**Cynthia**		**1005**

Residential Street Address	City	State	Zip Code
200 Alden Ave	**New Haven**	**CT**	**06515**

Principal Occupation	Name of Employer
Professor	**Southern CT State U**

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: **$50.00**

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: **12/30/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Sieng	**Ryan**		**0975**

Residential Street Address	City	State	Zip Code
150 Foxon Rd	**East Haven**	**CT**	**06513**

Principal Occupation	Name of Employer
Student	**Student**

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: **$10.00**

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: **12/30/2025**

Aggregate Contributions: **$15.00**

Last Name	First	MI	Contribution ID #
Seitz	**Vicki**		**0992**

Residential Street Address	City	State	Zip Code
194 Haverford St	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Retired	**Retired**

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: **$100.00**

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: **12/30/2025**

Aggregate Contributions: **$225.00**

Last Name	First	MI	Contribution ID #
~~**Duryea**~~	~~**Tina**~~		~~**1012**~~

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

Principal Occupation	Name of Employer
~~**Artist Oil Painter**~~	~~**TLDuryea**~~

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: ~~**$25.00**~~

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: ~~**12/30/2025**~~

Aggregate Contributions: ~~**$100.00**~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heiss	Laurie		0988

Residential Street Address	City	State	Zip Code
105 Cross Hwy	Redding	CT	06896

Principal Occupation	Name of Employer
farmer/writer/ jewelry designer	Crossfield Concepts

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: $15.00

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: 12/30/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
~~Barton~~	~~Frank~~		~~0911~~

Residential Street Address	City	State	Zip Code
~~636 Cherry Brook Rd~~	~~North Canton~~	~~CT~~	~~06059~~

Principal Occupation	Name of Employer
~~retired~~	~~retired~~

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: ~~$5.00~~

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: ~~12/31/2025~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Salsich	Jan		0933

Residential Street Address	City	State	Zip Code
27 Church St	Mystic	CT	06355

Principal Occupation	Name of Employer
Retired	Retired

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Webel	Susan	J	0921

Residential Street Address	City	State	Zip Code
115 Andrew Dr	Canton	CT	06019

Principal Occupation	Name of Employer
Retired	Retired

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: $50.00

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: 12/31/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ziogas	**Christopher**		**0932**

Residential Street Address	City	State	Zip Code
32 Woodland Dt	**Bristol**	**CT**	**06010**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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	Amount of Contribution
12/31/2025	**$75.00**	**$75.00**

Last Name	First	MI	Contribution ID #
Collette	**Sara**		**0931**

Residential Street Address	City	State	Zip Code
825 Hollyhock Ln	**Orange**	**CT**	**06477**

Principal Occupation	Name of Employer
School Administrator	**Milford CT Board of Ed**

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

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	Amount of Contribution
12/31/2025	**$100.00**	**$100.00**

Last Name	First	MI	Contribution ID #
Heuss-Severance	**Gwenith**		**0945**

Residential Street Address	City	State	Zip Code
24 King St	**Hamden**	**CT**	**06517-2313**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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	Amount of Contribution
12/31/2025	**$25.00**	**$25.00**

Last Name	First	MI	Contribution ID #
Khan-Bureau	**Diba**	**A**	**0923**

Residential Street Address	City	State	Zip Code
40 Hill Top Trl	**Salem**	**CT**	**06420**

Principal Occupation	Name of Employer
Professor	**CT State Community College**

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

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	Amount of Contribution
12/31/2025	**$150.00**	**$50.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barton	**Frank**		**0911**

Residential Street Address	City	State	Zip Code
636 Cherry Brook Rd	**North Canton**	**CT**	**06059**

Principal Occupation	Name of Employer
retired	**retired**

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: **$5.00**

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: **12/31/2025**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
Bowens	Tracy		0902

Residential Street Address	City	State	Zip Code
152 Country Hills Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Manager	Unilever

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: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 10242025C

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 12/31/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Bowens	Tracy		0903

Residential Street Address	City	State	Zip Code
152 Country Hills Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Manager	Unilever

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: $50.00

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: 12/31/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Fox	Paul		0904

Residential Street Address	City	State	Zip Code
11 Hanford Pl	Norwalk	CT	06854

Principal Occupation	Name of Employer
Engineer	ASML

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: $50.00

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: 12/31/2025

Aggregate Contributions: $125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Foley	Douglas		0905

Residential Street Address	City	State	Zip Code
11 Doren Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Business Development	Please & Thank You

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: $50.00

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: 12/31/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Burt	Mary Christine		0906

Residential Street Address	City	State	Zip Code
75 Carmalt Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Attorney	CT

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: $200.00

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: 12/31/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Pruslow	Darren		0907

Residential Street Address	City	State	Zip Code
115 Bellevue Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Attorney	Connecticut Veterans Legal Center

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: $27.00

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: 12/31/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Giddings	Joanna		0908

Residential Street Address	City	State	Zip Code
503 Oak Ridge Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher (disabled)	disabled

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: $100.00

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: 12/31/2025

Aggregate Contributions: $145.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Johnson	Ruth		0909

Residential Street Address	City	State	Zip Code
97 Wakefield St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Caro	Jen		0910

Residential Street Address	City	State	Zip Code
169 Russo Dr	Hamden	CT	06518

Principal Occupation	Name of Employer
Engineer	State of Connecticut

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: $12.00

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: 12/31/2025

Aggregate Contributions: $62.00

Last Name	First	MI	Contribution ID #
~~Barton~~	~~Frank~~		~~0911~~

Residential Street Address	City	State	Zip Code
~~636 Cherry Brook Rd~~	~~North Canton~~	~~CT~~	~~06059~~

Principal Occupation	Name of Employer
~~retired~~	~~CT~~

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: ~~$5.00~~

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: ~~12/31/2025~~

Aggregate Contributions: ~~$15.00~~

Last Name	First	MI	Contribution ID #
Jefferson	Edward		0912

Residential Street Address	City	State	Zip Code
373 Hill St	Hamden	CT	06514

Principal Occupation	Name of Employer
Owner	CCP Plumbing

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jefferson	Nichole		0913

Residential Street Address	City	State	Zip Code
373 Hill St	Hamden	CT	06514

Principal Occupation	Name of Employer
Executive Director	City of New Haven

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pope	Jennifer		0914

Residential Street Address	City	State	Zip Code
37 Woodstock Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Clinical Research Manager	Yale University

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: $75.00

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: 12/31/2025

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Bilodeau	Kayla		0915

Residential Street Address	City	State	Zip Code
5 Mel Rd	Plainville	CT	06062

Principal Occupation	Name of Employer
Instructional designer	GoGuardian

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Parker McKernan	Sara		0916

Residential Street Address	City	State	Zip Code
84 Yale Ave	Middlebury	CT	06762

Principal Occupation	Name of Employer
Policy Advocate	New Haven Legal Assistance

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Post	Albert		0917

Residential Street Address	City	State	Zip Code
814 Rail Fence Rd	Orange	CT	06477

Principal Occupation	Name of Employer
Retired	Retired

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: $10.00

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: 12/31/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
White	Stephen		0918

Residential Street Address	City	State	Zip Code
131 Thornton St	Hamden	CT	06517

Principal Occupation	Name of Employer
Engineer	Town of Hamden

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: $100.00

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: 12/31/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Oliveri	Steven		0919

Residential Street Address	City	State	Zip Code
266 Florida Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Teacher	Norwalk Public Schools

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: $27.00

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: 12/31/2025

Aggregate Contributions: $52.00

Last Name	First	MI	Contribution ID #
Smith	Frank		0920

Residential Street Address	City	State	Zip Code
232 2nd Ave	Milford	CT	06460

Principal Occupation	Name of Employer
State Legislator	State Legislator

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: $75.00

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: 12/31/2025

Aggregate Contributions: $125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Webel~~	~~Susan~~		~~0921~~

Residential Street Address	City	State	Zip Code
~~115 Andrew Dr~~	~~Canton~~	~~CT~~	~~06019~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$50.00~~

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
~~12/31/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Lamarre	Rebecca		0922

Residential Street Address	City	State	Zip Code
101 Dutton Rd	Pelham	NH	03076

Principal Occupation	Name of Employer
Lawyer	Devine Millimet & Branch, P.A.

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: $150.00

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
12/31/2025	$175.00

Last Name	First	MI	Contribution ID #
~~Khan-Bureau~~	~~Diba~~		~~0923~~

Residential Street Address	City	State	Zip Code
~~40 Hill Top Trl~~	~~Salem~~	~~CT~~	~~06420~~

Principal Occupation	Name of Employer
~~Professor~~	~~CT State Community College~~

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: ~~$50.00~~

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
~~12/31/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
Mack	Tyler		0924

Residential Street Address	City	State	Zip Code
3741 Main St	Stratford	CT	06614

Principal Occupation	Name of Employer
Policy and Advocacy Strategist	The Connecticut Project

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: $100.00

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
12/31/2025	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cannady	Dana		0925

Residential Street Address	City	State	Zip Code
2405 Whitney Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Finance	Aware Recovery Care

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: $10.00

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: 12/31/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Keyl	Kari Henkelmann		0926

Residential Street Address	City	State	Zip Code
124 Murlyn Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Pastor	University Lutheran Ministry of New Haven

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Romano	Gina		0927

Residential Street Address	City	State	Zip Code
1 Terrace Dr	Sherman	CT	06784

Principal Occupation	Name of Employer
Computer consultant - cybersecurity	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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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: 12/31/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Skoggard	Ian		0928

Residential Street Address	City	State	Zip Code
42 Cleveland Rd	New Haven	CT	06515

Principal Occupation	Name of Employer
Retired	N/A

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: $25.00

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: 12/31/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Yukich	Grace		0929

Residential Street Address	City	State	Zip Code
109 Filbert St	Hamden	CT	06517

Principal Occupation	Name of Employer
Professor	Quinnipiac University

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Tolsdorf	Katherine		0930

Residential Street Address	City	State	Zip Code
104 Hunt Rd	Columbia	CT	06237

Principal Occupation	Name of Employer
retired	West Hartford Public Schools

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Franchini~~	~~S~~		~~0931~~

Residential Street Address	City	State	Zip Code
~~825 Hollyhock Ln~~	~~Orange~~	~~CT~~	~~06477~~

Principal Occupation	Name of Employer
~~School Administrator~~	~~Milford CT Board of Ed~~

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: ~~$100.00~~

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: ~~12/31/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
~~Ziogas~~	~~Chris~~		~~0932~~

Residential Street Address	City	State	Zip Code
~~32 Woodland Dt~~	~~Bristol~~	~~CT~~	~~06010~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$75.00~~

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: ~~12/31/2025~~

Aggregate Contributions: ~~$150.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Salsich~~	~~Janice~~		~~0933~~

Residential Street Address	City	State	Zip Code
~~27 Church St~~	~~Mystic~~	~~CT~~	~~06355~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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: ~~$25.00~~

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
~~12/31/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
Repasz	Craig		0934

Residential Street Address	City	State	Zip Code
18 Nutmeg Hill Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	Retired

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: $75.00

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
12/31/2025	$225.00

Last Name	First	MI	Contribution ID #
Petersen	Erica		0935

Residential Street Address	City	State	Zip Code
137 Rood Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
Customer Support	PC Development Group

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: $5.00

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
12/31/2025	$5.00

Last Name	First	MI	Contribution ID #
Johnson	Deborah		0936

Residential Street Address	City	State	Zip Code
66 Thompson St	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	CT

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: $25.00

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
12/31/2025	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Price	Richard		0937

Residential Street Address	City	State	Zip Code
292 Deming Rd	Berlin	CT	06037

Principal Occupation	Name of Employer
Retired journalist	Retired

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Smith-Bolden	Kebra		0938

Residential Street Address	City	State	Zip Code
255 Pine Rock Ave	Hamden	CT	06514-2626

Principal Occupation	Name of Employer
Nurse	N/a

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ugurlu	Yasemin		0939

Residential Street Address	City	State	Zip Code
15 Boulder Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
Entrepreneur	Reboot Eco

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Neal-Sanjurjo	Serena		0940

Residential Street Address	City	State	Zip Code
31 Marvel Rd	New Haven	CT	06515

Principal Occupation	Name of Employer
Consultant	Self

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: $150.00

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: 12/31/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Doerr	Kristi		0941

Residential Street Address	City	State	Zip Code
12 Penny Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
AVP Tax	Richemont North America Inc

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: $100.00

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: 12/31/2025

Aggregate Contributions: $205.00

Last Name	First	MI	Contribution ID #
Witkowski	Alexander		0942

Residential Street Address	City	State	Zip Code
672 Queen St	Southington	CT	06489

Principal Occupation	Name of Employer
Electrician	Brighthouse Electric

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: $250.00

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: 12/31/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Wright	Lynn		0943

Residential Street Address	City	State	Zip Code
680 Knapps Hwy	Fairfield	CT	06825

Principal Occupation	Name of Employer
Caretaker	Caretaker

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Trombly	Christopher		0944

Residential Street Address	City	State	Zip Code
1834 Ella T Grasso Blvd	New Haven	CT	06511

Principal Occupation	Name of Employer
Dean	Southern Connecticut State University

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: $45.00

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: 12/31/2025

Aggregate Contributions: $45.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Heuss-Severance~~	~~Gwenith~~		~~0945~~

Residential Street Address	City	State	Zip Code
~~24 King St~~	~~Hamden~~	~~CT~~	~~06517-2313~~

Principal Occupation	Name of Employer
~~Retired~~	~~CT~~

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: ~~$25.00~~

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
~~12/31/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
Fareus	Shineika		0946

Residential Street Address	City	State	Zip Code
14 Hempstead Ct	New London	CT	06320

Principal Occupation	Name of Employer
Project executive director	A better way Foundation

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: $25.00

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
12/31/2025	$25.00

Last Name	First	MI	Contribution ID #
Molito	Justin		0947

Residential Street Address	City	State	Zip Code
32 Mile Hill Rd S	Newtown	CT	06470

Principal Occupation	Name of Employer
Director of Organizing	Writers Guild of America, East

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: $150.00

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
12/31/2025	$225.00

Last Name	First	MI	Contribution ID #
Ellmore	Ian		0948

Residential Street Address	City	State	Zip Code
106 Filbert St	Hamden	CT	06517

Principal Occupation	Name of Employer
Engineer	Lockheed Martin - Sikorsky

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: $100.00

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
12/31/2025	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Josh for CT

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mallozzi	Massimo		0949

Residential Street Address	City	State	Zip Code
39 Birch St	Trumbull	CT	06611

Principal Occupation	Name of Employer
SVP IT	Convive Brands

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: $20.00

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: 12/31/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Fleck	Paul		0950

Residential Street Address	City	State	Zip Code
112 Shepards Knoll Dr	Hamden	CT	06514

Principal Occupation	Name of Employer
Executive Director	Immigration Law & Justice New York

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: $10.00

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: 12/31/2025

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Sartori	John		0951

Residential Street Address	City	State	Zip Code
126 Elmfield St	West Hartford	CT	06110

Principal Occupation	Name of Employer
Manager	Kinsley Group

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: $25.00

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: 12/31/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Van Buren	Tyler		0952

Residential Street Address	City	State	Zip Code
49 Red Hill Dr .	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Principal + Founder	Van Buren Media LLC

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: $45.00

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: 12/31/2025

Aggregate Contributions: $45.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Soaft	Emma		0953

Residential Street Address	City	State	Zip Code
301 Addison Rd	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $10.00

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: 12/31/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Dawson	Christopher		0954

Residential Street Address	City	State	Zip Code
81 Bangall Rd	Stamford	CT	06903

Principal Occupation	Name of Employer
HR consultant	HR Lodestar LLC

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Shinde	Sanjay		0955

Residential Street Address	City	State	Zip Code
39 Pocahontas Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
IT	Travelers

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: $50.00

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: 12/31/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Ramos	Juan		0956

Residential Street Address	City	State	Zip Code
29 Kathleen Dr	Willimantic	CT	06226

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Woods	Connie		0957

Residential Street Address	City	State	Zip Code
10 Fort Hill Rd # 2C	Groton	CT	06340

Principal Occupation	Name of Employer
Homemaker	Homemaker

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: $27.00

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: 12/31/2025

Aggregate Contributions: $54.00

Last Name	First	MI	Contribution ID #
Evins	Eleanor		0958

Residential Street Address	City	State	Zip Code
2405 Whitney Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
teacher	Foote School

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: $27.00

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: 12/31/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Annes	Eric		0959

Residential Street Address	City	State	Zip Code
200 Thornton St	Hamden	CT	06517

Principal Occupation	Name of Employer
STA	State of Connecticut

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: $25.00

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: 12/31/2025

Aggregate Contributions: $65.00

Last Name	First	MI	Contribution ID #
Ebersole	Garrett		0960

Residential Street Address	City	State	Zip Code
42 N Woods Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Engineer	Medtronic

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: $25.00

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: 12/31/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Congdon	Bob		0961

Residential Street Address	City	State	Zip Code
20 Meadowbrook Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	CT

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: $100.00

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: 12/31/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Liebman	Carol		0962

Residential Street Address	City	State	Zip Code
894 Saybrook Rd	Haddam	CT	06438

Principal Occupation	Name of Employer
Retired	Retired

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: $5.00

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: 12/31/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lee-Chin	Matthew		0963

Residential Street Address	City	State	Zip Code
175 Godfrey Rd E	Weston	CT	06883

Principal Occupation	Name of Employer
Teacher	Equality Charter School

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: $5.00

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: 12/31/2025

Aggregate Contributions: $5.00

Total of Section B	**$39,918.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$39,918.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	January 10 Filing - 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	January 10 Filing - 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	January 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Key Bank Classic Business Checking	11/24/2025	

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

Description	Amount Received
Promo	$500.00

Name	Date of Transaction	Amount Received
Richard Suisman	12/30/2025	

Street Address	City	State	Zip Code
2100 Massachussetts Ave NW	Washington	DC	20008

Description	Amount Received
Refund check returned (not cashed)	$320.00

Total of Section I	**$820.00**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
10/24/2025	C	Home Fundraiser	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
1385 Paradise Ave	Hamden	CT	06514

Was this event hosted at a personal residence?	[X] 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 [X] 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 [X] No	(If yes, enter Total Receipts here.) $0.00

Event # / Date of Event	Letter	Description	Was this a fundraising event?
12/14/2025	D	Meet and Greet Event	[ ] Yes [X] No

Location: Street Address	City	State	Zip Code
2323 Whitney Ave	Hamden	CT	06518

Was this event hosted at a personal residence?	[ ] Yes [X] 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 [X] 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 [X] No	(If yes, enter Total Receipts here.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - 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	January 10 Filing - Amendment

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host	Is this event supporting more than one candidate?	
Graziela Reis and Mark Costa	☐ Yes ☒ No	If yes, complete Itemization in Addendum J4

Street Address	City	State	Zip Code
1385 Paradise Ave	Hamden	CT	06514

Description of Donation			Fair Market Value of Donation
Food and beverage			
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	
10242025C	$200.00	$200.00	$200.00

Total of Section J4	**$200.00**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - 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

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	January 10 Filing - 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	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	10/06/2025	[X] Check # EBX148SJ [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
RMB	Action Network	$297.95

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
Devon Weber	10/07/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
4801 2E Ave # 500	Montreal	YT	

Purpose of Expendit	Description	Amount
CNSLT		$4,000.00

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
Brendan Regan	10/07/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
39 N Riverside Ave	Croton On Hudson	NY	10520

Purpose of Expendit	Description	Amount
CNSLT		$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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sophie Coassin	10/07/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
33 Westerly Dr	Hamden	CT	06518

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			$500.00

Name of Payee	Date of Payment	Method of Payment
Mercy Quaye	10/07/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
790 Main St	Hamden	CT	06514

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			$4,000.00

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	10/08/2025	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
BNK	Service Charge	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Thomas Keegan	10/14/2025	[X] Check # 49069697 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
29 Filbert St	Hamden	CT	06517

Purpose of Expendit	Description	Amount
REF	Contributor Requested Refund	$100.00

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
Mercy Quaye	10/15/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
790 Main St	Hamden	CT	06514

Purpose of Expendit	Description	Amount
CNSLT		$4,000.00

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
Devon Weber	10/15/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
4801 2E Ave # 500	Montreal	YT	

Purpose of Expendit	Description	Amount
RMB	HeyOrca!	$67.84

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	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Grassroots Analytics, Inc	10/20/2025	[X] Check # 49114065 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
806 7th St NW Ste 3	Washington	DC	20001

Purpose of Expendit	Description	Amount
CNSLT	Invoice 16820	$2,000.00

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
Debra Brown	10/27/2025	[X] Check # 49164118 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
157 Santamaria Dr	Torrington	CT	06790

Purpose of Expendit	Description	Amount
REF	Refund	$300.00

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
Sophie Coassin	11/05/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
33 Westerly Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
CNSLT	social media	$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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Devon Weber	11/05/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4801 2E Ave # 500	Montreal	YT	

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			$4,000.00

Name of Payee	Date of Payment	Method of Payment
Devon Weber	11/05/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4801 2E Ave	Montreal	YT	

Purpose of Expendit	Description	Amount
RMB	Hey Orca	

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			$67.84

Name of Payee	Date of Payment	Method of Payment
Mercy Quaye	11/05/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
790 Main St	Hamden	CT	06514

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			$4,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brendan Regan	11/06/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
39 N Riverside Ave	Croton O N Hudson	NY	10520

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			$500.00

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	11/10/2025	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
BNK	ACH Return 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

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	11/10/2025	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
BNK	Service Charge	

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			$3.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	11/10/2025	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
BNK	Service charge	

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	11/10/2025	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
BNK	Return 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

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	11/10/2025	☒ Check # 49238684 ☐ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
RMB	Action Network	

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			$232.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Democratic State Central Committee	11/12/2025	[X] Check # 49295202 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
750 Main St	Hartford	CT	06103

Purpose of Expendit	Description	Amount
A-PH-BNK	DSCSS Voter List	$5,000.00

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
Devon Weber	11/18/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
4801 2E Ave # 500	Montreal	YT	

Purpose of Expendit	Description	Amount
CNSLT		$2,000.00

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
Jayden Rameikas	11/24/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
186 Oxford St	Hartford	CT	06105

Purpose of Expendit	Description	Amount
CNSLT		$1,587.50

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	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jayden Rameikas	12/02/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
186 Oxford St	Hartford	CT	06105

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			$2,552.50

Name of Payee	Date of Payment	Method of Payment
Sophie Coassin	12/03/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
33 Westerly Dr	Hamden	CT	06518

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			$500.00

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	12/08/2025	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
BNK	Service Charge	

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			$3.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	12/08/2025	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
BNK	Service Charge	

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
Mercy Quaye	12/12/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
790 Main St	Hamden	CT	06514

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			$2,000.00

Name of Payee	Date of Payment	Method of Payment
Brendan Regan	12/12/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
39 N Riverside Ave	Croton On Hudson	NY	10520

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			$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lynn Coville	12/15/2025	[X] Check # 49537076 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
164 Hammock Raod	Westbrook	CT	06498-1780

Purpose of Expendit	Description	Amount
REF	Refund - excess contribution	$150.00

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
Jayden Rameikas	12/17/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
186 Oxford St	Hartford	CT	06105

Purpose of Expendit	Description	Amount
CNSLT		$3,062.50

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
USPS PO Boxes Online	12/17/2025	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
n/a	Washington	DC	

Purpose of Expendit	Description	Amount
POST	PO Box	$67.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	12/24/2025	[X] Check # HBI112SN [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
RMB	Food & beverage Meet & Greet	

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			$128.70

Name of Payee	Date of Payment	Method of Payment
Jayden Rameikas	12/30/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
186 Oxford St	Hartford	CT	06105

Purpose of Expendit	Description	Amount
CNSLT	Deputy Campaign Manager	

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			$3,000.00

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	12/31/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
Misc *	Anedot Fees	

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			$1,784.22

Total of Section N	$47,444.85

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Action Network	10/03/2025	[X] Yes [ ] No	

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

Purpose of Expenditure (by code)	Description	Event #	Amount
WEB			$297.95

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Action Network	11/03/2025	[X] Yes [ ] No	

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

Purpose of Expenditure (by code)	Description	Event #	Amount
WEB			$232.30

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Haven Beer Company	12/14/2025	[X] Yes [ ] No	

Street Address	City	State	Zip Code
2323 Whitney Ave	Hamden	CT	06518

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD		12142025D	$128.70

Total of Section O	$658.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - 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 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	January 10 Filing - 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 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	January 10 Filing - Amendment

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:
Weber	Devon		10/14/2025	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Hey Orca			
Street Address of Vendor	**City**	**State**	**Zip Code**
St. John's	Nl	CA	

Purpose of Expenditure (by code)	Description
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 completes Itemization in Addendum R			$67.84

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Weber	Devon		11/04/2025	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Hey Orca!			
Street Address of Vendor	**City**	**State**	**Zip Code**
St. John's	Nl	CA	

Purpose of Expenditure (by code)	Description
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 completes Itemization in Addendum R			$67.84

Total of Section R	**$135.68**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - 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