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

[✓] 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**	**06/11/2026 10:22:41PM**
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: Retired
Name of Employer: 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: 10/01/2025
Aggregate Contributions: $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: Secretary
Name of Employer: 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: $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: 10/01/2025
Aggregate Contributions: $170.00

Last Name	First	MI	Contribution ID #
~~Tobin~~	~~Michael~~		~~0652~~
Residential Street Address	**City**	**State**	**Zip Code**
~~74 Helen St~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation: ~~Retired~~
Name of Employer: ~~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: ~~$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: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Finch	Brian		0653
Residential Street Address	**City**	**State**	**Zip Code**
654 Naugatuck Ave	Milford	CT	06461

Principal Occupation: IT
Name of Employer: 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: $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

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 #
Welch-Collins	Baird		0654
Residential Street Address	**City**	**State**	**Zip Code**
145 Jones Hollow Rd	Marlborough	CT	06447

Principal Occupation: Teacher
Name of Employer: 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: Public Defender
Name of Employer: 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: 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: $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: **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: **$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)	TYPE OF REPORT
Josh for CT	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)	TYPE OF REPORT
Josh for CT	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: ~~10/03/2025~~

Aggregate Contributions: ~~$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: ~~10/03/2025~~

Aggregate Contributions: ~~$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: 10/03/2025

Aggregate Contributions: $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: 10/03/2025

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 #
Eckert	**Jeffrey**		**0643**
Residential Street Address	City	State	Zip Code
220 Honey Hill Rd	**Watertown**	**CT**	**06795**

Principal Occupation: **Unemployed**
Name of Employer: **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 #
Medina	**Melvin**		**0642**
Residential Street Address	City	State	Zip Code
9 Dickinson Dr	**Woodbridge**	**CT**	**06525**

Principal Occupation: **Vice President of Advocacy and External Affairs**
Name of Employer: **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 #
Sieng	**Ryan**		**0640**
Residential Street Address	City	State	Zip Code
150 Foxon Rd	**East Haven**	**CT**	**06513**

Principal Occupation: **Student**
Name of Employer: **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: ~~Student~~
Name of Employer: ~~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)	TYPE OF REPORT
Josh for CT	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: ~~10/06/2025~~

Aggregate Contributions: ~~$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: 10/06/2025

Aggregate Contributions: $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: 10/06/2025

Aggregate Contributions: $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: 10/06/2025

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 #
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 #
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

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: ~~$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 #
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: 10/07/2025

Aggregate Contributions: $50.00

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 #
~~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: ~~10/08/2025~~

Aggregate Contributions: ~~$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: 10/08/2025

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 #
Allik	Judith		0628
Residential Street Address	**City**	**State**	**Zip Code**
30 Russell Ave	Stonington	CT	06379

Principal Occupation: Clinical Child Psychologist
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: $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: 10/08/2025
Aggregate Contributions: $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: **Owner**
Name of Employer: **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
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: **10/08/2025**
Aggregate Contributions: **$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: Admin Mgr
Name of Employer: 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
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: 10/09/2025
Aggregate Contributions: $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: Actuary
Name of Employer: 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
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: 10/10/2025
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 #
~~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: ~~10/10/2025~~

Aggregate Contributions: ~~$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: **10/10/2025**

Aggregate Contributions: **$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: 10/11/2025

Aggregate Contributions: $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: ~~10/12/2025~~

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 #
Godzeno	Robert		0620
Residential Street Address	**City**	**State**	**Zip Code**
29 Douglas Ave Unit B	Stamford	CT	06906

Principal Occupation: Attorney
Name of Employer: 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: ~~Substitute Teacher, retired amusemant park operato~~
Name of Employer: ~~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: ~~$50.00~~

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: **Professor**
Name of Employer: **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 #
Romano	**Gina**		**0621**
Residential Street Address	**City**	**State**	**Zip Code**
1 Terrace Dr	**Sherman**	**CT**	**06784**

Principal Occupation: **Manager**
Name of Employer: **Omano Cybersecurity**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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**

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	**Jan**		**0893**
Residential Street Address	**City**	**State**	**Zip Code**
27 Church St	**Mystic**	**CT**	**06355**

Principal Occupation: **Retired**
Name of Employer: **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
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**

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: Psychotherapist
Name of Employer: 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: $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

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: Public Relations
Name of Employer: 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
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: 10/13/2025
Aggregate Contributions: $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: Teacher
Name of Employer: 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: 10/13/2025
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 #
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

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: 10/13/2025

Aggregate Contributions: $320.00

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

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

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: ~~$50.00~~

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

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: ~~$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 #
Bonafe	**Nathalie**		**0664**
Residential Street Address	**City**	**State**	**Zip Code**
29 Grand Ave	**New Haven**	**CT**	**06513**

Principal Occupation: **Owner**

Name of Employer: **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 #
James	David		0891
Residential Street Address	**City**	**State**	**Zip Code**
1863 Chamberlain Hwy	Berlin	CT	06037

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: $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: 10/14/2025

Aggregate Contributions: $5.00

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: ~~Engineering Technician~~

Name of Employer: ~~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 #
Dorman	**Brett**		**0665**
Residential Street Address	**City**	**State**	**Zip Code**
54 Cedar Ridge Dr	**Glastonbury**	**CT**	**06033**

Principal Occupation: **CAD Draftsperson**

Name of Employer: **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**

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 #
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

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

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		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

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 #
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

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

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		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 #
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~~

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 #
~~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~~

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~~

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 #
Sky	Mitzy		0682
Residential Street Address	**City**	**State**	**Zip Code**
111 Towne St # 412	Stamford	CT	06902

Principal Occupation: Associate counselor
Name of Employer: 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

Last Name	First	MI	Contribution ID #
~~Mower~~	~~Nicolas~~		~~0873~~
Residential Street Address	**City**	**State**	**Zip Code**
~~34 William St~~	~~Cambridge~~	~~MA~~	~~02139~~

Principal Occupation: ~~Engineer~~
Name of Employer: ~~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: ~~Unemployed~~
Name of Employer: ~~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 #
Audette	**Brian**		**0680**
Residential Street Address	**City**	**State**	**Zip Code**
659 Jones Hill Rd	**West Haven**	**CT**	**06516**

Principal Occupation: **Game Designer**
Name of Employer: **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)	TYPE OF REPORT
Josh for CT	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: Sales - construction
Name of Employer: 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 #
Cintron	Josue		0876
Residential Street Address	**City**	**State**	**Zip Code**
164 Oak St	East Hartford	CT	06118

Principal Occupation: Unemployed
Name of Employer: 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 #
Mower	Nicolas		0873
Residential Street Address	**City**	**State**	**Zip Code**
34 William St	Cambridge	MA	02139

Principal Occupation: Structural Engineer
Name of Employer: 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: 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: $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

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 #
Wilusz	**Tony**		**0676**
Residential Street Address	**City**	**State**	**Zip Code**
157 Santamaria Dr	**Torrington**	**CT**	**06790**

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: **$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**

Last Name	First	MI	Contribution ID #
Chenier	**Christopher**		**0868**
Residential Street Address	**City**	**State**	**Zip Code**
56 Prospect St #	**Portland**	**CT**	**06480**

Principal Occupation: **Designer**
Name of Employer: **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
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: **10/25/2025**
Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Bomke	David		0683
Residential Street Address	City	State	Zip Code
112 Laura Rd	Hamden	CT	06514

Principal Occupation: Part time energy consultant, DBA Bomke & Company L
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: $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: Nanny
Name of Employer: 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

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 #
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

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 #
~~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

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: ~~10/25/2025~~

Aggregate Contributions: ~~$50.00~~

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

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: 10/25/2025

Aggregate Contributions: $150.00

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

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 #
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

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

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 #
Garland	Farrah		0865
Residential Street Address	**City**	**State**	**Zip Code**
396 N Stonington Rd	Stonington	CT	06378

Principal Occupation: Activist
Name of Employer: 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

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: Instructor
Name of Employer: 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: ~~Dean~~
Name of Employer: ~~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: ~~retired~~
Name of Employer: ~~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~~

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 #
Cumberbatch	Evelyn		0856
Residential Street Address	**City**	**State**	**Zip Code**
147 Thornton St	Hamden	CT	06517

Principal Occupation: Psychiatrist
Name of Employer: 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 #
Hardy	Travis		0857
Residential Street Address	**City**	**State**	**Zip Code**
7 Homer St	Norwalk	CT	06851

Principal Occupation: Non-Profit/Education
Name of Employer: 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: Political Director
Name of Employer: 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: **Associate Dean of Institutional Advancement**
Name of Employer: **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**

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 #
McEvoy	**Victoria**		**0699**
Residential Street Address	**City**	**State**	**Zip Code**
200 Tyler St # 309	**New Haven**	**CT**	**06512**

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: **$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**

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: **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: **$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: **10/30/2025**
Aggregate Contributions: **$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: **Artist Manager**
Name of Employer: **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: **10/30/2025**
Aggregate Contributions: **$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: sales Counselor
Name of Employer: 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: 10/30/2025
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 #
~~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: ~~10/30/2025~~

Aggregate Contributions: ~~$200.00~~

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: 10/30/2025

Aggregate Contributions: $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: 10/30/2025

Aggregate Contributions: $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: 10/30/2025

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 #
~~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: ~~10/30/2025~~

Aggregate Contributions: ~~$300.00~~

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~~	~~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~~

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 #
Pancoast	Linda		0849
Residential Street Address	**City**	**State**	**Zip Code**
227 Church St	New Haven	CT	06510

Principal Occupation: Teacher
Name of Employer: 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

Last Name	First	MI	Contribution ID #
~~Hansen~~	~~Fritz~~		~~0706~~
Residential Street Address	**City**	**State**	**Zip Code**
~~55 Fernwood Rd~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation: ~~graphic designer~~
Name of Employer: ~~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: ~~$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: **Contract Asset Manager**
Name of Employer: **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: **$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: **Graphic Designer**
Name of Employer: **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: **$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 #
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: 11/01/2025

Aggregate Contributions: $150.00

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

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 #
Craig	**Duncan**	**J**	**0711**
Residential Street Address	City	State	Zip Code
172 North St	**Wallingford**	**CT**	**06492**

Principal Occupation: **Sales Professional**
Name of Employer: **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**

Last Name	First	MI	Contribution ID #
Velez	Sophia		0713
Residential Street Address	City	State	Zip Code
19 Lincoln Ave	Norwalk	CT	06854

Principal Occupation: Attorney
Name of Employer: 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: State of CT Higher Education Administrator
Name of Employer: 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: ~~Consultant~~
Name of Employer: ~~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~~

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 #
~~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~~

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: ~~11/05/2025~~

Aggregate Contributions: ~~$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: 11/05/2025

Aggregate Contributions: $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: 11/05/2025

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 #
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: **11/05/2025**

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	**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

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: **$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

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: **$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

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: 11/06/2025

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 #
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

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: 11/06/2025

Aggregate Contributions: $50.00

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: 11/06/2025

Aggregate Contributions: $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: 11/06/2025

Aggregate Contributions: $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: 11/06/2025

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 #
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: 11/07/2025

Aggregate Contributions: $75.00

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~~	~~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: ~~11/07/2025~~

Aggregate Contributions: ~~$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: 11/07/2025

Aggregate Contributions: $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: **11/07/2025**

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 #
Derman	Jon		0728
Residential Street Address	**City**	**State**	**Zip Code**
946 New Haven Ave	Milford	CT	06460

Principal Occupation: Information Technology
Name of Employer: 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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	11/09/2025	$150.00	$150.00

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: Research Administrator
Name of Employer: 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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	11/10/2025	$50.00	$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: ~~educator~~
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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~11/10/2025~~	~~$50.00~~	~~$25.00~~

Last Name	First	MI	Contribution ID #
Muguerza	Renato		0823
Residential Street Address	**City**	**State**	**Zip Code**
27 Ellington St .	Hartford	CT	06106

Principal Occupation: LEgislative Aide
Name of Employer: 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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	11/10/2025	$5.00	$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 #
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

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

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: ~~11/10/2025~~

Aggregate Contributions: ~~$525.00~~

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
care giver and patient advocate	**Mark DiRollo**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: **11/10/2025**

Aggregate Contributions: **$425.00**

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

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: **$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 #
Davis	Jameson		0818
Residential Street Address	**City**	**State**	**Zip Code**
12 Chatterton Woods	Hamden	CT	06518

Principal Occupation: Environmental Law - Consultant
Name of Employer: 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
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: 11/11/2025
Aggregate Contributions: $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: Research Analyst
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: $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: 11/11/2025
Aggregate Contributions: $75.00

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: ~~Police Detective~~
Name of Employer: ~~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: **Police Detective**
Name of Employer: **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**

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 #
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

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: ~~11/12/2025~~

Aggregate Contributions: ~~$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: 11/12/2025

Aggregate Contributions: $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: 11/12/2025

Aggregate Contributions: $35.00

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 #
mooney	whitney		0816
Residential Street Address	**City**	**State**	**Zip Code**
1015 N Main Street Ext Apt	Wallingford	CT	06492

Principal Occupation: Director of development
Name of Employer: 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: 11/12/2025
Aggregate Contributions: $10.00

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: LCSW
Name of Employer: 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 #
Dillon	**Jennifer**		**0813**
Residential Street Address	**City**	**State**	**Zip Code**
7 Lake View Dr	**Ashford**	**CT**	**06278**

Principal Occupation: **Health Coach**
Name of Employer: **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 #
Berriault	Bobby		0809
Residential Street Address	**City**	**State**	**Zip Code**
129 Newhall St	New Haven	CT	06511

Principal Occupation: Unemployed
Name of Employer: 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

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 #
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

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

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 #
Dolan	Nancy		0797
Residential Street Address	**City**	**State**	**Zip Code**
99 Niles Hill Rd	New London	CT	06320

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: $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: 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: $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 #
~~Krantz~~	~~Thomas~~		~~0799~~
Residential Street Address	**City**	**State**	**Zip Code**
~~143 Hoyt St~~	~~Stamford~~	~~CT~~	~~06905~~

Principal Occupation: ~~self-employed~~
Name of Employer: ~~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: Attorney
Name of Employer: 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

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	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

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

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 #
~~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

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

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
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**

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

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 #
McEvoy	Emily		0793
Residential Street Address	**City**	**State**	**Zip Code**
254 Carriage Crossing Ln	Middletown	CT	06457

Principal Occupation: Labor Organizer
Name of Employer: 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: retired educator and potter
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: $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

Last Name	First	MI	Contribution ID #
Siegelbaum	Beth		0784
Residential Street Address	**City**	**State**	**Zip Code**
57 Russell St	Norwalk	CT	06855

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: $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: ~~Teacher/activist~~
Name of Employer: ~~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: ~~$550.00~~

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 #
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

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

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 #
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 #
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 #
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

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: ~~11/17/2025~~

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 #
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: 11/17/2025

Aggregate Contributions: $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: 11/17/2025

Aggregate Contributions: $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: **11/17/2025**

Aggregate Contributions: **$100.00**

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

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 #
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

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

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 #
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

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**

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 #
Grzadko	**Krzysztof**		**0767**
Residential Street Address	**City**	**State**	**Zip Code**
11 Sunnyside Ave .	**Hamden**	**CT**	**06518**

Principal Occupation: **IT Tech**

Name of Employer: **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: ~~IT Tech~~

Name of Employer: ~~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: CEO

Name of Employer: 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

Last Name	First	MI	Contribution ID #
Schwartz	Jeremy		0769
Residential Street Address	City	State	Zip Code
71 Chestnut St	Willimantic	CT	06226

Principal Occupation: rabbi

Name of Employer: 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

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 #
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

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

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 #
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

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

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 #
~~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**

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: **11/28/2025**

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 #
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)	TYPE OF REPORT
Josh for CT	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: ~~11/28/2025~~

Aggregate Contributions: ~~$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: 11/28/2025

Aggregate Contributions: $40.00

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: 11/29/2025

Aggregate Contributions: $90.00

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: 11/29/2025

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 #
~~Christmas~~	~~Carol~~		~~0748~~
Residential Street Address	**City**	**State**	**Zip Code**
~~72 Woodbine St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation: ~~retired~~
Name of Employer: ~~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: ~~11/30/2025~~
Aggregate Contributions: ~~$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: ~~consultant~~
Name of Employer: ~~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: ~~11/30/2025~~
Aggregate Contributions: ~~$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: Pursuit Manager
Name of Employer: 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: 11/30/2025
Aggregate Contributions: $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: **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: **$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**

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 #
Macunas	**Matt**		**0749**
Residential Street Address	**City**	**State**	**Zip Code**
321 Ellis St	**New Britain**	**CT**	**06051**

Principal Occupation: **Consultant**

Name of Employer: **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 #
Salsich	**James**		**0741**
Residential Street Address	**City**	**State**	**Zip Code**
43 Herrick Rd	**Brooklyn**	**CT**	**06234**

Principal Occupation: **Teacher**

Name of Employer: **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 #
Feldstein	Edward		0740
Residential Street Address	City	State	Zip Code
92 Magnolia Ave	Westbury	NY	11590

Principal Occupation: Owner

Name of Employer: 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: ~~Teacher~~

Name of Employer: ~~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)	TYPE OF REPORT
Josh for CT	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)	TYPE OF REPORT
Josh for CT	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 #
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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: ~~12/02/2025~~

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 #
Caron	**Kimberly**		**0739**
Residential Street Address	**City**	**State**	**Zip Code**
69 Massachusetts Dr	**Bristol**	**CT**	**06010**

Principal Occupation: **Executive Administrator**
Name of Employer: **New Opportunities 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: **12/02/2025**
Aggregate Contributions: **$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: Software Engineer
Name of Employer: 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: 12/03/2025
Aggregate Contributions: $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: Chief of Staff
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: $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: 12/03/2025
Aggregate Contributions: $150.00

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: FNP
Name of Employer: 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: 12/03/2025
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 #
~~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: ~~12/03/2025~~

Aggregate Contributions: ~~$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: **12/03/2025**

Aggregate Contributions: **$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: 12/04/2025

Aggregate Contributions: $300.00

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

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 #
Kehoe	Meaghan		0731
Residential Street Address	**City**	**State**	**Zip Code**
111 Park Ave	Colchester	CT	06415

Principal Occupation: Teacher
Name of Employer: 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: Director of Advocacy
Name of Employer: 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: Engineer
Name of Employer: 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

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: ~~retired~~
Name of Employer: ~~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: ~~12/06/2025~~
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 #
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: 12/06/2025

Aggregate Contributions: $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: 12/06/2025

Aggregate Contributions: $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: **12/06/2025**

Aggregate Contributions: **$25.00**

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: **12/07/2025**

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 #
~~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: ~~12/07/2025~~

Aggregate Contributions: ~~$100.00~~

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: ~~$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: ~~12/08/2025~~

Aggregate Contributions: ~~$100.00~~

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

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 #
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 #
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	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: 12/09/2025

Aggregate Contributions: $380.00

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 #
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: $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: 12/09/2025

Aggregate Contributions: $450.00

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: 12/09/2025

Aggregate Contributions: $10.00

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)	TYPE OF REPORT
Josh for CT	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: **Executive Assistant**

Name of Employer: **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: **12/09/2025**

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

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: **Broker**

Name of Employer: **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: **12/09/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Roccapriore	**Brian**		**1288**
Residential Street Address	City	State	Zip Code
35 River Rd	**Clinton**	**CT**	**06413**

Principal Occupation: **Manager**

Name of Employer: **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**

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 #
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 #
~~**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 #
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 #
~~**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**~~

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 #
~~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 #
~~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~~

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: $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 #
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: $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: $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 #
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: $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 #
~~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: ~~$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 #
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

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 #
~~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

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: ~~$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 #
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

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: 12/09/2025

Aggregate Contributions: $50.00

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

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: $325.00

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

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 #
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

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

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 #
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

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~~

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 #
Vogel	Michael		1307
Residential Street Address	**City**	**State**	**Zip Code**
580 Cherry Brook Rd	Canton	CT	06019

Principal Occupation: Attorney
Name of Employer: 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: Staff Scientist
Name of Employer: 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

Last Name	First	MI	Contribution ID #
Robichaud	Renee		1309
Residential Street Address	**City**	**State**	**Zip Code**
71 Temple St	Waterbury	CT	06706

Principal Occupation: Administrator
Name of Employer: 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: 12/09/2025
Aggregate Contributions: $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: ~~Broker~~
Name of Employer: ~~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: ~~12/09/2025~~
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 #
Chevalier	Ben		1311
Residential Street Address	**City**	**State**	**Zip Code**
55 Hurlbut Rd	Tolland	CT	06084

Principal Occupation: Take-out Server
Name of Employer: 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: 12/09/2025
Aggregate Contributions: $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: Legislative Aide
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: $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 #
Gadkar-Wilcox	Wynn		1313
Residential Street Address	**City**	**State**	**Zip Code**
36 Overlook Pl	Trumbull	CT	06611

Principal Occupation: Professor
Name of Employer: 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: Psychiatrist
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: $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 #
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 #
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)	TYPE OF REPORT
Josh for CT	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)	TYPE OF REPORT
Josh for CT	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 #
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	Aggregate Contributions
12/10/2025	$100.00

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~~

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 #
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: 12/10/2025

Aggregate Contributions: $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: ~~12/10/2025~~

Aggregate Contributions: ~~$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: ~~12/10/2025~~

Aggregate Contributions: ~~$50.00~~

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~~

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 #
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

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

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 #
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

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

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 #
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

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

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 #
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

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~~

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 #
~~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: ~~$90.00~~

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

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

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 #
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

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

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 #
Seavy	Charmaine		1282
Residential Street Address	**City**	**State**	**Zip Code**
18 Quarry Rd	Simsbury	CT	06070

Principal Occupation: ADVERTISING
Name of Employer: 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: Marketing Analytics Professional
Name of Employer: 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: ~~Unemployed~~
Name of Employer: ~~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~~

Last Name	First	MI	Contribution ID #
Mower	Gabriel		1285
Residential Street Address	**City**	**State**	**Zip Code**
16 Route 164	Preston	CT	06365

Principal Occupation: Associate Biomanufacturer
Name of Employer: 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

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 #
~~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: ~~$50.00~~

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 #
~~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~~

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 #
Ku	Michelle		1255
Residential Street Address	**City**	**State**	**Zip Code**
28 Platts Hill Rd	Newtown	CT	06470

Principal Occupation: Regulatory Submissions Scientist
Name of Employer: 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 #
Papacoda	Karolyn		1279
Residential Street Address	**City**	**State**	**Zip Code**
29 Veranda Ave	Hamden	CT	06517

Principal Occupation: Attorney
Name of Employer: 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

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: Counselor
Name of Employer: 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 #
Bannon	Judy	M	1256
Residential Street Address	**City**	**State**	**Zip Code**
28 Forest View Rd	Northford	CT	06472

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: $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)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

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 #
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 #
Williams	Rebecca		1286

Residential Street Address	City	State	Zip Code
133 Robin Hill Rd	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

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 #
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 #
Ferguson	Godfrey		1245

Residential Street Address	City	State	Zip Code
172 W Shepard Ave	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: $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

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

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 #
~~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: ~~$300.00~~

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~~

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 #
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~~

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

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 #
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

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

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~~		~~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~~

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

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 #
Fritsch	Walter		1236
Residential Street Address	**City**	**State**	**Zip Code**
96 Victor St	East Haven	CT	06512

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: $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: Customer Experience Associate II
Name of Employer: 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

Last Name	First	MI	Contribution ID #
Cromey	Leigh		1238
Residential Street Address	**City**	**State**	**Zip Code**
53 Woodbine St	Hamden	CT	06517

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: $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: ~~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: ~~$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~~

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 #
~~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

Last Name	First	MI	Contribution ID #
Zukauskas	Crystal		1225

Residential Street Address	City	State	Zip Code
110 Wakefield St	Hamden	CT	06517

Principal Occupation	Name of Employer
Sales	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	Name of Employer
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: 12/14/2025

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 #
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

Last Name	First	MI	Contribution ID #
~~Krantz~~	~~Thomas~~		~~1229~~
Residential Street Address	**City**	**State**	**Zip Code**
~~143 Hoyt St~~	~~Stamford~~	~~CT~~	~~06905~~

Principal Occupation: ~~self-employed, director of a non-profit associatio~~
Name of Employer: ~~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: Software Engineer
Name of Employer: 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

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 #
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

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

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 #
Crowder	Christina		1235
Residential Street Address	**City**	**State**	**Zip Code**
65 Treadwell St	Hamden	CT	06517

Principal Occupation: Residential house painter
Name of Employer: 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 #
~~Christmas~~	~~Carol~~		~~1223~~
Residential Street Address	**City**	**State**	**Zip Code**
~~72 Woodbine St~~	~~Hamden~~	~~CT~~	~~06517~~

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: ~~$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~~

Last Name	First	MI	Contribution ID #
Krantz	**Thomas**		**1229**
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: **$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: **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: **$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**

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 #
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 #
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 #
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)	TYPE OF REPORT
Josh for CT	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: **Naturopathic Physician**

Name of Employer: **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 #
~~**Cadiz**~~	~~**Cris**~~		~~**1222**~~
Residential Street Address	**City**	**State**	**Zip Code**
~~**87 North Rd**~~	~~**Pomfret Center**~~	~~**CT**~~	~~**06259**~~

Principal Occupation: ~~**Freelance writer**~~

Name of Employer: ~~**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 #
Little	Lynn		1210
Residential Street Address	City	State	Zip Code
6 Edsands Farm Ln	New Milford	CT	06776

Principal Occupation: Transfer station operator

Name of Employer: 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

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: 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: $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

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 #
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

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

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 #
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~~

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: 12/15/2025

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 #
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: 12/15/2025

Aggregate Contributions: $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: ~~12/15/2025~~

Aggregate Contributions: ~~$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: ~~12/15/2025~~

Aggregate Contributions: ~~$60.00~~

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

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 #
Gagnon	Gail		1209
Residential Street Address	**City**	**State**	**Zip Code**
35 Overbrook Dr	East Hartford	CT	06118

Principal Occupation: Retired
Name of Employer: 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: ~~Professor~~
Name of Employer: ~~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~~

Last Name	First	MI	Contribution ID #
Allik	Judith		1191
Residential Street Address	**City**	**State**	**Zip Code**
30 Russell Ave	Stonington	CT	06379

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: $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: Teacher
Name of Employer: 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

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 #
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

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

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: 12/17/2025

Aggregate Contributions: $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

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: 12/17/2025

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 #
~~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

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 #
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

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: 12/17/2025

Aggregate Contributions: $150.00

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: $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: 12/17/2025

Aggregate Contributions: $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: $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: 12/17/2025

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 #
~~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: ~~$50.00~~

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: $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: 12/17/2025

Aggregate Contributions: $50.00

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

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 #
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

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: ~~12/17/2025~~

Aggregate Contributions: ~~$120.00~~

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: **12/17/2025**

Aggregate Contributions: **$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 #
Menapace	**Nicholas**		**1201**
Residential Street Address	City	State	Zip Code
38 Hope St	**Niantic**	**CT**	**06357**

Principal Occupation: **teacher**
Name of Employer: **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 #
Yiamouyiannis	**Carmen**		**1190**
Residential Street Address	City	State	Zip Code
61 Beverly Rd	**West Hartford**	**CT**	**06119**

Principal Occupation: **Professor**
Name of Employer: **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: **$5.00**

Last Name	First	MI	Contribution ID #
Maser	**Amy**		**1207**
Residential Street Address	City	State	Zip Code
26 Seneca Rd	**Danbury**	**CT**	**06811**

Principal Occupation: **Executive Assistant**
Name of Employer: **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: **12/17/2025**
Aggregate Contributions: **$60.00**

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: 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: $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

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 #
Gentile	Vincent		1187
Residential Street Address	**City**	**State**	**Zip Code**
35 Horse Shoe Dr	Westbrook	CT	06498

Principal Occupation: Systems Administrator
Name of Employer: 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: unemployed
Name of Employer: 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

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: unemployed
Name of Employer: 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: ~~Foreign Affairs Officer~~
Name of Employer: ~~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~~

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 #
~~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: ~~$100.00~~

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~~

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**

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 #
Ryden	**Barbara**		**1183**
Residential Street Address	**City**	**State**	**Zip Code**
88 Notch Hill Rd	**North Branford**	**CT**	**06471**

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: **$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 #
Nag	**Dhrupad**		**1182**
Residential Street Address	**City**	**State**	**Zip Code**
1439 Euclid St NW	**Washington**	**DC**	**20009**

Principal Occupation: **Foreign Affairs Officer**

Name of Employer: **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: Associate Research Scholar

Name of Employer: 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

Last Name	First	MI	Contribution ID #
Gentes	Jeffrey		1177
Residential Street Address	City	State	Zip Code
37 Cottage Rd	Enfield	CT	06082

Principal Occupation: lawyer

Name of Employer: 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

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 #
Graesser	Christine		1178
Residential Street Address	**City**	**State**	**Zip Code**
28 Lawrence Ave	Avon	CT	06001

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: $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: Application Developer
Name of Employer: 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: Transportation 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: 12/20/2025
Aggregate Contributions: $25.00

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: 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: $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

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 #
~~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 #
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 #
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 #
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**

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 #
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

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 #
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

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

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: ~~12/22/2025~~

Aggregate Contributions: ~~$50.00~~

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~~

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

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 #
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

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

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 #
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

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: ~~$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: 12/22/2025

Aggregate Contributions: $104.00

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 #
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: 12/22/2025

Aggregate Contributions: $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: 12/22/2025

Aggregate Contributions: $75.00

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

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 #
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

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~~

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 #
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~~

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

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 #
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

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: ~~$250.00~~

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

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 #
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

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

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 #
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

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~~

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 #
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

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

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 #
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 #
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

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

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 #
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

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

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 #
~~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: ~~$50.00~~

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

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: ~~12/23/2025~~

Aggregate Contributions: ~~$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: ~~12/23/2025~~

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 #
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: 12/23/2025

Aggregate Contributions: $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: 12/23/2025

Aggregate Contributions: $100.00

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 #
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**

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
88 Doolittle Dr	**Norfolk**	**CT**	**06058**

Principal Occupation: **Ski Instructor**
Name of Employer: **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 #
Hayden	**Zachary**		**1128**
Residential Street Address	City	State	Zip Code
341 Cold Spring Dr	**Westbrook**	**CT**	**06498**

Principal Occupation: **Teacher**
Name of Employer: **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 #
Hardy	Travis		1120
Residential Street Address	City	State	Zip Code
7 Homer St	Norwalk	CT	06851

Principal Occupation: Consultant
Name of Employer: 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: 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: $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

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~~		~~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~~

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

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 #
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

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: ~~12/26/2025~~

Aggregate Contributions: ~~$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: 12/26/2025

Aggregate Contributions: $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: ~~12/26/2025~~

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 #
Waldron	Mary		1111
Residential Street Address	**City**	**State**	**Zip Code**
30 Bokum Rd # 103	Essex	CT	06426-1510

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: $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: $90.00

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: 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: $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: IT Tech
Name of Employer: 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: 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: $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

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 #
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

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

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-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

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: ~~$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: 12/27/2025

Aggregate Contributions: $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: 12/27/2025

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 #
Wirt	Sharon		1108
Residential Street Address	**City**	**State**	**Zip Code**
463B Heritage Vlg	Southbury	CT	06488

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: $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 #
Massaro	Eliza		1109
Residential Street Address	**City**	**State**	**Zip Code**
91 Westland Rd	Avon	CT	06001

Principal Occupation: Consultant- Marketing
Name of Employer: 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: 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: $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 #
Rice	Andrew		1040
Residential Street Address	**City**	**State**	**Zip Code**
35 Quaker Pl	Milford	CT	06460

Principal Occupation: Unemployed
Name of Employer: 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

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 #
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

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: ~~$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 #
Moon	Susan		1045
Residential Street Address	**City**	**State**	**Zip Code**
41 Indian Spring Rd	Woodstock	CT	06281

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: $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 #
~~Ferenbach~~	~~Joanie~~		~~1046~~
Residential Street Address	**City**	**State**	**Zip Code**
~~21 Trout Lake Dr~~	~~Westbrook~~	~~CT~~	~~06498~~

Principal Occupation: ~~Bookkeeper~~
Name of Employer: ~~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: ~~12/28/2025~~
Aggregate Contributions: ~~$20.00~~

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: Professor
Name of Employer: 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: 12/28/2025
Aggregate Contributions: $75.00

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: ~~Carpenter~~
Name of Employer: ~~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: ~~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 #
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: 12/28/2025

Aggregate Contributions: $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: 12/28/2025

Aggregate Contributions: $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: ~~12/28/2025~~

Aggregate Contributions: ~~$610.00~~

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: 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 #
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: 12/28/2025

Aggregate Contributions: $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: ~~12/28/2025~~

Aggregate Contributions: ~~$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: 12/28/2025

Aggregate Contributions: $10.00

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

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 #
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

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~~

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 #
Martin	Tom		1061
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 #
Bailey	John		1062
Residential Street Address	**City**	**State**	**Zip Code**
17 Glenbrook Rd	West Hartford	CT	06107-3413

Principal Occupation: Lobbyist
Name of Employer: 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: 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: $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 #
~~Doocy~~	~~Fred~~		~~1064~~
Residential Street Address	**City**	**State**	**Zip Code**
~~37 Old Colony Rd ,, Storrs-Mansfield~~	~~Storrs~~	~~CT~~	~~06268~~

Principal Occupation: ~~Appliance repair~~
Name of Employer: ~~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: ~~$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 #
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: 12/28/2025

Aggregate Contributions: $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: 12/28/2025

Aggregate Contributions: $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: 12/28/2025

Aggregate Contributions: $150.00

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

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 #
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

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

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: 12/28/2025

Aggregate Contributions: $81.00

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 #
rosenthal	judy sirota		1073
Residential Street Address	**City**	**State**	**Zip Code**
70 Brookside Dr	Hamden	CT	06517

Principal Occupation: artist
Name of Employer: 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
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 #
Smith	Leo		1074
Residential Street Address	**City**	**State**	**Zip Code**
64 Boysenberry Ct	Suffield	CT	06078

Principal Occupation: Dark Sky Advicacy
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: $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 #
Marra	Jennifer		1075
Residential Street Address	**City**	**State**	**Zip Code**
75 Redwood Dr	East Haven	CT	06513

Principal Occupation: Project Manager
Name of Employer: 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
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 #
Baez	Joseph		1076
Residential Street Address	**City**	**State**	**Zip Code**
56 Burke St	Hamden	CT	06514

Principal Occupation: Utilization Monitor
Name of Employer: 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

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 #
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: ~~$200.00~~

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

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? ☒ Yes ☐ No

If yes, indicate which branch or branches 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~~

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 #
~~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: ~~$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 ☒ No

If yes, indicate which branch or branches 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 #
~~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 ☒ No

If yes, indicate which branch or branches 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 #
~~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: ~~$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 #
~~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: ~~$625.00~~

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

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 #
Lowell	Judi		1089
Residential Street Address	**City**	**State**	**Zip Code**
1 Hickory Ct	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: $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: 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: $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: Teacher
Name of Employer: 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

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: ~~$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 #
Warinsky	Karen		1093
Residential Street Address	**City**	**State**	**Zip Code**
25 Tattoon Rd	Woodstock	CT	06281

Principal Occupation: Retired
Name of Employer: 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: 12/28/2025
Aggregate Contributions: $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: Retired
Name of Employer: 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: 12/28/2025
Aggregate Contributions: $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: 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: $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 #
~~Spiggle~~	~~Susan~~		~~1096~~
Residential Street Address	**City**	**State**	**Zip Code**
~~35 Samuel Hill Rd~~	~~Columbia~~	~~CT~~	~~06237~~

Principal Occupation: ~~Retired~~
Name of Employer: ~~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: ~~12/28/2025~~
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 #
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: 12/28/2025

Aggregate Contributions: $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: 12/28/2025

Aggregate Contributions: $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: 12/28/2025

Aggregate Contributions: $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**		
~~special education advocate~~	~~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~~

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: ~~12/28/2025~~

Aggregate Contributions: ~~$200.00~~

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 #
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: 12/28/2025

Aggregate Contributions: $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
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: $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

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 #
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: 12/28/2025

Aggregate Contributions: $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: 12/28/2025

Aggregate Contributions: $75.00

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	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 #
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

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 #
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 #
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

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)	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? ☐ Yes ☒ No

If yes, indicate which branch or branches 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 #
Ferenbach	E Joan		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: 12/28/2025

Aggregate Contributions: $10.00

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: $150.00

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

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 #
Ryden	Barbara		1084

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: 12/28/2025

Aggregate Contributions: $100.00

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	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: 12/28/2025

Aggregate Contributions: $200.00

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
Caregiver and Patient Advocate	Mark DiRollo

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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

Last Name	First	MI	Contribution ID #
Pedersen	Janna		1032

Residential Street Address	City	State	Zip Code
818 Stafford Rd	Storrs	CT	06268

Principal Occupation	Name of Employer
consultant	Ampersand Consulting

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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

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: Retired
Name of Employer: Retired
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 [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] 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: retired
Name of Employer: retired
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 [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 12/29/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Lewendon	Whitney		1023
Residential Street Address	**City**	**State**	**Zip Code**
57 Laurelwood Ln	Hamden	CT	06518

Principal Occupation: retired
Name of Employer: retired
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: $50.00
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: 12/29/2025
Aggregate Contributions: $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: Marriage and Family therapist
Name of Employer: Erin Doolittle, MA MFT
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: $5.00
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: 12/29/2025
Aggregate Contributions: $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 #
~~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: ~~12/29/2025~~

Aggregate Contributions: ~~$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: ~~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)	TYPE OF REPORT
Josh for CT	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: Business Director
Name of Employer: 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: Factory worker
Name of Employer: 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: ~~Self-employed MFT~~
Name of Employer: ~~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: Senior Principal Scientist
Name of Employer: 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: 12/29/2025

Aggregate Contributions: $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: ~~12/29/2025~~

Aggregate Contributions: ~~$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: 12/29/2025

Aggregate Contributions: $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: ~~12/29/2025~~

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 #
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

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 #
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

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 #
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

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: $250.00

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

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: ~~$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 #
Lopez-Velasquez	Angela		1033
Residential Street Address	**City**	**State**	**Zip Code**
217 East Ave	West Haven	CT	06516

Principal Occupation: Educator
Name of Employer: 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: Retired
Name of Employer: 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: Teacher
Name of Employer: 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: Student
Name of Employer: 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)	TYPE OF REPORT
Josh for CT	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: 12/30/2025

Aggregate Contributions: $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: 12/30/2025

Aggregate Contributions: $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: 12/30/2025

Aggregate Contributions: $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: 12/30/2025

Aggregate Contributions: $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)	TYPE OF REPORT
Josh for CT	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)	TYPE OF REPORT
Josh for CT	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)	TYPE OF REPORT
Josh for CT	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: 12/30/2025

Aggregate Contributions: $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: 12/30/2025

Aggregate Contributions: $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: ~~12/30/2025~~

Aggregate Contributions: ~~$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: 12/30/2025

Aggregate Contributions: $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: Marketing Professional
Name of Employer: 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: Research Scientist
Name of Employer: 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: College Professor
Name of Employer: 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: ~~Disabled, Retired~~
Name of Employer: ~~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)	TYPE OF REPORT
Josh for CT	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)	TYPE OF REPORT
Josh for CT	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	**Name of Employer**		
Management	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	**Name of Employer**		
Retail Associate/Street Crew	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	**Name of Employer**		
Photographer	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	**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: ~~$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 #
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)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Boracy~~	~~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: ~~$50.00~~

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)	TYPE OF REPORT
Josh for CT	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 #
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 #
~~**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**~~

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**

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 #
Kassen	Peter		0974
Residential Street Address	**City**	**State**	**Zip Code**
269 Moody Mount Rd	Lincolnville	ME	04849

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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	12/30/2025	$150.00	$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: 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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	12/30/2025	$200.00	$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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	12/30/2025	$150.00	$50.00

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: Student
Name of Employer: 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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	12/30/2025	$15.00	$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 #
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 #
Boraey	Essam	M	1010

Residential Street Address	City	State	Zip Code
407 Lake St	Ithaca	NY	14850

Principal Occupation	Name of Employer
Doctoral Candidate	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 #
Romano	Gina		0927

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

Principal Occupation	Name of Employer
Manager	Omano Cybersecurity

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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 #
Neal-Sanjurjo	Serena		0940

Residential Street Address	City	State	Zip Code
31 Marvel Rd	New Haven	CT	06515

Principal Occupation	Name of Employer
Development Consultant	Serena Neal-Sanjurjo dba SNS 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: $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)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

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: Professor
Name of Employer: 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: 12/31/2025
Aggregate Contributions: $150.00

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: 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: $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 #
Barton	Frank		0911
Residential Street Address	**City**	**State**	**Zip Code**
636 Cherry Brook Rd	North Canton	CT	06059

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: $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: 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: $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 #
Webel	**Susan**	**J**	**0921**
Residential Street Address	**City**	**State**	**Zip Code**
115 Andrew Dr	**Canton**	**CT**	**06019**

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: **$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 #
Ziogas	**Christopher**		**0932**
Residential Street Address	**City**	**State**	**Zip Code**
32 Woodland Dt	**Bristol**	**CT**	**06010**

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: **$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: **$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: **School Administrator**
Name of Employer: **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: **$100.00**

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: ~~**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: ~~**$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**~~

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 #
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

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

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 #
Burt	Mary Christine		0906
Residential Street Address	**City**	**State**	**Zip Code**
75 Carmalt Rd	Hamden	CT	06517

Principal Occupation: Attorney
Name of Employer: 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: Attorney
Name of Employer: 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: Teacher (disabled)
Name of Employer: 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

Last Name	First	MI	Contribution ID #
Johnson	Ruth		0909
Residential Street Address	**City**	**State**	**Zip Code**
97 Wakefield St	Hamden	CT	06517

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: $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)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Caro	Jen		0910
Residential Street Address	**City**	**State**	**Zip Code**
169 Russo Dr	Hamden	CT	06518

Principal Occupation: Engineer
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: $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: ~~retired~~
Name of Employer: ~~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: Owner
Name of Employer: 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

Last Name	First	MI	Contribution ID #
Jefferson	Nichole		0913
Residential Street Address	**City**	**State**	**Zip Code**
373 Hill St	Hamden	CT	06514

Principal Occupation: Executive Director
Name of Employer: 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

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 #
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

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

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 #
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

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: ~~12/31/2025~~

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 #
Lamarre	Rebecca		0922
Residential Street Address	**City**	**State**	**Zip Code**
101 Dutton Rd	Pelham	NH	03076

Principal Occupation: Lawyer
Name of Employer: 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: 12/31/2025
Aggregate Contributions: $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: ~~Professor~~
Name of Employer: ~~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: ~~12/31/2025~~
Aggregate Contributions: ~~$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: Policy and Advocacy Strategist
Name of Employer: 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: 12/31/2025
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Cannady	Dana		0925
Residential Street Address	**City**	**State**	**Zip Code**
2405 Whitney Ave	Hamden	CT	06518

Principal Occupation: Finance
Name of Employer: 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

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 #
Keyl	Kari Henkelmann		0926
Residential Street Address	**City**	**State**	**Zip Code**
124 Murlyn Rd	Hamden	CT	06518

Principal Occupation: Pastor

Name of Employer: 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: ~~Computer consultant - cybersecurity~~

Name of Employer: ~~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: ~~$20.00~~

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: Retired

Name of Employer: 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

Last Name	First	MI	Contribution ID #
Yukich	Grace		0929
Residential Street Address	**City**	**State**	**Zip Code**
109 Filbert St	Hamden	CT	06517

Principal Occupation: Professor

Name of Employer: 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

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 #
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~~

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: ~~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 #
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: 12/31/2025

Aggregate Contributions: $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: 12/31/2025

Aggregate Contributions: $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: 12/31/2025

Aggregate Contributions: $50.00

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

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 #
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: ~~$300.00~~

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

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 #
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

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: ~~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 #
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: 12/31/2025

Aggregate Contributions: $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: 12/31/2025

Aggregate Contributions: $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: 12/31/2025

Aggregate Contributions: $100.00

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

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 #
Fleck	Paul		0950
Residential Street Address	**City**	**State**	**Zip Code**
112 Shepards Knoll Dr	Hamden	CT	06514

Principal Occupation: Executive Director
Name of Employer: 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: Manager
Name of Employer: 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: Principal + Founder
Name of Employer: 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

Last Name	First	MI	Contribution ID #
Soaft	Emma		0953
Residential Street Address	**City**	**State**	**Zip Code**
301 Addison Rd	Glastonbury	CT	06033

Principal Occupation: Unemployed
Name of Employer: 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

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	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

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

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 #
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

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

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 #
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:	Date of Receipt
	Bank Candidate Individual Other	

Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
				Yes No

Name of Cosigner/Guarantor (if applicable)	Amount Received

Street Address	City	Stat	Zip Code

Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
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			Amount
	Cash	Personal Check	Credit/Debit Card	
			Total of Section E	

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	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: 10/24/2025 / Letter: C
Description: Home Fundraiser
Was this a fundraising event? [X] Yes [ ] No

Location: Street Address: 1385 Paradise Ave
City: Hamden
State: CT
Zip Code: 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: 12/14/2025 / Letter: D
Description: Meet and Greet Event
Was this a fundraising event? [ ] Yes [X] No

Location: Street Address: 2323 Whitney Ave
City: Hamden
State: CT
Zip Code: 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			$200.00
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	
10242025C	$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 / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No		

Name of Payee	Date of Payment	Method of Payment
Mercy Quaye	10/07/2025	[ ] 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 / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No		

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 / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No		

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	10/07/2025	☐ 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		$500.00

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

Name of Payee	Date of Payment	Method of Payment
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		$500.00

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

Name of Payee	Date of Payment	Method of Payment
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	$10.00

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	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		$4,000.00

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

Name of Payee	Date of Payment	Method of Payment
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		$4,000.00

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

Name of Payee	Date of Payment	Method of Payment
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	$67.84

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	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 [x] EFT

Street Address	City	State	Zip Code
39 N Riverside Ave	Croton O N Hudson	NY	10520

Purpose of Expendit	Description	Amount
CNSLT		$500.00

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

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	11/10/2025	[x] 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	$232.30

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

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	11/10/2025	[ ] Check # [ ] Debit Card [x] EFT

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

Purpose of Expendit	Description	Amount
BNK	ACH Return Fee	$5.00

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

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	$3.00

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

Name of Payee	Date of Payment	Method of Payment
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	$10.00

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

Name of Payee	Date of Payment	Method of Payment
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	$5.00

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	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 / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No		

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	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [ ] No		

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 / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No		

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		$2,552.50

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

Name of Payee	Date of Payment	Method of Payment
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		$500.00

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

Name of Payee	Date of Payment	Method of Payment
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	$3.50

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	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	$10.00

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

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		$2,000.00

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

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		$500.00

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

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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

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?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	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	$128.70

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

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	$3,000.00

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

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	$1,784.22

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

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?	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Amount
Action Network	10/03/2025	X Yes ☐ No	1310 L St NW Ste 500	Washington	DC	20005	WEB			$297.95
Action Network	11/03/2025	X Yes ☐ No	1310 L St NW Ste 500	Washington	DC	20005	WEB			$232.30
Haven Beer Company	12/14/2025	X Yes ☐ No	2323 Whitney Ave	Hamden	CT	06518	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