

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

Revised February 2015



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 227

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Josh for CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Cory		MI A	Last O'Brien		Suffix
4. TREASURER ADDRESS					
Street Address 124 Haverford St		City Hamden		State CT	Zip Code 06517
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) Governor			7. DISTRICT NUMBER (if applicable)
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Joshua		MI	Last Elliott		Suffix
9. TYPE OF REPORT January 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date 10/01/2025 thru Ending Date 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 SIGNATURE		Carol Hazen PRINT NAME OF THE SIGNER		07/04/2026 7:46:35AM 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	\$30,779.79	
14. Contributions received from Individuals (Section A and B)	\$39,808.00	\$85,293.00
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)	\$40,628.00	\$86,783.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$71,407.79	\$86,783.00
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)	\$23,962.94	\$23,962.94
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 Bannon		First Judy		MI	Contribution ID # 0656
Residential Street Address 28 Forest View Rd		City Northford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Smith		First Jenn		MI	Contribution ID # 0655
Residential Street Address 18 Samoset Ave		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Welch-Collins		First Baird		MI	Contribution ID # 0654
Residential Street Address 145 Jones Hollow Rd		City Marlborough		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Finch		First Brian		MI	Contribution ID # 0653
Residential Street Address 654 Naugatuck Ave		City Milford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Tobin		First Michael		MI	Contribution ID # 0652
Residential Street Address 74 Helen St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Lombardi		First Antonia		MI	Contribution ID # 0651
Residential Street Address 195 Meadowside Rd		City Milford		State CT	Zip Code 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	
Is this contribution associated with an 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 \$320.00	\$20.00

Last Name Durso		First Daniel		MI	Contribution ID # 0650
Residential Street Address 1490 Forbes St		City East Hartford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Skrybailo		First Irene		MI	Contribution ID # 0649
Residential Street Address 205 Pumpkin Hill Rd		City New Milford		State CT	Zip Code 06776
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	
Is this contribution associated with an 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	\$50.00

Last Name D'Angelo		First Karen		MI	Contribution ID # 0648
Residential Street Address 3 Maher Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation faculty		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	
Is this contribution associated with an 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	\$5.00

Last Name Ellner		First Abbey		MI	Contribution ID # 0647
Residential Street Address 44 Gordon St		City Hamden		State CT	Zip Code 06517-2009
Principal Occupation wellness services coordinator		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	
Is this contribution associated with an 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-	\$50.00-

Last Name Ellner		First Abbey		MI	Contribution ID # 0647
Residential Street Address 44 Gordon St		City Hamden		State CT	Zip Code 06517-2009
Principal Occupation wellness services coordinator		Name of Employer 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	
Is this contribution associated with an 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	\$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 Tobin		First Michael		MI	Contribution ID # 0652
Residential Street Address 74 Helen St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Annes		First Eric		MI	Contribution ID # 0646
Residential Street Address 200 Thornton St		City Hamden		State CT	Zip Code 06517
Principal Occupation Supervisor of Technical Analysis		Name of Employer 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	
Is this contribution associated with an 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	\$20.00

Last Name Annes		First Erie		MI	Contribution ID # 0646
Residential Street Address 200 Thornton St		City Hamden		State CT	Zip Code 06517
Principal Occupation Analyst		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	
Is this contribution associated with an 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	\$20.00

Last Name Kroop		First Dale		MI	Contribution ID # 0645
Residential Street Address 161 Thornton St		City Hamden		State CT	Zip Code 06517
Principal Occupation Consultant		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	
Is this contribution associated with an 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	\$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 Watson		First Gavin		MI	Contribution ID # 0644
Residential Street Address 70 Crescent Dr		City Ridgefield		State CT	Zip Code 06877
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	
Is this contribution associated with an 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	\$75.00

Last Name Eckert		First Jeffrey		MI	Contribution ID # 0643
Residential Street Address 250 Litchfield Rd		City Watertown		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$75.00-

Last Name Medina		First Melvin		MI	Contribution ID # 0642
Residential Street Address 9 Dickinson Dr		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Non-Profit		Name of Employer 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	
Is this contribution associated with an 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-	\$100.00-

Last Name Cann		First Immacula		MI	Contribution ID # 0641
Residential Street Address 234 Klondike St		City Stratford		State CT	Zip Code 06614
Principal Occupation CNO-DNP, RN		Name of Employer 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	
Is this contribution associated with an 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	\$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 Eckert		First Jeffrey		MI	Contribution ID # 0643
Residential Street Address 220 Honey Hill Rd		City Watertown		State CT	Zip Code 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	
Is this contribution associated with an 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	
					\$75.00

Last Name Medina		First Melvin		MI	Contribution ID # 0642
Residential Street Address 9 Dickinson Dr		City Woodbridge		State CT	Zip Code 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	
Is this contribution associated with an 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	
					\$100.00

Last Name Sieng		First Ryan		MI	Contribution ID # 0640
Residential Street Address 150 Foxon Rd		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	
					\$5.00

Last Name Sieng		First Ryan		MI	Contribution ID # 0640
Residential Street Address 150 Foxon Rd		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	
					\$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 Scimone		First John		MI CT	Contribution ID # 0639
Residential Street Address 347 Boston Post Rd		City Waterford		State CT	Zip Code 06385
Principal Occupation 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	
Is this contribution associated with an 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	\$5.00

Last Name Trusiewicz		First Michael		MI CT	Contribution ID # 0638
Residential Street Address 470 Wooster Rd		City Middlebury		State CT	Zip Code 06762
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	
Is this contribution associated with an 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	\$50.00

Last Name Robbins		First Andrew		MI MI	Contribution ID # 0637
Residential Street Address 2355 Lancashire Dr		City Ann Arbor		State MI	Zip Code 48105
Principal Occupation Researcher		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Leonard		First Catherine		MI CT	Contribution ID # 0636
Residential Street Address 5 Constitution Plz		City Hartford		State CT	Zip Code 06103
Principal Occupation Software Developer		Name of Employer 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	
Is this contribution associated with an 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	\$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 Collier		First Charles		MI	Contribution ID # 0635
Residential Street Address 154 Kohary Dr		City New Haven		State CT	Zip Code 06515
Principal Occupation Assistant Dean		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	
Is this contribution associated with an 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	\$100.00

Last Name D'Antonio		First Chris		MI	Contribution ID # 0634
Residential Street Address 18 Montano Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation Software Engineer		Name of Employer 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	
Is this contribution associated with an 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-	\$25.00-

Last Name Asikainen		First Theresa		MI	Contribution ID # 0633
Residential Street Address 405 Penfield Hill Rd		City Portland		State CT	Zip Code 06480
Principal Occupation N/A		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	
Is this contribution associated with an 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-	\$150.00-

Last Name Morrissey		First Jessica		MI	Contribution ID # 0632
Residential Street Address 46 Broad St		City Stonington		State CT	Zip Code 06378
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	
Is this contribution associated with an 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	\$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 D'Antonio		First Christian		MI	Contribution ID # 0634
Residential Street Address 18 Montano Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation Software Engineer		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Asikainen		First Theresa		MI	Contribution ID # 0633
Residential Street Address 405 Penfield Hill Rd		City Portland		State CT	Zip Code 06480
Principal Occupation Senior Claim Specialist, Surety		Name of Employer 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	
Is this contribution associated with an 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	\$150.00

Last Name bailey		First John		MI	Contribution ID # 0630
Residential Street Address 17 Glenbrook Rd		City West Hartford		State CT	Zip Code 06107
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	
Is this contribution associated with an 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	\$100.00

Last Name Donnelly		First Kate		MI	Contribution ID # 0631
Residential Street Address 202 Station Rd		City Hampton		State CT	Zip Code 06247
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	
Is this contribution associated with an 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	\$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 bailey		First John		MI	Contribution ID # 0630
Residential Street Address 17 Glenbrook Rd		City West Hartford		State CT	Zip Code 06107
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	
Is this contribution associated with an 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-	\$100.00-

Last Name Ayalon		First Aram		MI	Contribution ID # 0629
Residential Street Address 194 Stratford		City New Britain		State CT	Zip Code 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	
Is this contribution associated with an 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	\$75.00

Last Name Allik		First Judith		MI	Contribution ID # 0628
Residential Street Address 30 Russell Ave		City Stonington		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Fleck		First Paul		MI	Contribution ID # 0627
Residential Street Address 112 Shepards Knoll Dr		City Hamden		State CT	Zip Code 06514
Principal Occupation Nonprofit Executive		Name of Employer 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	
Is this contribution associated with an 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	\$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 Balliett		First Jennifer		MI	Contribution ID # 0626
Residential Street Address 6 Crossland Pl		City Norwalk		State CT	Zip Code 06851-5605
Principal Occupation Candle Maker		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	
Is this contribution associated with an 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-	\$50.00-

Last Name Balliett		First Jennifer		MI	Contribution ID # 0626
Residential Street Address 6 Crossland Pl		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an 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	\$50.00

Last Name Smith		First George		MI	Contribution ID # 0625
Residential Street Address 8 Maplevale Rd		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$50.00

Last Name Christina		First Kristy		MI	Contribution ID # 0624
Residential Street Address 57 Pawcatuck Ave		City Pawcatuck		State CT	Zip Code 06379
Principal Occupation pastry chef		Name of Employer 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	
Is this contribution associated with an 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	\$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 Christina		First Kristy		MI	Contribution ID # 0624
Residential Street Address 57 Pawcatuck Ave		City Pawcatuck		State CT	Zip Code 06379
Principal Occupation pastry chef		Name of Employer 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	
Is this contribution associated with an 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-	\$50.00-

Last Name Barr		First Michael		MI	Contribution ID # 0623
Residential Street Address 26 Abedar Ln		City Latham		State NY	Zip Code 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	
Is this contribution associated with an 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	\$150.00

Last Name Turgeon		First Steven		MI	Contribution ID # 0622
Residential Street Address 105 Lair Rd		City New Hartford		State CT	Zip Code 06057
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an 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	\$20.00

Last Name E Romano		First Gina		MI	Contribution ID # 0621
Residential Street Address 1 Terrace Dr		City Sherman		State CT	Zip Code 06784
Principal Occupation Substitute Teacher, retired amusement park operator		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	
Is this contribution associated with an 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-	\$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 Godzeno		First Robert		MI	Contribution ID # 0620
Residential Street Address 29 Douglas Ave Unit B		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name A-Khan-Bureau		First Diba		MI	Contribution ID # 0619
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an 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	\$50.00

Last Name Khan-Bureau		First Diba		MI A	Contribution ID # 0619
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an 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	\$50.00

Last Name Romano		First Gina		MI	Contribution ID # 0621
Residential Street Address 1 Terrace Dr		City Sherman		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Salsich		First Jan		MI	Contribution ID # 0893
Residential Street Address 27 Church St		City Mystic		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name DiMattia		First Michael		MI	Contribution ID # 0660
Residential Street Address 7 Homer St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Biomedical Researcher		Name of Employer 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	
Is this contribution associated with an 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	\$320.00

Last Name Manning		First Gina		MI	Contribution ID # 0659
Residential Street Address 67 Carriage Dr E		City Meriden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$27.00

Last Name Simms		First Jason		MI	Contribution ID # 0658
Residential Street Address 81 Long Hill Rd		City Deep River		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Caffrey		First Karen		MI	Contribution ID # 0657
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Salsich		First Jan		MI	Contribution ID # 0893
Residential Street Address 27 Church St		City Mystic		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Herbert		First Sheila		MI	Contribution ID # 0892
Residential Street Address 9 Jay St		City New London		State CT	Zip Code 06320
Principal Occupation Bookkeeper		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name James		First David		MI	Contribution ID # 0891
Residential Street Address 1863 Chamberlain Hwy		City Berlin		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Bonafe		First Nathalie		MI	Contribution ID # 0664
Residential Street Address 29 Grand Ave		City New Haven		State CT	Zip Code 06513
Principal Occupation Self-employed		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	
Is this contribution associated with an 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-	\$320.00-

Last Name Bonafe		First Nathalie		MI	Contribution ID # 0664
Residential Street Address 29 Grand Ave		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$320.00

Last Name Dorman		First Brett		MI	Contribution ID # 0665
Residential Street Address 54 Cedar Ridge Dr		City Glastonbury		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$100.00-

Last Name Dorman		First Brett		MI	Contribution ID # 0665
Residential Street Address 54 Cedar Ridge Dr		City Glastonbury		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 York		First Jason		MI	Contribution ID # 0666
Residential Street Address 150 Dowd St		City Newington		State CT	Zip Code 06111
Principal Occupation Digital Communications Manager		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	
Is this contribution associated with an 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	\$20.00

Last Name Gallagher		First Sarah		MI	Contribution ID # 0887
Residential Street Address 21 Hawthorne Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Senior Vice President		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Sartori		First John		MI	Contribution ID # 0886
Residential Street Address 126 Elmfield St		City West Hartford		State CT	Zip Code 06110
Principal Occupation Manager		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	
Is this contribution associated with an 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	\$25.00

Last Name Ficara		First Jonathan		MI	Contribution ID # 0885
Residential Street Address 15 Berkeley Dr .		City Vernon		State CT	Zip Code 06066
Principal Occupation Social worker		Name of Employer 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	
Is this contribution associated with an 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	\$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 Seitz		First Vicki		MI	Contribution ID # 0884
Residential Street Address 194 Haverford St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Cannady		First Dana		MI	Contribution ID # 0883
Residential Street Address 2405 Whitney Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$10.00

Last Name Heimer		First Win		MI	Contribution ID # 0882
Residential Street Address 799 Prospect Ave # A2		City West Hartford		State CT	Zip Code 06105
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	
Is this contribution associated with an 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	\$5.00

Last Name Marra		First Jennifer		MI	Contribution ID # 0881
Residential Street Address 75 Redwood Dr		City East Haven		State CT	Zip Code 06513
Principal Occupation Project Manager		Name of Employer 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	
Is this contribution associated with an 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	\$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 Heimer		First Win		MI	Contribution ID # 0672
Residential Street Address 799 Prospect Ave # A2		City West Hartford		State CT	Zip Code 06105
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	
Is this contribution associated with an 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	\$5.00

Last Name Cannady		First Dana		MI	Contribution ID # 0671
Residential Street Address 2405 Whitney Ave Apt 209		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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 \$0.00	\$10.00

Last Name Sky		First Mitzy		MI	Contribution ID # 0682
Residential Street Address 111 Towne St # 412		City Stamford		State CT	Zip Code 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	
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	\$50.00

Last Name Cintron		First Josh		MI	Contribution ID # 0876
Residential Street Address 164 Oak St		City East Hartford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Mower		First Nicolas		MI	Contribution ID # 0873
Residential Street Address 34 William St		City Cambridge		State MA	Zip Code 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	
Is this contribution associated with an 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-	\$75.00-

Last Name Audette		First Brian		MI	Contribution ID # 0680
Residential Street Address 659 Jones Hill Rd		City West Haven		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$25.00-

Last Name Cramer		First Jason		MI	Contribution ID # 0679
Residential Street Address 37 Iroquois Rd		City Bristol		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$245.00-

Last Name Boudreau		First Paul		MI	Contribution ID # 0677
Residential Street Address 3443 Dixwell Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Organizer		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	
Is this contribution associated with an 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	\$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 Wilusz		First Tony		MI	Contribution ID # 0676
Residential Street Address 157 Santamaria Dr		City Torrington		State CT	Zip Code 06790
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	
Is this contribution associated with an 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-	\$320.00-

Last Name Brown		First Debra		MI	Contribution ID # 0675
Residential Street Address 157 Santamaria Dr		City Torrington		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$300.00-

Last Name Garibay		First Jane		MI	Contribution ID # 0674
Residential Street Address 409 Broad St		City Windsor		State CT	Zip Code 06095
Principal Occupation State Legislator		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	
Is this contribution associated with an 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	\$25.00

Last Name Audette		First Brian		MI	Contribution ID # 0680
Residential Street Address 659 Jones Hill Rd		City West Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Cramer		First Jason		MI R	Contribution ID # 0679
Residential Street Address 37 Iroquois Rd		City Bristol		State CT	Zip Code 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	
Is this contribution associated with an 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	\$245.00

Last Name Cintron		First Josue		MI	Contribution ID # 0876
Residential Street Address 164 Oak St		City East Hartford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$5.00

Last Name Brown		First Debra		MI	Contribution ID # 0675
Residential Street Address 157 Santamaria Dr		City Torrington		State CT	Zip Code 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	
Is this contribution associated with an 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	\$300.00

Last Name Mower		First Nicolas		MI	Contribution ID # 0873
Residential Street Address 34 William St		City Cambridge		State MA	Zip Code 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	
Is this contribution associated with an 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	\$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 Wilusz		First Tony		MI	Contribution ID # 0676
Residential Street Address 157 Santamaria Dr		City Torrington		State CT	Zip Code 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	
Is this contribution associated with an 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	\$320.00

Last Name Chenier		First Christopher		MI	Contribution ID # 0868
Residential Street Address 56 Prospect St #		City Portland		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Miller		First Claudia		MI	Contribution ID # 0685
Residential Street Address 81 New Rd		City Avon		State CT	Zip Code 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	
Is this contribution associated with an 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	\$50.00

Last Name Stio		First Eileen		MI	Contribution ID # 0870
Residential Street Address 123 Worth Ave		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 10/25/2025	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Chenier		First Christopher		MI	Contribution ID # 0868
Residential Street Address 56 Prospect St #		City Portland		State CT	Zip Code 06480
Principal Occupation Self-employed		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Chevalier		First Ben		MI	Contribution ID # 0867
Residential Street Address 55 Hurlbut Rd		City Tolland		State CT	Zip Code 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	
Is this contribution associated with an 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	\$50.00

Last Name Bomke		First David		MI	Contribution ID # 0683
Residential Street Address 112 Laura Rd		City Hamden		State CT	Zip Code 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	
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	\$75.00

Last Name Lally		First Nathan		MI	Contribution ID # 0688
Residential Street Address 281 Gilead Rd		City Andover		State CT	Zip Code 06232
Principal Occupation Data Science Manager		Name of Employer 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	
Is this contribution associated with an 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	\$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 Cunningham		First Hollis		MI	Contribution ID # 0691
Residential Street Address 39 Maple Hollow Rd		City New Hartford		State CT	Zip Code 06057
Principal Occupation Laboratory Assistant		Name of Employer 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	
Is this contribution associated with an 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	\$27.00

Last Name Chisolm		First Kevin		MI	Contribution ID # 0690
Residential Street Address 351 Marin Blvd # 711		City Jersey City		State NJ	Zip Code 07302
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Garland		First Farrah		MI	Contribution ID # 0865
Residential Street Address 396 N Stonington Rd		City Stonington		State CT	Zip Code 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	
Is this contribution associated with an 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	\$5.00

Last Name Padowicz		First Nadine		MI	Contribution ID # 0862
Residential Street Address 34 Anderson Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Social Worker- Psychotherapist in private practice		Name of Employer 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	
Is this contribution associated with an 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	\$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 Levey- Burden		First Kia		MI	Contribution ID # 0861
Residential Street Address 360 Wakelee Ave		City Ansonia		State CT	Zip Code 06401
Principal Occupation Launch Consulting		Name of Employer 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	
Is this contribution associated with an 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	\$50.00

Last Name Coffey		First David		MI	Contribution ID # 0694
Residential Street Address 25 Springside Ave # 3D		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$27.00

Last Name McEvoy		First Victoria		MI	Contribution ID # 0699
Residential Street Address 200 Tyler St # 309		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$20.00-

Last Name Tajldeen		First Bilal		MI	Contribution ID # 0695
Residential Street Address 12 Donald Ter		City Waterbury		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$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 McEvoy		First Victoria		MI	Contribution ID # 0699
Residential Street Address 200 Tyler St # 309		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$20.00

Last Name Tajildeen		First Bilal		MI	Contribution ID # 0695
Residential Street Address 12 Donald Ter		City Waterbury		State CT	Zip Code 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	
Is this contribution associated with an 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	\$150.00

Last Name Blake		First Alisha		MI	Contribution ID # 0858
Residential Street Address 27 Jay St		City New London		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Hardy		First Travis		MI	Contribution ID # 0857
Residential Street Address 7 Homer St		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Cumberbatch		First Evelyn		MI	Contribution ID # 0856
Residential Street Address 147 Thornton St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Levesque		First Larry		MI	Contribution ID # 0853
Residential Street Address 32 Park Place Cir		City West Hartford		State CT	Zip Code 06110
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	
Is this contribution associated with an 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	\$100.00

Last Name Montgomery Cooper		First Rev. Odell		MI	Contribution ID # 0852
Residential Street Address 10 Judwin Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation President of Interruptions		Name of Employer 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	
Is this contribution associated with an 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	\$100.00

Last Name Fisher		First Andrea		MI	Contribution ID # 0851
Residential Street Address 120 Village Ln		City Branford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Cooper		First Rev. Odell		MI M	Contribution ID # 0702
Residential Street Address 10 Judwin Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation President of Interruptions		Name of Employer 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	
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 \$0.00-	\$100.00-

Last Name Martin		First Jessica		MI	Contribution ID # 0704
Residential Street Address 431 Church St		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Self-employed		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	
Is this contribution associated with an 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-	\$150.00-

Last Name Montgomery Cooper		First Rev. Odell		MI	Contribution ID # 0852
Residential Street Address 10 Judwin Ave		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Martin		First Jessica		MI	Contribution ID # 0704
Residential Street Address 431 Church St		City Wethersfield		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Cummings		First Morgan		MI	Contribution ID # 0700
Residential Street Address 50 Barbara Ln		City Hamden		State CT	Zip Code 06518
Principal Occupation Therapist		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	
Is this contribution associated with an 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	\$25.00

Last Name Dudek		First Karl		MI	Contribution ID # 0708
Residential Street Address 515 Killarney Pass Cir		City Mundelein		State IL	Zip Code 60060
Principal Occupation Self-employed		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	
Is this contribution associated with an 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	\$150.00

Last Name Chapman		First Danielle		MI	Contribution ID # 0707
Residential Street Address 71 Spring Garden St		City Hamden		State CT	Zip Code 06517
Principal Occupation Writer/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	
Is this contribution associated with an 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	\$150.00

Last Name Hansen		First Fritz		MI	Contribution ID # 0706
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation graphic designer		Name of Employer 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	
Is this contribution associated with an 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	\$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 Hansen		First Fritz		MI	Contribution ID # 0706
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 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
Is this contribution associated with an 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-	\$100.00-

Last Name Hansen		First Fritz		MI	Contribution ID # 0706
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 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
Is this contribution associated with an 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	\$100.00

Last Name Dudek		First Karl		MI	Contribution ID # 0708
Residential Street Address 515 Killarney Pass Cir		City Mundelein		State IL	Zip Code 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
Is this contribution associated with an 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	\$150.00

Last Name Pancoast		First Linda		MI	Contribution ID # 0849
Residential Street Address 227 Church St		City New Haven		State CT	Zip Code 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
Is this contribution associated with an 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	\$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 Resch		First Richard		MI	Contribution ID # 0845
Residential Street Address 95 Broadfield Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$150.00

Last Name Langmaid		First John		MI	Contribution ID # 0710
Residential Street Address 2200 Main St		City Glastonbury		State CT	Zip Code 06033
Principal Occupation Attorney		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	
Is this contribution associated with an 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	\$75.00

Last Name Crouch		First Maurine		MI	Contribution ID # 0712
Residential Street Address 156 Lakeview Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Program manager		Name of Employer 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	
Is this contribution associated with an 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	\$50.00

Last Name Craig		First Duncan		MI	Contribution ID # 0711
Residential Street Address 172 North St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Sales Professional		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	
Is this contribution associated with an 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	\$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 Craig		First Duncan		MI J	Contribution ID # 0711
Residential Street Address 172 North St		City Wallingford		State CT	Zip Code 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	
Is this contribution associated with an 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	
					\$75.00

Last Name Dancy		First Victoria		MI	Contribution ID # 0714
Residential Street Address 14 Beverly Rd		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	
					\$25.00

Last Name Velez		First Sophia		MI	Contribution ID # 0713
Residential Street Address 19 Lincoln Ave		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an 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	
					\$75.00

Last Name Monahan		First Michael		MI	Contribution ID # 0719
Residential Street Address 24 Greenwood Ave		City Darien		State CT	Zip Code 06820
Principal Occupation Auditor		Name of Employer 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	
Is this contribution associated with an 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	
					\$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 Niedospial		First Ashlee		MI	Contribution ID # 0717
Residential Street Address 55 Anita St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$25.00-

Last Name Das		First Riju		MI	Contribution ID # 0836
Residential Street Address 4B Talcott Gln		City Farmington		State CT	Zip Code 06032
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Niedospial		First Ashlee		MI	Contribution ID # 0717
Residential Street Address 55 Anita St		City New Haven		State CT	Zip Code 06511
Principal Occupation Consultant		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Monahan		First Michael		MI	Contribution ID # 0719
Residential Street Address 24 Greenwood Ave		City Darien		State CT	Zip Code 06820
Principal Occupation Auditor		Name of Employer 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	
Is this contribution associated with an 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	\$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 Waldron		First Mary		MI	Contribution ID # 0839
Residential Street Address 30 Bokum Rd		City Essex		State CT	Zip Code 06426
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	
Is this contribution associated with an 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	\$75.00

Last Name McManus		First Joan		MI	Contribution ID # 0838
Residential Street Address 5 Broadview Rd		City Brookfield		State CT	Zip Code 06804
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	
Is this contribution associated with an 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	\$100.00

Last Name Das		First Rije		MI	Contribution ID # 0836
Residential Street Address 4		City Farmington		State CT	Zip Code 06032
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an 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-	\$25.00-

Last Name Repasz		First Craig		MI	Contribution ID # 0833
Residential Street Address 18 Nutmeg Hill Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Advocacy		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	
Is this contribution associated with an 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	\$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 Bromley		First Rayford		MI	Contribution ID # 0724
Residential Street Address 27 Norway St		City Milford		State CT	Zip Code 06461
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	
Is this contribution associated with an 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	\$5.00

Last Name Davis		First Allen		MI	Contribution ID # 0723
Residential Street Address 283 Saint Paul St Apt 21		City Brookline		State MA	Zip Code 02446
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an 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	\$100.00

Last Name Corbett		First Erin		MI	Contribution ID # 0722
Residential Street Address 443 Park Ave		City Bloomfield		State CT	Zip Code 06002
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	
Is this contribution associated with an 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	\$50.00

Last Name Watson		First Gavin		MI	Contribution ID # 0720
Residential Street Address 70 Crescent Dr		City Ridgefield		State CT	Zip Code 06877
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	
Is this contribution associated with an 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	\$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 DAngeloPowers		First Jill		MI	Contribution ID # 0727
Residential Street Address 103 Housatonic Ave		City Stratford		State CT	Zip Code 06615
Principal Occupation Real Estate		Name of Employer 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	
Is this contribution associated with an 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	\$5.00

Last Name Rugh		First John		MI	Contribution ID # 0726
Residential Street Address 41 Prospect St		City Terryville		State CT	Zip Code 06786
Principal Occupation Retired		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	
Is this contribution associated with an 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	\$320.00

Last Name Waldron		First Mary		MI	Contribution ID # 0725
Residential Street Address 30 Bokum Rd # 103		City Essex		State CT	Zip Code 06426
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	
Is this contribution associated with an 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	\$75.00

Last Name Rugh		First John		MI	Contribution ID # 0726
Residential Street Address 41 Prospect St		City Terryville		State CT	Zip Code 06786
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	
Is this contribution associated with an 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	\$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 Derman		First Jon		MI	Contribution ID # 0728
Residential Street Address 946 New Haven Ave		City Milford		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 11/09/2025	Aggregate Contributions \$150.00	\$150.00

Last Name DiRollo		First Mark		MI	Contribution ID # 0825
Residential Street Address 33 Millport Ave		City New Canaan		State CT	Zip Code 06840
Principal Occupation care giver and patient advocate		Name of Employer 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	
Is this contribution associated with an 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 \$650.00	\$100.00

Last Name Shuler		First Scott		MI	Contribution ID # 0822
Residential Street Address 1 Burrs Ln		City Providence		State RI	Zip Code
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	
Is this contribution associated with an 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	\$25.00

Last Name DiRollo		First Mark		MI	Contribution ID # 0825
Residential Street Address 33 Millport Ave		City New Canaan		State CT	Zip Code 06840
Principal Occupation Self employed care giver, medical advocate and tee		Name of Employer 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	
Is this contribution associated with an 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 \$750.00	\$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 Tirella		First Carl		MI	Contribution ID # 0824
Residential Street Address 7 Forest Ridge Rd		City Nyack		State NY	Zip Code 10960
Principal Occupation Retail		Name of Employer 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	
Is this contribution associated with an 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	\$320.00

Last Name Muguerza		First Renato		MI	Contribution ID # 0823
Residential Street Address 27 Ellington St .		City Hartford		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 11/10/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Shuler		First Scott		MI	Contribution ID # 0822
Residential Street Address 1 Burrs Ln		City Providence		State RI	Zip Code
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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 11/10/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Meyer		First Kristen		MI	Contribution ID # 0821
Residential Street Address 9 School Hill Ln		City Westbrook		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 11/10/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DeCurtis		First Joe		MI	Contribution ID # 0820
Residential Street Address 9 School Hill Ln		City Westbrook		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$50.00-

Last Name Dykstra		First Nicole		MI	Contribution ID # 0819
Residential Street Address 221 Park Rd		City Oxford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$75.00

Last Name Davis		First Jameson		MI	Contribution ID # 0818
Residential Street Address 12 Chatterton Woods		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name DeCurtis		First Joseph		MI L	Contribution ID # 0820
Residential Street Address 9 School Hill Ln		City Westbrook		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Bertolini		First Peter		MI	Contribution ID # 0817
Residential Street Address 33 Parker Ave		City West Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$27.00

Last Name mooney		First whitney		MI	Contribution ID # 0816
Residential Street Address 1015 N Main Street Ext Apt		City Wallingford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$10.00

Last Name Cash		First William		MI	Contribution ID # 0815
Residential Street Address 586 Opening Hill Rd		City Madison		State CT	Zip Code 06443
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	
Is this contribution associated with an 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	\$15.00

Last Name Padowicz		First Nadine		MI	Contribution ID # 0814
Residential Street Address 34 Anderson Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Social Worker- Psychotherapist in private practice		Name of Employer 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	
Is this contribution associated with an 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	\$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 Dillon		First Jennifer		MI	Contribution ID # 0813
Residential Street Address 7 Lake View Dr		City Ashford		State CT	Zip Code 06278
Principal Occupation Health Coach		Name of Employer 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	
Is this contribution associated with an 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-	\$100.00-

Last Name Delany		First Hubert		MI	Contribution ID # 0812
Residential Street Address 19 Reynolds Ave		City Stamford		State CT	Zip Code 06905
Principal Occupation Soldier		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	
Is this contribution associated with an 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	\$150.00

Last Name Dillon		First Jennifer		MI	Contribution ID # 0813
Residential Street Address 7 Lake View Dr		City Ashford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Chirmanova		First Irene		MI	Contribution ID # 0811
Residential Street Address 73 Allen Avenue Ext		City Falmouth		State ME	Zip Code 04105
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	
Is this contribution associated with an 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	\$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 diamond		First mark		MI	Contribution ID # 0810
Residential Street Address 24 West Trl		City Stamford		State CT	Zip Code 06903
Principal Occupation attorney		Name of Employer 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	
Is this contribution associated with an 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	\$320.00

Last Name Berriault		First Bobby		MI	Contribution ID # 0809
Residential Street Address 129 Newhall St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$5.00

Last Name Woods		First Connie		MI	Contribution ID # 0808
Residential Street Address 10 Fort Hill Rd # 2C		City Groton		State CT	Zip Code 06340
Principal Occupation Homemaker		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	
Is this contribution associated with an 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	\$27.00

Last Name rosenthal		First judy sirota		MI	Contribution ID # 0807
Residential Street Address 70 Brookside Dr		City Hamden		State CT	Zip Code 06517
Principal Occupation photographer, artist		Name of Employer 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	
Is this contribution associated with an 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	\$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 sweeney		First susan		MI	Contribution ID # 0806
Residential Street Address 44 Strawberry Hill Ave		City Stamford		State CT	Zip Code 06902
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	
Is this contribution associated with an 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	\$5.00

Last Name Quarello		First James		MI	Contribution ID # 0805
Residential Street Address 28 Edgewood Dr		City Wallingford		State CT	Zip Code
Principal Occupation Home Inspector		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Cardosi		First Melissa		MI	Contribution ID # 0804
Residential Street Address 60 Harmon St		City Hamden		State CT	Zip Code 06517
Principal Occupation Adjunct professor		Name of Employer 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	
Is this contribution associated with an 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	\$5.00

Last Name Link		First Leslie		MI	Contribution ID # 0803
Residential Street Address 192 Churchill Dr		City Newington		State CT	Zip Code 06111
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	
Is this contribution associated with an 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	\$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 KIMBALL		First SCOTT		MI	Contribution ID # 0802
Residential Street Address 230 Ridgefield Dr		City Middletown		State CT	Zip Code 06457
Principal Occupation Accountant		Name of Employer 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	
Is this contribution associated with an 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	\$5.00

Last Name Waldron		First Garrett		MI	Contribution ID # 0801
Residential Street Address 148 Alexander Dr		City Meriden		State CT	Zip Code 06450
Principal Occupation Business development		Name of Employer 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	
Is this contribution associated with an 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	\$5.00

Last Name Waldron		First Freesia		MI	Contribution ID # 0800
Residential Street Address 148 Alexander Dr		City Meriden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$150.00

Last Name Krantz		First Thomas		MI	Contribution ID # 0799
Residential Street Address 143 Hoyt St		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Weigt		First Donald		MI	Contribution ID # 0798
Residential Street Address 21 Reed Ct		City Bloomfield		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Dolan		First Nancy		MI	Contribution ID # 0797
Residential Street Address 99 Niles Hill Rd		City New London		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name fish		First roger		MI	Contribution ID # 0796
Residential Street Address 104 Hartford Tpke		City Eastford		State CT	Zip Code 06242
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	
Is this contribution associated with an 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	\$100.00

Last Name Geist		First Gabriel		MI	Contribution ID # 0795
Residential Street Address 116 Briarcliff Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an 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	\$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 Quarello		First James		MI	Contribution ID # 0805
Residential Street Address 28 Edgewood Dr		City Wallingford		State CT	Zip Code
Principal Occupation Home Inspector		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Krantz		First Thomas		MI	Contribution ID # 0799
Residential Street Address 143 Hoyt St		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Leckman		First Hannah		MI	Contribution ID # 0794
Residential Street Address 125 Spring Glen Ter		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$75.00

Last Name McEvoy		First Emily		MI	Contribution ID # 0793
Residential Street Address 254 Carriage Crossing Ln		City Middletown		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Webster		First Jonathan		MI	Contribution ID # 0792
Residential Street Address 6 Manor Ln		City Easton		State CT	Zip Code 06612
Principal Occupation Capital Markets Operations		Name of Employer 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	
Is this contribution associated with an 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	\$320.00

Last Name Butts		First Andrew		MI	Contribution ID # 0791
Residential Street Address 25 Old Stonewall Rd		City Easton		State CT	Zip Code 06612
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	
Is this contribution associated with an 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	\$150.00

Last Name Haberly		First Nancy		MI	Contribution ID # 0790
Residential Street Address 30 Duck Farm Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Artist		Name of Employer 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	
Is this contribution associated with an 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	\$150.00

Last Name Nagin		First Paul		MI	Contribution ID # 0789
Residential Street Address 343 Highland Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Chimborazo Publishing, Inc.		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	
Is this contribution associated with an 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	\$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 Kunzel		First Regina		MI	Contribution ID # 0788
Residential Street Address 15 Mill Rock Rd		City Hamden		State CT	Zip Code
Principal Occupation Professor		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	
Is this contribution associated with an 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	\$150.00

Last Name Forman		First James		MI	Contribution ID # 0787
Residential Street Address 61 Loomis Pl		City New Haven		State CT	Zip Code 06511
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	
Is this contribution associated with an 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	\$320.00

Last Name Nwokoye		First Ifeoma		MI	Contribution ID # 0786
Residential Street Address 61 Loomis Pl		City New Haven		State CT	Zip Code 06511
Principal Occupation Nurse Practitioner		Name of Employer 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	
Is this contribution associated with an 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	\$320.00

Last Name Miller		First Alice		MI	Contribution ID # 0785
Residential Street Address 444 Yale Ave		City New Haven		State CT	Zip Code 06511
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	
Is this contribution associated with an 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	\$275.00

I. MONETARY 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 Siegelbaum		First Beth		MI	Contribution ID # 0784
Residential Street Address 57 Russell St		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an 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	\$5.00

Last Name Miller		First Alice		MI	Contribution ID # 0785
Residential Street Address 444 Yale Ave		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$275.00

Last Name Christmas		First Carol		MI	Contribution ID # 0781
Residential Street Address 72 Woodbine St .		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Lewis		First Mindy		MI	Contribution ID # 0783
Residential Street Address 170 Long Hill Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Registrar of Voters		Name of Employer 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	
Is this contribution associated with an 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	\$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 Dynowski		First Samantha		MI	Contribution ID # 0782
Residential Street Address 25 Ardmore Rd		City West Hartford		State CT	Zip Code 06119
Principal Occupation Director		Name of Employer 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	
Is this contribution associated with an 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	\$100.00

Last Name Christmas		First Carol		MI	Contribution ID # 0781
Residential Street Address 72 Woodbine St.		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$100.00

Last Name Powell		First Chris		MI	Contribution ID # 0780
Residential Street Address 5 Chestnut St		City Trumbull		State CT	Zip Code 06611
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	
Is this contribution associated with an 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	\$25.00

Last Name Papps		First Sheila		MI	Contribution ID # 0779
Residential Street Address 70 Blanchard Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Marketing Professional		Name of Employer 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	
Is this contribution associated with an 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	\$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 Guild		First Craig		MI	Contribution ID # 0778
Residential Street Address 68 West St		City Groton		State CT	Zip Code 06340
Principal Occupation Librarian		Name of Employer 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	
Is this contribution associated with an 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	\$75.00

Last Name Buhler		First William		MI	Contribution ID # 0777
Residential Street Address 8 Winchester Way		City Cromwell		State CT	Zip Code 06416
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	
Is this contribution associated with an 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	\$50.00

Last Name McManus		First Joan		MI	Contribution ID # 0776
Residential Street Address 5 Broadview Rd		City Brookfield		State CT	Zip Code 06804
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	
Is this contribution associated with an 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	\$25.00

Last Name Drew		First Daniel		MI	Contribution ID # 0775
Residential Street Address 1 Linwood Ln		City New Milford		State CT	Zip Code 06776
Principal Occupation Chief Operating Officer		Name of Employer 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	
Is this contribution associated with an 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	\$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 VanDuzee		First Kathleen		MI	Contribution ID # 0774
Residential Street Address 198 Whisconier Rd		City Brookfield		State CT	Zip Code 06804
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	
Is this contribution associated with an 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	\$25.00

Last Name Gardner		First Daron		MI	Contribution ID # 0773
Residential Street Address 1 Campbell Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Admin		Name of Employer 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	
Is this contribution associated with an 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	\$50.00

Last Name Ehrhard		First Thomas		MI	Contribution ID # 0772
Residential Street Address 42 Briaroot Dr		City Smithtown		State NY	Zip Code 11787
Principal Occupation NY State Assembly Legislative Aide		Name of Employer 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	
Is this contribution associated with an 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	\$5.00

Last Name Ehrhard		First Thomas		MI	Contribution ID # 0772
Residential Street Address 42 Briaroot Dr		City Smithtown		State NY	Zip Code 11787
Principal Occupation Legislative Aide		Name of Employer 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	
Is this contribution associated with an 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	\$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 Grzadko		First Krzysztof		MI	Contribution ID # 0767
Residential Street Address 11 Sunnyside Ave .		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Reis		First Graziela		MI	Contribution ID # 0771
Residential Street Address 1385 Paradise Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Yale employee		Name of Employer 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	
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	\$50.00

Last Name Dlugolenski		First Thomas		MI	Contribution ID # 0770
Residential Street Address 64 Silver Brook Ln		City North Granby		State CT	Zip Code 06060
Principal Occupation Intern		Name of Employer Springfield Thunderbirds			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

Last Name Schwartz		First Jeremy		MI	Contribution ID # 0769
Residential Street Address 71 Chestnut St		City Willimantic		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Rose		First Caitlin		MI	Contribution ID # 0768
Residential Street Address 2390 State St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$50.00

Last Name Grzadko		First Krzysztof		MI	Contribution ID # 0767
Residential Street Address 11 Sunnyside Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Egan		First Thomas		MI	Contribution ID # 0766
Residential Street Address 20 Platt St		City Ansonia		State CT	Zip Code 06401
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an 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	\$75.00

Last Name Broderick		First Thomas		MI	Contribution ID # 0765
Residential Street Address 20 Woolsley Ave		City Trumbull		State CT	Zip Code 06611
Principal Occupation Social Studies Teacher		Name of Employer 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	
Is this contribution associated with an 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	\$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 Padowicz		First Nadine		MI	Contribution ID # 0764
Residential Street Address 34 Anderson Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Psychotherapist		Name of Employer 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	
Is this contribution associated with an 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	\$5.00

Last Name Loewenthal		First Fed		MI	Contribution ID # 0763
Residential Street Address 137 Steele Rd		City West Hartford		State CT	Zip Code 06119
Principal Occupation Retired		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	
Is this contribution associated with an 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	\$50.00

Last Name Krantz		First Thomas		MI	Contribution ID # 0762
Residential Street Address 143 Hoyt St		City Stamford		State CT	Zip Code 06905
Principal Occupation Board of directors of an association in Belgium		Name of Employer 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	
Is this contribution associated with an 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	\$10.00

Last Name Breverman		First Craig		MI	Contribution ID # 0761
Residential Street Address 13 Phillip Ln		City Ledyard		State CT	Zip Code 06339
Principal Occupation IT		Name of Employer 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	
Is this contribution associated with an 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	\$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 Evermore		First Michele		MI	Contribution ID # 0760
Residential Street Address 195 Fairlane Dr		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Senior Fellow		Name of Employer 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	
Is this contribution associated with an 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	\$150.00

Last Name Osborne		First Devin		MI	Contribution ID # 0759
Residential Street Address 57 S Water St		City New Haven		State CT	Zip Code 06519
Principal Occupation Researcher		Name of Employer 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	
Is this contribution associated with an 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	\$320.00

Last Name Loewenthal		First Ted		MI	Contribution ID # 0763
Residential Street Address 137 Steele Rd		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$50.00

Last Name MCCLEARY		First Rita		MI	Contribution ID # 0757
Residential Street Address 926 Ridge Rd		City Hamden		State CT	Zip Code
Principal Occupation Psychotherapist		Name of Employer 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	
Is this contribution associated with an 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	\$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 Huizenga		First Curt		MI	Contribution ID # 0758
Residential Street Address 36 Surrey Dr		City Wallingford		State CT	Zip Code 06492
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	
Is this contribution associated with an 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	\$25.00

Last Name MCCLEARY		First Rita		MI	Contribution ID # 0757
Residential Street Address 926 Ridge Rd		City Hamden		State CT	Zip Code
Principal Occupation clinical psychologist		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	
Is this contribution associated with an 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	\$25.00

Last Name Waldron		First Mary		MI	Contribution ID # 0756
Residential Street Address 30 Bokum Rd # 103		City Essex		State CT	Zip Code
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	
Is this contribution associated with an 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	\$25.00

Last Name Bartolomei		First Jay		MI	Contribution ID # 0755
Residential Street Address 11 High St .		City West Hartford		State CT	Zip Code 06119
Principal Occupation Labor Relations Representative		Name of Employer 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	
Is this contribution associated with an 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	\$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 Lamarre		First Rebecca		MI	Contribution ID # 0754
Residential Street Address 101 Dutton Rd		City Pelham		State NH	Zip Code 03076
Principal Occupation Attorney		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	
Is this contribution associated with an 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	\$25.00

Last Name Humiston		First Karen		MI	Contribution ID # 0753
Residential Street Address 73 Independence Dr		City Mansfield Center		State CT	Zip Code 06250
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	
Is this contribution associated with an 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	\$25.00

Last Name Bell Jr		First Donald		MI	Contribution ID # 0752
Residential Street Address 105 Ridgewood Rd		City East Hartford		State CT	Zip Code 06118
Principal Occupation Policy Counsel		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name PADOWICZ		First NADINE		MI	Contribution ID # 0751
Residential Street Address 34 Anderson Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Social Worker		Name of Employer 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	
Is this contribution associated with an 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	\$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 Fleurette		First Lise		MI	Contribution ID # 0750
Residential Street Address 88 Beers Rd		City Easton		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Macunas		First Matt		MI	Contribution ID # 0749
Residential Street Address 321 Ellis St		City New Britain		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$35.00-

Last Name Christmas		First Carol		MI	Contribution ID # 0748
Residential Street Address 72 Woodbine St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$100.00-

Last Name Christmas		First Carol		MI	Contribution ID # 0748
Residential Street Address 72 Woodbine St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Macunas		First Matt		MI	Contribution ID # 0749
Residential Street Address 321 Ellis St		City New Britain		State CT	Zip Code 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	
Is this contribution associated with an 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	\$35.00

Last Name Salsich		First James		MI	Contribution ID # 0741
Residential Street Address 43 Herrick Rd		City Brooklyn		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Kozak		First David		MI	Contribution ID # 0747
Residential Street Address 88 Whitney Ridge Ter		City North Haven		State CT	Zip Code 06473
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	
Is this contribution associated with an event 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	\$100.00

Last Name Papps		First Sheila		MI	Contribution ID # 0746
Residential Street Address 70 Blanchard Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Marketing Professional		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Jarvis		First Pamela		MI	Contribution ID # 0745
Residential Street Address 296 W Cornwall Rd		City West Cornwall		State CT	Zip Code 06796
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	
Is this contribution associated with an event 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	\$100.00

Last Name Kirby		First Deborah		MI	Contribution ID # 0744
Residential Street Address 13 Albatross Dr		City Ledyard		State CT	Zip Code 06339
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	
Is this contribution associated with an event 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	\$250.00

Last Name BYRNES		First Pamela		MI	Contribution ID # 0743
Residential Street Address 50 S Washington Ave		City Niantic		State CT	Zip Code 06357
Principal Occupation consultant - health care policy		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	
Is this contribution associated with an event 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	\$50.00

Last Name Hardy		First Travis		MI	Contribution ID # 0742
Residential Street Address 7 Homer St		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Salsich		First James		MI	Contribution ID # 0741
Residential Street Address 43 Herrick Rd		City Brooklyn		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$5.00-

Last Name Feldstein		First Edward		MI	Contribution ID # 0740
Residential Street Address 92 Magnolia Ave		City Westbury		State NY	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Caron		First Kim		MI	Contribution ID # 0739
Residential Street Address 69 Massachusetts Dr		City Bristol		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Neff		First Nancy A.		MI	Contribution ID # 0738
Residential Street Address 101 Old Town Rd		City Ashford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Caron		First Kimberly		MI	Contribution ID # 0739
Residential Street Address 69 Massachusetts Dr		City Bristol		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Correa Brown		First Linda		MI	Contribution ID # 0737
Residential Street Address 11 Bank St		City Manchester		State CT	Zip Code 06040
Principal Occupation Office Assistant		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Correa Brown		First Linda		MI	Contribution ID # 0737
Residential Street Address 11 Bank St		City Manchester		State CT	Zip Code 06040
Principal Occupation Activist		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Woods		First Peter		MI	Contribution ID # 0736
Residential Street Address 10 Fort Hill Rd		City Groton		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Currey		First Jeff		MI	Contribution ID # 0735
Residential Street Address 50 McKee St		City East Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Morgan		First Collin		MI	Contribution ID # 0734
Residential Street Address 2 Foley Rd		City Portland		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Heilmann		First Callie		MI	Contribution ID # 0733
Residential Street Address 89 Grovers Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Co-Director		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Fitzmaurice		First Daniel		MI	Contribution ID # 0732
Residential Street Address 831 College Rd		City Orange		State CT	Zip Code 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	
Is this contribution associated with an event 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 \$250.00	\$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 Kehoe		First Meaghan		MI	Contribution ID # 0731
Residential Street Address 111 Park Ave		City Colchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Cooney		First Suzanne		MI	Contribution ID # 0730
Residential Street Address 35 Filbert St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name DUNN		First GREGORY		MI	Contribution ID # 1330
Residential Street Address 25 Bonnie View Dr		City Trumbull		State CT	Zip Code 06611
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	
Is this contribution associated with an event 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	\$25.00

Last Name Molito		First Justin		MI	Contribution ID # 1332
Residential Street Address 32 Mile Hill Rd S		City Newtown		State CT	Zip Code 06470
Principal Occupation Director of Organizing		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Cahoon		First Kaleb		MI	Contribution ID # 1331
Residential Street Address 1033 Whalley Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation Library Technical Assistant II		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name DUNN		First GREGORY		MI	Contribution ID # 1330
Residential Street Address 25 Bonnie View Dr		City Trumbull		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Fox		First Paul		MI	Contribution ID # 1329
Residential Street Address 11 Hanford Pl		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Sellenberg		First Elaine		MI	Contribution ID # 1328
Residential Street Address 5 Brookwood Dr		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation ADA Paratransit Coordinator		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Sellenberg		First Elaine		MI	Contribution ID # 1328
Residential Street Address 5 Brookwood Dr		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation ADA Paratransit Coordinator		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Espinosa		First Mark		MI	Contribution ID # 1326
Residential Street Address 41 Elmhurst Cir		City West Hartford		State CT	Zip Code 06110
Principal Occupation Labor Union President & Funds' Trustee		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Michel		First David		MI	Contribution ID # 1327
Residential Street Address 4 Rockledge Dr		City Stamford		State CT	Zip Code 06902
Principal Occupation wholesale consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Espinosa		First Mark		MI	Contribution ID # 1326
Residential Street Address 41 Elmhurst Cir		City West Hartford		State CT	Zip Code 06110
Principal Occupation Executive officer, Labor Union		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	
Is this contribution associated with an event 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	\$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 Gallagher		First Madeline		MI	Contribution ID # 1325
Residential Street Address 247 Natchaug Dr		City Meriden		State CT	Zip Code 06450
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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Gallagher		First Madeline		MI	Contribution ID # 1325
Residential Street Address 247 Natchaug Dr		City Meriden		State CT	Zip Code 06450
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	
Is this contribution associated with an event 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	\$25.00

Last Name Khan-Bureau		First Diba		MI A	Contribution ID # 1323
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Dorman		First Brett		MI	Contribution ID # 1321
Residential Street Address 54 Cedar Ridge Dr		City Glastonbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 tuhus		First melinda		MI	Contribution ID # 1306
Residential Street Address 103 Carmat Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$65.00

Last Name Abad		First Joey		MI	Contribution ID # 1294
Residential Street Address 187 Hampton Ave		City West Hartford		State CT	Zip Code 06110
Principal Occupation Career Coach		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name DeLucia		First Pasquale		MI	Contribution ID # 1322
Residential Street Address 7 Shepard Hill Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Maser		First Amy		MI	Contribution ID # 1324
Residential Street Address 26 Seneca Rd		City Danbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Maser		First Amy		MI	Contribution ID # 1324
Residential Street Address 26 Seneca Rd		City Danbury		State CT	Zip Code 06811
Principal Occupation Executive Assistant		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	
Is this contribution associated with an event 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-	\$10.00-

Last Name A Khan Bureau		First Diba		MI	Contribution ID # 1323
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$75.00-

Last Name DeLucia		First Pat		MI	Contribution ID # 1322
Residential Street Address 7 Shepard Hill Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Ne			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/09/2025	Aggregate Contributions \$525.00-	\$75.00-

Last Name Dorman		First Brett		MI	Contribution ID # 1321
Residential Street Address 54 Cedar Ridge Dr		City Glastonbury		State CT	Zip Code 06033
Principal Occupation CAD-Draftsperson		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	
Is this contribution associated with an event 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-	\$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 Godzeno		First Robert		MI	Contribution ID # 1320
Residential Street Address 29 Douglas Ave		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Abad		First Joey		MI	Contribution ID # 1294
Residential Street Address 187 Hampton Ave		City West Hartford		State CT	Zip Code 06110
Principal Occupation Career Coach		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Roccapiore		First Brian		MI	Contribution ID # 1288
Residential Street Address 35 River Rd		City Clinton		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$20.00

Last Name Rasmussen-Tuller		First Andrew		MI	Contribution ID # 1310
Residential Street Address 7 Douglas Cir		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 tuhus		First melinda		MI	Contribution ID # 1306
Residential Street Address 103 Carmat Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$65.00

Last Name Monahan		First Michael		MI	Contribution ID # 1301
Residential Street Address 24 Greenwood Ave		City Darien		State CT	Zip Code 06820-2401
Principal Occupation Auditor		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	
Is this contribution associated with an event 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	\$100.00

Last Name Martin		First Lori		MI	Contribution ID # 1297
Residential Street Address 20 Howard St		City New Haven		State CT	Zip Code 06513
Principal Occupation Executive Director		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Huizenga		First Susan		MI A	Contribution ID # 1292
Residential Street Address 36 Surrey Dr		City Wallingford		State CT	Zip Code 06492
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	
Is this contribution associated with an event 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	\$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 DeLucia		First Pasquale		MI	Contribution ID # 1322
Residential Street Address 7 Shepard Hill Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$75.00-

Last Name Dorman		First Brett		MI	Contribution ID # 1321
Residential Street Address 54 Cedar Ridge Dr		City Glastonbury		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$75.00-

Last Name Gabriele		First Amanda		MI	Contribution ID # 1319
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Director, Digital Analytics		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Moore		First Leland		MI	Contribution ID # 1318
Residential Street Address 189 Concord St		City New Haven		State CT	Zip Code 06512
Principal Occupation Attorney		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	
Is this contribution associated with an event 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	\$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 McFadden		First Laurie		MI	Contribution ID # 1317
Residential Street Address 484 Long Hill Rd .		City Middletown		State CT	Zip Code 06457
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	
Is this contribution associated with an event 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	\$50.00

Last Name Sweet		First Andrew		MI	Contribution ID # 1316
Residential Street Address 4 Prospect Ct		City Hamden		State CT	Zip Code 06517
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Sexton		First Alice		MI	Contribution ID # 1315
Residential Street Address 45 Hardin Ln		City Glastonbury		State CT	Zip Code 06033
Principal Occupation Lawyer		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	
Is this contribution associated with an event 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	\$75.00

Last Name Cumberbatch		First Evelyn		MI	Contribution ID # 1314
Residential Street Address 147 Thornton St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Gadkar-Wilcox		First Wynn		MI	Contribution ID # 1313
Residential Street Address 36 Overlook Pl		City Trumbull		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Phillips		First Jeanie		MI	Contribution ID # 1312
Residential Street Address 50 Appletree Dr		City East Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Chevalier		First Ben		MI	Contribution ID # 1311
Residential Street Address 55 Hurlbut Rd		City Tolland		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Rasmussen-Tuller		First Andrew		MI	Contribution ID # 1310
Residential Street Address 7 Douglas Cir		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Robichaud		First Renee		MI	Contribution ID # 1309
Residential Street Address 71 Temple St		City Waterbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$220.00

Last Name Yaccarino		First David		MI	Contribution ID # 1308
Residential Street Address 56 Robert Dr		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Vogel		First Michael		MI	Contribution ID # 1307
Residential Street Address 580 Cherry Brook Rd		City Canton		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name tuhus		First melinda		MI	Contribution ID # 1306
Residential Street Address 103 Carmat Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$65.00

I. MONETARY 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 Loewenthal		First Ted		MI	Contribution ID # 1305
Residential Street Address 137 Steele Rd		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Buhler		First William		MI	Contribution ID # 1304
Residential Street Address 8 Winchester Way		City Cromwell		State CT	Zip Code 06416
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	
Is this contribution associated with an event 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	\$50.00

Last Name Smith		First George		MI	Contribution ID # 1303
Residential Street Address 8 Maplevale Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Management		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Coville		First Lynn		MI	Contribution ID # 1302
Residential Street Address 164 Hammock Rd N Unit 14		City Westbrook		State CT	Zip Code 06498
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	
Is this contribution associated with an event 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	\$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 Monahan		First Michael		MI	Contribution ID # 1301
Residential Street Address 24 Greenwood Ave		City Darien		State CT	Zip Code 06820-2401
Principal Occupation Auditor		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	
Is this contribution associated with an event 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-	\$100.00-

Last Name Yordon		First Nathaniel		MI	Contribution ID # 1300
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612
Principal Occupation CPA		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name McManus		First Joan		MI	Contribution ID # 1299
Residential Street Address 5 Broadview Rd		City Brookfield		State CT	Zip Code 06804
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	
Is this contribution associated with an event 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	\$75.00

Last Name Meyer		First Kristen		MI	Contribution ID # 1298
Residential Street Address 9 School Hill Ln		City Westbrook		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/09/2025	Aggregate Contributions \$100.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Martin		First Lori		MI	Contribution ID # 1297
Residential Street Address 24 Sherland Ave		City New Haven		State CT	Zip Code 06513
Principal Occupation Executive Director		Name of Employer Haven, Aes 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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Wormser		First Andrew		MI	Contribution ID # 1296
Residential Street Address 85 Bedford Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation MD		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Marra		First Jennifer		MI	Contribution ID # 1295
Residential Street Address 75 Redwood Dr		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Abad		First Joey		MI	Contribution ID # 1294
Residential Street Address 187 Hampton Ave		City West Hartford		State CT	Zip Code 06110
Principal Occupation Staff		Name of Employer 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	
Is this contribution associated with an event 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-	\$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 Chafee		First Brandon		MI	Contribution ID # 1293
Residential Street Address 73 Ten Acre Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Huizenga		First Susan		MI	Contribution ID # 1292
Residential Street Address 36 Surrey Dr		City Wallingford		State CT	Zip Code 06492
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	
Is this contribution associated with an event 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	\$50.00

Last Name Albis		First James		MI	Contribution ID # 1291
Residential Street Address 324 Old Mill Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Partner		Name of Employer Graff Public Solutions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/09/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Rosenblum		First Michael		MI	Contribution ID # 1290
Residential Street Address 4275 Whitney Ave		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/09/2025	Aggregate Contributions \$75.00	\$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 Levesque		First Larry		MI	Contribution ID # 1289
Residential Street Address 33 Park Place Cir		City West Hartford		State CT	Zip Code 06110
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	
Is this contribution associated with an event 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	\$100.00

Last Name Roccapriore		First Brian M		MI	Contribution ID # 1288
Residential Street Address 35 River Rd		City Clinton		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$20.00

Last Name Giddings		First Joanna		MI	Contribution ID # 1287
Residential Street Address 503 Oak Ridge Dr		City Cheshire		State CT	Zip Code 06410
Principal Occupation Teacher		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	
Is this contribution associated with an event 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	\$25.00

Last Name Williams		First Rebecca		MI	Contribution ID # 1286
Residential Street Address 133 Robin Hill		City Meriden		State CT	Zip Code 06450
Principal Occupation administration		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Mower		First Gabriel		MI	Contribution ID # 1285
Residential Street Address 16 Route 164		City Preston		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Craig		First Duncan J		MI	Contribution ID # 1284
Residential Street Address 172 North St		City Wallingford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Wilkie		First Ava		MI	Contribution ID # 1283
Residential Street Address 420 Old Spring Rd		City Stratford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Seavy		First Charmaine		MI	Contribution ID # 1282
Residential Street Address 18 Quarry Rd		City Simsbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Dyer		First Matt		MI	Contribution ID # 1281
Residential Street Address 405 Hunter Dr		City Litchfield		State CT	Zip Code 06759
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Repasz		First Craig		MI	Contribution ID # 1280
Residential Street Address 18 Nutmeg Hill Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Papacoda		First Karolyn		MI	Contribution ID # 1279
Residential Street Address 29 Veranda Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Erard		First Amanda		MI	Contribution ID # 1278
Residential Street Address 27 Greenway St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Freeman		First Seth		MI	Contribution ID # 1277
Residential Street Address 42 Fuller Dr		City West Hartford		State CT	Zip Code 06117
Principal Occupation Professor		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	
Is this contribution associated with an event 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	\$50.00

Last Name Smith		First Debra		MI	Contribution ID # 1276
Residential Street Address 1139 New Haven Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Head teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Chisolm		First Kevin		MI	Contribution ID # 1275
Residential Street Address 351 Marin Blvd		City Jersey City		State NJ	Zip Code 07302
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Oatis		First Victoria		MI	Contribution ID # 1274
Residential Street Address 12 Fairfield Ter		City Norwalk		State CT	Zip Code 06851
Principal Occupation Librarian		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	
Is this contribution associated with an event 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	\$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 Caffrey		First Karen		MI	Contribution ID # 1273
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 06040
Principal Occupation Self-employed psychotherapist		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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Bertolini		First Peter		MI	Contribution ID # 1272
Residential Street Address 33 Parker Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation LCSW-recently applied for retirement		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name DeChello		First John		MI	Contribution ID # 1271
Residential Street Address 65 Jackson Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Executive		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Robbins		First Andrew		MI	Contribution ID # 1270
Residential Street Address 2355 Lancashire Dr		City Ann Arbor		State MI	Zip Code 48105
Principal Occupation Researcher		Name of Employer 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	
Is this contribution associated with an event 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	\$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 McDonough		First Donna		MI	Contribution ID # 1269
Residential Street Address 154 Haverford St .		City Hamden		State CT	Zip Code 06517
Principal Occupation RN triage		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Siegel-Miles		First Alyssa		MI	Contribution ID # 1268
Residential Street Address 712 Colonel Ledyard Hwy		City Ledyard		State CT	Zip Code 06339
Principal Occupation Research Technician		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	
Is this contribution associated with an event 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	\$25.00

Last Name York		First Jason		MI	Contribution ID # 1267
Residential Street Address 150 Dowd St		City Newington		State CT	Zip Code 06111
Principal Occupation Digital Communications Manager		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	
Is this contribution associated with an event 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	\$25.00

Last Name Cash		First William		MI	Contribution ID # 1266
Residential Street Address 586 Opening Hill Rd		City Madison		State CT	Zip Code 06443
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	
Is this contribution associated with an event 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	\$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 Powell		First Christopher		MI	Contribution ID # 1265
Residential Street Address 5 Chestnut St		City Trumbull		State CT	Zip Code 06611
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	
Is this contribution associated with an event 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	\$25.00

Last Name Perloe		First Jonathan		MI	Contribution ID # 1264
Residential Street Address 34 Bridge St		City Great Barrington		State MA	Zip Code 01230
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	
Is this contribution associated with an event 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	\$25.00

Last Name Tomassi		First Alexa		MI	Contribution ID # 1263
Residential Street Address 40 S Meadow Ln		City Meriden		State CT	Zip Code 06450
Principal Occupation Communications Officer		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	
Is this contribution associated with an event 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	\$10.00

Last Name Silver-Bonito		First Timothy		MI	Contribution ID # 1262
Residential Street Address 9 Rae Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Executive Recruiter		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Manning		First Gina		MI	Contribution ID # 1261
Residential Street Address 67 Carriage Dr E		City Meriden		State CT	Zip Code 06450
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name Atchley		First Chris		MI	Contribution ID # 1260
Residential Street Address 31 Colony St		City Hamden		State CT	Zip Code 06518
Principal Occupation Client Technologies Administrator II		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	
Is this contribution associated with an event 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	\$50.00

Last Name Byrne		First Emily		MI	Contribution ID # 1259
Residential Street Address 275 Winchester Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation Executive Director		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Hansen		First Michael		MI	Contribution ID # 1258
Residential Street Address 44 Grandview Ave		City Old Lyme		State CT	Zip Code 06371
Principal Occupation Communications supervisor		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Downing		First Jackie		MI	Contribution ID # 1257
Residential Street Address 41 Hideaway Ln		City Hamden		State CT	Zip Code 06518
Principal Occupation Nonprofit support		Name of Employer 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	
Is this contribution associated with an event 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-	\$150.00-

Last Name Bannon		First Peter & Judy		MI	Contribution ID # 1256
Residential Street Address 28 Forest View Rd		City Northford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Downing		First Jacqueline		MI	Contribution ID # 1257
Residential Street Address 41 Hideaway Ln		City Hamden		State CT	Zip Code 06518
Principal Occupation Nonprofit Adminstrator		Name of Employer 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	
Is this contribution associated with an event 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-	\$150.00-

Last Name Ku		First Michelle		MI	Contribution ID # 1255
Residential Street Address 28 Platts Hill Rd		City Newtown		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$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 Zartman		First Justin		MI	Contribution ID # 1254
Residential Street Address 158 Hillcrest Ter		City Meriden		State CT	Zip Code 06450
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Ryan		First Patricia		MI	Contribution ID # 1253
Residential Street Address 26 Melbourne Rd		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Blatteau		First Leslie		MI	Contribution ID # 1252
Residential Street Address 410 Greenwich Ave		City New Haven		State CT	Zip Code 06519
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Oatis		First Victoria		MI	Contribution ID # 1274
Residential Street Address 12 Fairfield Ter		City Norwalk		State CT	Zip Code 06851
Principal Occupation Librarian		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	
Is this contribution associated with an event 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	\$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 Williams		First Rebecca		MI	Contribution ID # 1286
Residential Street Address 133 Robin Hill Rd		City Meriden		State CT	Zip Code 06450
Principal Occupation administration		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Ku		First Michelle		MI	Contribution ID # 1255
Residential Street Address 28 Platts Hill Rd		City Newtown		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Papacoda		First Karolyn		MI	Contribution ID # 1279
Residential Street Address 29 Veranda Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Ryan		First Patricia		MI L	Contribution ID # 1253
Residential Street Address 26 Melbourne Rd		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Craig		First Duncan		MI J	Contribution ID # 1284
Residential Street Address 172 North St		City Wallingford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Bannon		First Judy		MI M	Contribution ID # 1256
Residential Street Address 28 Forest View Rd		City Northford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Caffrey		First Karen		MI CT	Contribution ID # 1273
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Downing		First Jacqueline		MI CT	Contribution ID # 1257
Residential Street Address 41 Hideaway Ln		City Hamden		State CT	Zip Code 06518
Principal Occupation Nonprofit Adminstrator		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Caffrey		First Karen		MI	Contribution ID # 1273
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Cardillo		First Chad		MI	Contribution ID # 1249
Residential Street Address 158 Hillcrest Ter		City Meriden		State CT	Zip Code 06450
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Cardillo		First Chad		MI	Contribution ID # 1249
Residential Street Address 158 Hillcrest Ter		City Meriden		State CT	Zip Code 06450
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Leavitt-Smith		First Erin		MI	Contribution ID # 1247
Residential Street Address 7 Wintergreen Ln		City West Simsbury		State CT	Zip Code 06092
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	
Is this contribution associated with an event 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	\$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 Ferguson		First Godfrey		MI	Contribution ID # 1245
Residential Street Address 172 W Shepard Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Harris		First Alex		MI	Contribution ID # 1251
Residential Street Address 37 Christopher Rd		City Ridgefield		State CT	Zip Code 06877
Principal Occupation corporate executive		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Bajorek		First Laurie		MI	Contribution ID # 1250
Residential Street Address 60 Patricia Dr		City Vernon		State CT	Zip Code 06066
Principal Occupation Office Administrator		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Cardillo		First Chad		MI	Contribution ID # 1249
Residential Street Address 158 Hillcrest Ter		City Meriden		State CT	Zip Code 06450
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Cotton		First Dominic		MI	Contribution ID # 1248
Residential Street Address 60 Corona Dr		City Milford		State CT	Zip Code 06460
Principal Occupation Brain Injury Rehab		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Leavitt-Smith		First Erin		MI	Contribution ID # 1247
Residential Street Address 7 Wintergreen Ln		City West Simsbury		State CT	Zip Code 06092
Principal Occupation Director		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	
Is this contribution associated with an event 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	\$50.00

Last Name Flood		First Brian		MI	Contribution ID # 1246
Residential Street Address 41 Ridgeview Rd		City Portland		State CT	Zip Code 06480
Principal Occupation Trial Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Ferguson		First Godfrey		MI	Contribution ID # 1245
Residential Street Address 172 W Shepard Ave		City Hamden		State CT	Zip Code 06514
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	
Is this contribution associated with an event 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	\$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 D'Antonio		First Chris		MI	Contribution ID # 1244
Residential Street Address 18 Montano Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation Software engineer			Name of Employer 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 Neitlich		First Susan		MI	Contribution ID # 1243
Residential Street Address 30 Spring Glen Ter		City Hamden		State CT	Zip Code 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 \$75.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/12/2025	
				Aggregate Contributions \$325.00	

Last Name Klay		First Amanda		MI	Contribution ID # 1242
Residential Street Address 133 Cottage St		City New Haven		State CT	Zip Code 06511
Principal Occupation Director of Strategic Partnerships			Name of Employer 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 Coffey		First David		MI	Contribution ID # 1241
Residential Street Address 25 Springside Ave		City New Haven		State CT	Zip Code 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 12/12/2025	
				Aggregate Contributions \$27.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carrington		First Michael		MI	Contribution ID # 1240
Residential Street Address 76 Reservoir Rd		City Southbury		State CT	Zip Code 06488
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name D'Antonio		First Christian		MI	Contribution ID # 1244
Residential Street Address 18 Montano Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation Software engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name D'Antonio		First Christian		MI	Contribution ID # 1244
Residential Street Address 18 Montano Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation Software engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Magaldi-Lewis		First Catherine		MI	Contribution ID # 1239
Residential Street Address 32		City Andover		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Magaldi-Lewis		First Catherine		MI	Contribution ID # 1239
Residential Street Address 32		City Andover		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Cromey		First Leigh		MI	Contribution ID # 1238
Residential Street Address 53 Woodbine St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Kawa		First Alex		MI	Contribution ID # 1237
Residential Street Address 105 Winding Ln		City Avon		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$15.00

Last Name Fritsch		First Walter		MI	Contribution ID # 1236
Residential Street Address 96 Victor St		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Crowder		First Christina		MI	Contribution ID # 1235
Residential Street Address 65 Treadwell St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Fleck		First Paul		MI	Contribution ID # 1234
Residential Street Address 112 Shepards Knoll Dr		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Hinds		First Katherine		MI	Contribution ID # 1233
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 06517
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	
Is this contribution associated with an event 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-	\$150.00-

Last Name Easmon		First Lynette		MI	Contribution ID # 1231
Residential Street Address 8 Jackson Rd		City Bloomfield		State CT	Zip Code 06002
Principal Occupation Paralegal		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Mower		First Ephraim		MI	Contribution ID # 1230
Residential Street Address 6 Marshall Dr		City Fitchburg		State MA	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Krantz		First Thomas		MI	Contribution ID # 1229
Residential Street Address 143 Hoyt St		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$200.00-

Last Name Amritt		First Alex		MI	Contribution ID # 1228
Residential Street Address 455 Ocean Ave		City West Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Zukauskas		First Kyle		MI	Contribution ID # 1226
Residential Street Address 110 Wakefield St		City Hamden		State CT	Zip Code 06517
Principal Occupation Engineer		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$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 Bivens		First Gregory		MI	Contribution ID # 1224
Residential Street Address 1060 W Woods Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Counselor		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Christmas		First Carol		MI	Contribution ID # 1223
Residential Street Address 72 Woodbine St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$95.00-

Last Name Woodward		First Travis		MI	Contribution ID # 1232
Residential Street Address 1095 W Woods Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Engineer		Name of Employer 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	
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	\$100.00

Last Name Panayotakis		First Alexa		MI	Contribution ID # 1227
Residential Street Address 419 Denslow Hill Rd		City Hamden		State CT	Zip Code 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	
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	\$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 Zukauskas		First Crystal		MI	Contribution ID # 1225
Residential Street Address 110 Wakefield St		City Hamden		State CT	Zip Code 06517
Principal Occupation Sales		Name of Employer Verisk analytics			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
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	\$70.00

Last Name Krantz		First Thomas		MI	Contribution ID # 1229
Residential Street Address 143 Hoyt St		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$200.00

Last Name Hinds		First Katherine		MI	Contribution ID # 1233
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Christmas		First Carol		MI	Contribution ID # 1223
Residential Street Address 72 Woodbine St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$95.00

I. MONETARY 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 Christmas		First Carol		MI	Contribution ID # 1223
Residential Street Address 72 Woodbine St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$95.00

Last Name Cadiz		First Cris		MI	Contribution ID # 1222
Residential Street Address 87 North Rd		City Pomfret Center		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$20.00

Last Name Waldron		First Mary		MI	Contribution ID # 1217
Residential Street Address 30 Bokum Rd # 103		City Essex		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$15.00

Last Name Lim		First Junhyun		MI	Contribution ID # 1218
Residential Street Address 500 Bedford St		City Stamford		State CT	Zip Code 06901
Principal Occupation Software engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Cadiz		First Cris		MI	Contribution ID # 1222
Residential Street Address 87 North Rd		City Pomfret Center		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$20.00-

Last Name Levitt		First Amanda		MI	Contribution ID # 1221
Residential Street Address 30 Swarthmore St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Cadiz		First Cris		MI	Contribution ID # 1222
Residential Street Address 87 North Rd		City Pomfret Center		State CT	Zip Code 06259
Principal Occupation self-employed, freelance writer		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	
Is this contribution associated with an event 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-	\$20.00-

Last Name Levitt		First Amanda		MI	Contribution ID # 1221
Residential Street Address 30 Swarthmore St		City Hamden		State CT	Zip Code 06517
Principal Occupation Naturopathic Physician		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	
Is this contribution associated with an event 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-	\$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 Gale		First Tracy		MI	Contribution ID # 1220
Residential Street Address 6 Cone St		City Hartford		State CT	Zip Code 06105
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	
Is this contribution associated with an event 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	\$25.00

Last Name Burgio		First Anne		MI	Contribution ID # 1219
Residential Street Address 554 Toby Hill Rd		City Westbrook		State CT	Zip Code 06498
Principal Occupation North Regional Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Lim		First Junhyun		MI	Contribution ID # 1218
Residential Street Address 500 Bedford St		City Stamford		State CT	Zip Code 06901
Principal Occupation Software engineer		Name of Employer 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	
Is this contribution associated with an event 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-	\$320.00-

Last Name Waldron		First Mary		MI	Contribution ID # 1217
Residential Street Address 30 Bokum Rd # 103		City Essex		State CT	Zip Code 06426-1510
Principal Occupation Retired		Name of Employer 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	
Is this contribution associated with an event 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-	\$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 Winkler		First Michael		MI	Contribution ID # 1216
Residential Street Address 20 Gottier Dr		City Vernon		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Padowicz		First Nadine		MI	Contribution ID # 1215
Residential Street Address 34 Anderson Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Social Worker- Psychotherapist in private practice		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name Morgan		First Collin		MI	Contribution ID # 1214
Residential Street Address 2 Foley Rd		City Portland		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Sullivan		First Karen		MI	Contribution ID # 1213
Residential Street Address 20 Senator Dr		City Cromwell		State CT	Zip Code 06416
Principal Occupation Retired engineer		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	
Is this contribution associated with an event 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	\$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 Gale		First Adrienne		MI	Contribution ID # 1212
Residential Street Address 128 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation Homemaker		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	
Is this contribution associated with an event 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	\$10.00

Last Name Fox		First Larry		MI	Contribution ID # 1211
Residential Street Address 60 Mountain View Dr		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Little		First Lynn		MI	Contribution ID # 1210
Residential Street Address 6 Edsands Farm Ln		City New Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$20.00

Last Name Gagnon		First Gail		MI	Contribution ID # 1209
Residential Street Address 35 Overbrook Dr		City East Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Baxter		First Alice		MI	Contribution ID # 1208
Residential Street Address 75 Churchill Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Maser		First Amy		MI	Contribution ID # 1207
Residential Street Address 26 Seneca Rd		City Danbury		State CT	Zip Code 06811
Principal Occupation Executive Assistant		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	
Is this contribution associated with an event 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	\$50.00

Last Name Gulyas		First Ashley		MI	Contribution ID # 1206
Residential Street Address 5 Cliffview Dr		City Norwalk		State CT	Zip Code 06850
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	
Is this contribution associated with an event 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	\$25.00

Last Name Friedman		First Scott		MI	Contribution ID # 1205
Residential Street Address 17 Cooper Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Data analyst		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Cash		First William		MI	Contribution ID # 1204
Residential Street Address 586 Opening Hill Rd		City Madison		State CT	Zip Code 06443
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	
Is this contribution associated with an event 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	\$27.00

Last Name Salsich		First James		MI	Contribution ID # 1203
Residential Street Address 43 Herrick Rd		City Brooklyn		State CT	Zip Code 06234
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Morgenstein		First Larry		MI	Contribution ID # 1202
Residential Street Address 177 S Main St		City Wallingford		State CT	Zip Code 06492
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	
Is this contribution associated with an event 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	\$50.00

Last Name Menapace		First Nicholas		MI	Contribution ID # 1201
Residential Street Address 38 Hope St		City Niantic		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Veneziano		First Amanda		MI	Contribution ID # 1200
Residential Street Address 52 Terry Rd		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Marketing manager		Name of Employer Windham Region Chamber of Commerce			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/17/2025	Aggregate Contributions \$300.00	\$150.00

Last Name Georgiadis		First Dru		MI	Contribution ID # 1199
Residential Street Address 321 Puritan Rd		City Fairfield		State CT	Zip Code 06824
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	
Is this contribution associated with an event 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	\$75.00

Last Name Vieira		First Natalie		MI	Contribution ID # 1198
Residential Street Address 1524 1st Ave		City Oakland		State CA	Zip Code 94606
Principal Occupation Strategic Support Lead		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Ludwig		First Christopher		MI	Contribution ID # 1197
Residential Street Address 50 Railroad St		City New Milford		State CT	Zip Code 06776
Principal Occupation IT technician		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	
Is this contribution associated with an event 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	\$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 Gersten		First Sarah		MI	Contribution ID # 1196
Residential Street Address 1663 Asylum Ave		City West Hartford		State CT	Zip Code 06117
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Martin		First Karen		MI	Contribution ID # 1195
Residential Street Address 15 Oak Grove Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Radiologic Technologist		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	
Is this contribution associated with an event 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	\$50.00

Last Name Nugent		First Monika		MI	Contribution ID # 1194
Residential Street Address 84 Hope Cir		City Windsor		State CT	Zip Code 06095
Principal Occupation Manager of public policy		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Giddings		First Joanna		MI	Contribution ID # 1193
Residential Street Address 503 Oak Ridge Dr		City Cheshire		State CT	Zip Code 06410
Principal Occupation Teacher		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	
Is this contribution associated with an event 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	\$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 Blossom		First Jackson		MI	Contribution ID # 1192
Residential Street Address 5 Joes Hill Rd		City Danbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Allik		First Judith		MI	Contribution ID # 1191
Residential Street Address 30 Russell Ave		City Stonington		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Yiamouyiannis		First Carmen		MI	Contribution ID # 1190
Residential Street Address 61 Beverly Rd		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$5.00-

Last Name Yiamouyiannis		First Carmen		MI	Contribution ID # 1190
Residential Street Address 61 Beverly Rd		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Ludwig		First Christopher		MI	Contribution ID # 1197
Residential Street Address 50 Railroad St		City New Milford		State CT	Zip Code 06776
Principal Occupation IT technician		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Menapace		First Nicholas		MI	Contribution ID # 1201
Residential Street Address 38 Hope St		City Niantic		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Maser		First Amy		MI	Contribution ID # 1207
Residential Street Address 26 Seneca Rd		City Danbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Kim		First Christine		MI	Contribution ID # 1188
Residential Street Address 406 Humphrey St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Gentile		First Vincent		MI	Contribution ID # 1187
Residential Street Address 35 Horse Shoe Dr		City Westbrook		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name jahad		First Leonard		MI	Contribution ID # 1186
Residential Street Address 5 Judwin Ave		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Kim		First Christine		MI	Contribution ID # 1189
Residential Street Address 406 Humphrey St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Ryden		First Barbara		MI	Contribution ID # 1183
Residential Street Address 88 Notch Hill Rd		City North Branford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Nag		First Dhrupad		MI	Contribution ID # 1182
Residential Street Address 1439 Euclid St NW		City Washington		State DC	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Nag		First Dhrupad		MI	Contribution ID # 1182
Residential Street Address 1439 Euclid St NW		City Washington		State DC	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Sullivan		First Ryan		MI	Contribution ID # 1185
Residential Street Address 995 Hopmeadow St		City Simsbury		State CT	Zip Code 06070
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Waldron		First Mary		MI	Contribution ID # 1184
Residential Street Address 30 Bokum Rd # 103		City Essex		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$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 Ryden		First Barbara		MI	Contribution ID # 1183
Residential Street Address 88 Notch Hill Rd		City North Branford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Waldron		First Mary		MI	Contribution ID # 1184
Residential Street Address 30 Bokum Rd # 103		City Essex		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Feely		First Christine		MI	Contribution ID # 1181
Residential Street Address 282 Westpoint Ter		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name McKernan		First Kevin		MI	Contribution ID # 1180
Residential Street Address 23 Exeter Ave		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Russell		First Dan		MI	Contribution ID # 1179
Residential Street Address 25 Munson Rd		City Farmington		State CT	Zip Code 06032
Principal Occupation Application Developer		Name of Employer University of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/20/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Graesser		First Christine		MI	Contribution ID # 1178
Residential Street Address 28 Lawrence Ave		City Avon		State CT	Zip Code 06001
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/20/2025	Aggregate Contributions \$474.00	\$320.00

Last Name Gentes		First Jeffrey		MI	Contribution ID # 1177
Residential Street Address 37 Cottage Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation lawyer		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/20/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Pilaar		First Jeremy		MI	Contribution ID # 1176
Residential Street Address 144 Hepburn Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Associate Research Scholar		Name of Employer Yale Law School			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/20/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Caffrey		First Karen		MI	Contribution ID # 1175
Residential Street Address 30 Jenny Clfs		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$75.00-

Last Name Caffrey		First Karen		MI	Contribution ID # 1175
Residential Street Address 30 Jenny Clfs		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Farrell		First Christopher		MI	Contribution ID # 1160
Residential Street Address 55 Elm St		City Hartford		State CT	Zip Code 06106
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$125.00

Last Name Pillsbury		First Charles		MI A	Contribution ID # 1135
Residential Street Address 247 Saint Ronan St		City New Haven		State CT	Zip Code 06511
Principal Occupation Law 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	
Is this contribution associated with an event 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	\$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 Dawson		First Brian		MI	Contribution ID # 1144
Residential Street Address 69 Cooley Rd		City North Granby		State CT	Zip Code 06060
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Chancio		First Shannon		MI	Contribution ID # 1155
Residential Street Address 3 Equinox Ave		City Wolcott		State CT	Zip Code 06716
Principal Occupation Bookkeeper		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Hayre		First Sheila		MI	Contribution ID # 1153
Residential Street Address 202 Propect St		City New Haven		State CT	Zip Code 06511
Principal Occupation Clinical Professor of Law		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Tajildeen		First Bilal		MI	Contribution ID # 1169
Residential Street Address 12 Donald Ter		City Waterbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Dawson		First Brian		MI	Contribution ID # 1144
Residential Street Address 69 Cooley Rd		City North Granby		State CT	Zip Code 06060
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Harkins		First Miranda		MI	Contribution ID # 1174
Residential Street Address 130 Gungy Rd		City Salem		State CT	Zip Code 06420
Principal Occupation Scenic Artist		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Pynn		First Regina		MI	Contribution ID # 1173
Residential Street Address 25 Walker Dr		City Simsbury		State CT	Zip Code 06070
Principal Occupation General Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Haynes		First Laura		MI	Contribution ID # 1172
Residential Street Address 39 Fawnbrook Ln		City Simsbury		State CT	Zip Code 06070
Principal Occupation Professor		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	
Is this contribution associated with an event 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	\$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 Chamberlin		First Tyler		MI	Contribution ID # 1171
Residential Street Address 241 West St .		City Middletown		State CT	Zip Code 06457
Principal Occupation software engineer		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	
Is this contribution associated with an event 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	\$25.00

Last Name Dowdell		First Joseph		MI	Contribution ID # 1170
Residential Street Address 84 W Mountain Rd		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Electrical 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	
Is this contribution associated with an event 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	\$320.00

Last Name Tajildeen		First Bilal		MI	Contribution ID # 1169
Residential Street Address 12 Donald Ter		City Waterbury		State CT	Zip Code 06705
Principal Occupation Associate 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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Guild		First Craig		MI	Contribution ID # 1168
Residential Street Address 68 West St		City Groton		State CT	Zip Code 06340
Principal Occupation Librarian		Name of Employer 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	
Is this contribution associated with an event 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	\$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 PADOWICZ		First NADINE		MI	Contribution ID # 1167
Residential Street Address 34 Anderson Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Social Worker		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Parad		First Adrienne		MI	Contribution ID # 1166
Residential Street Address 5 Birch St		City Ledyard		State CT	Zip Code 06339
Principal Occupation Medical director		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Garcia		First Esteban		MI	Contribution ID # 1165
Residential Street Address 10 Winston Rd		City East Lyme		State CT	Zip Code 06333
Principal Occupation Bursar		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	
Is this contribution associated with an event 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	\$5.00

Last Name Hensley		First Jordon		MI	Contribution ID # 1164
Residential Street Address 26 Belden Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Assistant Librarian		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Goslin		First Megan		MI	Contribution ID # 1163
Residential Street Address 83 Haverford St		City Hamden		State CT	Zip Code 06517
Principal Occupation Psychologist		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	
Is this contribution associated with an event 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	\$50.00

Last Name Eke		First Therese		MI	Contribution ID # 1162
Residential Street Address 47 Point Beach Dr		City Milford		State CT	Zip Code 06460
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	
Is this contribution associated with an event 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	\$25.00

Last Name Teitleman		First Alan		MI	Contribution ID # 1161
Residential Street Address 408 Whitney Ave Apt 1		City New Haven		State CT	Zip Code 06511
Principal Occupation Professor		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	
Is this contribution associated with an event 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	\$25.00

Last Name Farrell		First Christopher		MI	Contribution ID # 1160
Residential Street Address 55 Elm St		City Hartford		State CT	Zip Code 06106
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$125.00

I. MONETARY 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 Cardwell		First Sean		MI	Contribution ID # 1159
Residential Street Address 47 Amherst St		City Hamden		State CT	Zip Code 06518
Principal Occupation Civil Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Jinks		First Jim		MI	Contribution ID # 1158
Residential Street Address 244 Academy Rd		City Cheshire		State CT	Zip Code 06410
Principal Occupation marketing		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Waleska		First Hayley		MI	Contribution ID # 1157
Residential Street Address 1400 20th St NW		City Washington		State DC	Zip Code 20036
Principal Occupation Product Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Velez		First Sophia		MI	Contribution ID # 1156
Residential Street Address 19 Lincoln Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Chancio		First Shannon		MI	Contribution ID # 1155
Residential Street Address 3 Equinox Ave		City Wolcott		State CT	Zip Code 06716
Principal Occupation Bookkeeper		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Scimone		First John		MI	Contribution ID # 1154
Residential Street Address 347 Boston Post Rd		City Waterford		State CT	Zip Code 06385-1914
Principal Occupation 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	
Is this contribution associated with an event 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	\$10.00

Last Name Hayre		First Sheila		MI	Contribution ID # 1153
Residential Street Address 202 Prospect St		City New Haven		State CT	Zip Code 06511
Principal Occupation Professor of Law		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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Sky		First Mitzy		MI	Contribution ID # 1152
Residential Street Address 111 Towne St		City Stamford		State CT	Zip Code 06902
Principal Occupation Direct care wmployee		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	
Is this contribution associated with an event 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	\$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 Gilstad-Hayden		First Kate		MI	Contribution ID # 1151
Residential Street Address 341 Cold Spring Dr		City Westbrook		State CT	Zip Code 06498
Principal Occupation Sr statistician		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	
Is this contribution associated with an event 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	\$25.00

Last Name Bisbee		First Chris		MI	Contribution ID # 1150
Residential Street Address 730 Spring Garden St		City Easton		State PA	Zip Code 18042
Principal Occupation Business Development		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Petronella		First Ronald		MI	Contribution ID # 1149
Residential Street Address 26 Cove Ave		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Hansen		First Nicholas		MI	Contribution ID # 1148
Residential Street Address 30 Elgin St		City Hamden		State CT	Zip Code 06517
Principal Occupation Accountant		Name of Employer 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	
Is this contribution associated with an event 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	\$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 DeChello		First John		MI	Contribution ID # 1147
Residential Street Address 65 Jackson Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Executive		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Nuchina		First Nandhish		MI	Contribution ID # 1146
Residential Street Address 55 Lochview Dr		City Windsor		State CT	Zip Code 06095
Principal Occupation Assistant Clerk		Name of Employer 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	
Is this contribution associated with an event 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	\$15.00

Last Name Morgan		First Collin		MI	Contribution ID # 1145
Residential Street Address 2 Foley Rd		City Portland		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Dawson		First Brian		MI	Contribution ID # 1144
Residential Street Address 69 Cooley Rd		City North Granby		State CT	Zip Code 06060
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Dugan		First James		MI	Contribution ID # 1143
Residential Street Address 6 Redwood Ln .		City New Milford		State CT	Zip Code 06776
Principal Occupation 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	
Is this contribution associated with an event 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	\$20.00

Last Name FABRIZI		First NANCY		MI	Contribution ID # 1142
Residential Street Address 923 Clintonville Rd		City Wallingford		State CT	Zip Code 06492-5342
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	
Is this contribution associated with an event 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	\$20.00

Last Name Doerr		First Kristi		MI	Contribution ID # 1141
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation AVP Tax		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Luna		First Emily		MI	Contribution ID # 1140
Residential Street Address 17 Cyr Dr		City Manchester		State CT	Zip Code 06040
Principal Occupation Staff Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Coassin		First Sophie		MI	Contribution ID # 1139
Residential Street Address 33 Westerly Dr		City Hamden		State CT	Zip Code 06518
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	
Is this contribution associated with an event 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	\$100.00

Last Name Cella		First Alida		MI	Contribution ID # 1138
Residential Street Address 172 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Casenhiser		First Patricia		MI	Contribution ID # 1137
Residential Street Address 579 Prospect Dr		City Stratford		State CT	Zip Code 06615
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	
Is this contribution associated with an event 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	\$75.00

Last Name Wright		First David		MI	Contribution ID # 1136
Residential Street Address 680 Knapps Hwy		City Fairfield		State CT	Zip Code 06825
Principal Occupation Crew; Mechanic		Name of Employer Trader Joe,Ãs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/22/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pillsbury		First Charlie		MI	Contribution ID # 1135
Residential Street Address 247 Saint Ronan St		City New Haven		State CT	Zip Code 06511
Principal Occupation Law 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	
Is this contribution associated with an event 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-	\$150.00-

Last Name Pierson		First Rachel		MI	Contribution ID # 1134
Residential Street Address 7 Wheeler Dr		City Pawcatuck		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$30.00

Last Name Merrifield		First Ken		MI	Contribution ID # 1133
Residential Street Address 22 Clinton St		City Glastonbury		State CT	Zip Code 06033
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	
Is this contribution associated with an event 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	\$100.00

Last Name Millar		First Ron		MI	Contribution ID # 1132
Residential Street Address 1104 N Quincy St .		City Arlington		State VA	Zip Code 22201
Principal Occupation Political and PAC Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Wade		First Donna		MI	Contribution ID # 1131
Residential Street Address 241 Hogan Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer EA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/23/2025	Aggregate Contributions \$100.00-	\$50.00-

Last Name Klein		First Martha		MI	Contribution ID # 1130
Residential Street Address PO Box 542-88 Doolittle Drive		City Norfolk		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$100.00-

Last Name Roy		First Sarah		MI	Contribution ID # 1129
Residential Street Address 3 Buena Vista Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation Outreach and Engagement Specialist		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Hayden		First Zachary		MI	Contribution ID # 1128
Residential Street Address 341 Cold Spring Dr		City Westbrook		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$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 Mower		First Daniel		MI	Contribution ID # 1127
Residential Street Address 228 Upper Delevan Ave		City Corning		State NY	Zip Code 14830
Principal Occupation Real estate		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Estabrook		First Kristen		MI	Contribution ID # 1126
Residential Street Address 96 Harborview Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Career Services		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Kading		First James		MI	Contribution ID # 1125
Residential Street Address 159 Mechanic St		City Pawcatuck		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Klein		First Martha		MI	Contribution ID # 1130
Residential Street Address 88 Doolittle Dr		City Norfolk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Magnoli		First Mark		MI	Contribution ID # 1124
Residential Street Address 338 Locust Rd		City Harwinton		State CT	Zip Code 06791
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	
Is this contribution associated with an event 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	\$50.00

Last Name Salsich		First James		MI	Contribution ID # 1123
Residential Street Address 43 Herrick Rd		City Brooklyn		State CT	Zip Code 06234
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Johnson		First Patrick		MI	Contribution ID # 1122
Residential Street Address 67 Sunbright Dr S		City Meriden		State CT	Zip Code 06450
Principal Occupation Business Controller		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Grossman		First Sally		MI	Contribution ID # 1121
Residential Street Address 106 Niles Rd		City Windsor		State CT	Zip Code 06095
Principal Occupation Painter		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Wade		First Donna		MI	Contribution ID # 1131
Residential Street Address 241 Hogan Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Clerical Work		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Hayden		First Zachary		MI	Contribution ID # 1128
Residential Street Address 341 Cold Spring Dr		City Westbrook		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Hardy		First Travis		MI	Contribution ID # 1120
Residential Street Address 7 Homer St		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Ayalon		First Aram		MI	Contribution ID # 1119
Residential Street Address 194 Stratford Rd		City New Britain		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Loewenthal		First Adlyn and		MI	Contribution ID # 1118
Residential Street Address 137 Steele Rd		City West Hartford		State CT	Zip Code 06119
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	
Is this contribution associated with an event 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-	\$320.00-

Last Name Rose		First Caitlin		MI	Contribution ID # 1117
Residential Street Address 2390 State St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Grzadko		First Krzysztof		MI	Contribution ID # 1116
Residential Street Address 11 Sunnyside Ave.		City Hamden		State CT	Zip Code 06518
Principal Occupation IT		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	
Is this contribution associated with an event 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-	\$27.00-

Last Name White		First Ann		MI	Contribution ID # 1115
Residential Street Address 122 Colony St		City Hamden		State CT	Zip Code 06518
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Carrington		First Nancy		MI	Contribution ID # 1114
Residential Street Address 25 Hamden Hills Dr Unit 42		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/26/2025	Aggregate Contributions \$42.00	\$10.00

Last Name Popp		First Cathy		MI	Contribution ID # 1113
Residential Street Address 69 Belden Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Kaptain		First Kathleen		MI	Contribution ID # 1112
Residential Street Address 413 Ridge Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Waldron		First Mary		MI	Contribution ID # 1111
Residential Street Address 30 Bokum Rd # 103		City Essex		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Grzadko		First Krzysztof		MI	Contribution ID # 1116
Residential Street Address 11 Sunnyside Ave .		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Loewenthal		First Adlyn		MI	Contribution ID # 1118
Residential Street Address 137 Steele Rd		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Waldron		First Mary		MI	Contribution ID # 1111
Residential Street Address 30 Bokum Rd # 103		City Essex		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Reynolds		First Jo Ann		MI	Contribution ID # 1105
Residential Street Address 159 Crescent St		City Willimantic		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Wheeler		First Judith		MI	Contribution ID # 1110
Residential Street Address 12A Country Ln		City Canton		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Massaro		First Eliza		MI	Contribution ID # 1109
Residential Street Address 91 Westland Rd		City Avon		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Wirt		First Sharon		MI	Contribution ID # 1108
Residential Street Address 463B Heritage Vlg		City Southbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Barker		First Michael		MI	Contribution ID # 1107
Residential Street Address 26 George St		City Trumbull		State CT	Zip Code 06611
Principal Occupation Management Consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Hughes		First James		MI	Contribution ID # 1106
Residential Street Address 56 Daleville School Rd		City Wilmington		State CT	Zip Code 06279
Principal Occupation Director		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Reynolds		First Jo Ann		MI	Contribution ID # 1105
Residential Street Address 159 Crescent St		City Willimantic		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$50.00-

Last Name CONGDON-MARR		First LINDA		MI	Contribution ID # 1104
Residential Street Address 11A Brickyard Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Retired teacher		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	
Is this contribution associated with an event 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	\$75.00

Last Name Johnson		First Lara		MI	Contribution ID # 1103
Residential Street Address 22 Kidder Brook Rd		City Ashford		State CT	Zip Code 06278
Principal Occupation Marketing Specialist		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Nguyen		First Leon		MI	Contribution ID # 1102
Residential Street Address 40 Park St		City Stratford		State CT	Zip Code 06614
Principal Occupation Intern		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Hultgren		First Debra		MI	Contribution ID # 1101
Residential Street Address 404 Woodland Rd		City Storrs		State CT	Zip Code 06268
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	
Is this contribution associated with an event 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	\$25.00

Last Name Shain		First Diana		MI	Contribution ID # 1100
Residential Street Address 241 Jared Sparks Rd		City Willington		State CT	Zip Code 06279
Principal Occupation Sr. Financial Analyst		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Staehle		First Bruce		MI	Contribution ID # 1099
Residential Street Address 398 Brickyard Rd		City Woodstock		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Colvin		First Margaret		MI	Contribution ID # 1098
Residential Street Address 10 Old River Rd		City Wilmington		State CT	Zip Code 06279
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	
Is this contribution associated with an event 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	\$15.00

Last Name Enderle		First Paula		MI	Contribution ID # 1097
Residential Street Address 210 Pond Factory Rd		City Woodstock		State CT	Zip Code 06281-1328
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	
Is this contribution associated with an event 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	\$25.00

Last Name Spiggle		First Susan		MI	Contribution ID # 1096
Residential Street Address 35 Samuel Hill Rd		City Columbia		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$150.00-

Last Name Forrester		First Kerstin		MI	Contribution ID # 1095
Residential Street Address 104 Underwood Rd Unit 15		City Putnam		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Jamieson		First Diane		MI	Contribution ID # 1094
Residential Street Address 490 Sunset Hill Rd		City North Grosvenordale		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Warinsky		First Karen		MI	Contribution ID # 1093
Residential Street Address 25 Tattoon Rd		City Woodstock		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Chinnock		First Randal		MI	Contribution ID # 1092
Residential Street Address 47 Kennerson Reservoir Rd		City Ashford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$100.00-

Last Name Beman		First Elizabeth		MI	Contribution ID # 1091
Residential Street Address 21 Wicker St		City Putnam		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Ryan		First Mary		MI	Contribution ID # 1090
Residential Street Address 205 Vernon Ave		City Vernon		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Lowell		First Judi		MI	Contribution ID # 1089
Residential Street Address 1 Hickory Ct		City Columbia		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Heimer		First Win		MI	Contribution ID # 1088
Residential Street Address 799 Prospect Ave # A2		City West Hartford		State CT	Zip Code 06105
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	
Is this contribution associated with an event 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	\$5.00

Last Name DiRollo		First Mark		MI	Contribution ID # 1087
Residential Street Address 33 Millport Ave		City New Canaan		State CT	Zip Code 06840
Principal Occupation Personal Assistant, Patient Advocate		Name of Employer Mark DiRollo — personal 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	
Is this contribution associated with an event 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 \$850.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Jones		First Harvey		MI	Contribution ID # 1086
Residential Street Address 12 Briar St		City Norwalk		State CT	Zip Code 06854
Principal Occupation Engineering Manager			Name of Employer 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 Silber		First Matt		MI	Contribution ID # 1085
Residential Street Address 230 East Ave		City Norwalk		State CT	Zip Code 06855
Principal Occupation Teacher			Name of Employer 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 Ryden		First Barbara		MI	Contribution ID # 1084
Residential Street Address 88 Notch Hill Rd		City North Branford		State CT	Zip Code 06471
Principal Occupation Retired			Name of Employer 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	

Last Name Gartland		First Dan		MI	Contribution ID # 1083
Residential Street Address 26 Laurel St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Journalist			Name of Employer 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	

I. MONETARY 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 Leary		First Shannon		MI	Contribution ID # 1082
Residential Street Address 8 Kilbourn Rd		City Simsbury		State CT	Zip Code 06070
Principal Occupation Self Employed special education advocate		Name of Employer Shannon Knall Special Education Advocate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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-	\$25.00-

Last Name Caffrey		First Karen		MI	Contribution ID # 1081
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$10.00-

Last Name Leahy		First John		MI	Contribution ID # 1080
Residential Street Address 63 Paula Joy Ln		City Tolland		State CT	Zip Code 06084
Principal Occupation Project Engineer		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Lombardo		First Wayne		MI	Contribution ID # 1079
Residential Street Address 571 Town St		City Moodus		State CT	Zip Code 06469
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	
Is this contribution associated with an event 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	\$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 Messberg		First Lori		MI	Contribution ID # 1078
Residential Street Address 310 Blue Trl		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/28/2025	Aggregate Contributions \$200.00-	\$50.00-

Last Name Barber		First Jan		MI	Contribution ID # 1077
Residential Street Address 72 Woodbine St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Baez		First Joseph		MI	Contribution ID # 1076
Residential Street Address 56 Burke St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Marra		First Jennifer		MI	Contribution ID # 1075
Residential Street Address 75 Redwood Dr		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Smith		First Leo		MI	Contribution ID # 1074
Residential Street Address 64 Boysenberry Ct		City Suffield		State CT	Zip Code 06078
Principal Occupation Dark Sky Advocacy			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
Is this contribution associated with an event 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	\$25.00

Last Name rosenthal		First judy sirota		MI	Contribution ID # 1073
Residential Street Address 70 Brookside Dr		City Hamden		State CT	Zip Code 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
Is this contribution associated with an event 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	\$5.00

Last Name Gauthier		First Nicholas		MI	Contribution ID # 1072
Residential Street Address 38 Norman St		City Waterford		State CT	Zip Code 06385
Principal Occupation State Representative			Name of Employer 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
Is this contribution associated with an event 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	\$27.00

Last Name Keller-McFarlane		First Sarah		MI	Contribution ID # 1071
Residential Street Address 8 Essex St		City Fairfield		State CT	Zip Code 06825
Principal Occupation Staff Counsel			Name of Employer 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
Is this contribution associated with an event 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	\$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 guillet		First Nicole		MI	Contribution ID # 1070
Residential Street Address 1 Freestone Ave		City Cromwell		State CT	Zip Code 06416
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Wells		First Galen		MI	Contribution ID # 1069
Residential Street Address 224 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
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	
Is this contribution associated with an event 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	\$25.00

Last Name Dannies		First Priscilla		MI	Contribution ID # 1068
Residential Street Address 299 Edwards St		City New Haven		State CT	Zip Code 06511
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	
Is this contribution associated with an event 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	\$75.00

Last Name Smith		First Nicholas		MI	Contribution ID # 1067
Residential Street Address 1400 20th St NW		City Washington		State DC	Zip Code 20036
Principal Occupation Senior Digital Strategist		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Cintron		First Josue		MI	Contribution ID # 1066
Residential Street Address 164 Oak St		City East Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Smith		First Debra		MI	Contribution ID # 1065
Residential Street Address 1139 New Haven Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Head teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Deeey		First Fred		MI	Contribution ID # 1064
Residential Street Address 37 Old Colony Rd, Storrs Mansfield		City Storrs		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Sullivan		First Lorelei		MI	Contribution ID # 1063
Residential Street Address 535 Bebbington Rd		City Ashford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Bailey		First John		MI	Contribution ID # 1062
Residential Street Address 17 Glenbrook Rd		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Martin		First Tom		MI	Contribution ID # 1061
Residential Street Address 35 Samuel Hill Rd		City Columbia		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Hinds		First Katherine		MI	Contribution ID # 1060
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Coleman-Mitchell		First Renee		MI	Contribution ID # 1059
Residential Street Address 21 Burnwood Dr		City Bloomfield		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Winter		First Steven		MI	Contribution ID # 1058
Residential Street Address 459 Dixwell Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation Executive Director of Climate and Sustainability			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
Is this contribution associated with an event 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	\$50.00

Last Name Palmer		First Aidan		MI	Contribution ID # 1057
Residential Street Address 385 Mountain Rd		City Cheshire		State CT	Zip Code 06410
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
Is this contribution associated with an event 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	\$20.00

Last Name Sexton		First Alice		MI	Contribution ID # 1056
Residential Street Address 45 Hardin Ln		City Glastonbury		State CT	Zip Code 06033
Principal Occupation Attorney			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
Is this contribution associated with an event 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	\$50.00

Last Name Gorden		First Gay		MI	Contribution ID # 1055
Residential Street Address 2832 18th Ave SE		City Olympia		State WA	Zip Code 98501
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
Is this contribution associated with an event 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	\$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 MCCLEARY		First Rita		MI	Contribution ID # 1054
Residential Street Address 926 Ridge Rd		City Hamden		State CT	Zip Code 06517-2142
Principal Occupation clinical psychologist		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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Smith		First Peter		MI	Contribution ID # 1053
Residential Street Address 1139 New Haven Ave		City Milford		State CT	Zip Code 06460
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	
Is this contribution associated with an event 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	\$25.00

Last Name Robie		First Maura		MI	Contribution ID # 1052
Residential Street Address 170 Sherman Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Natural Resource Specialist		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Krantz		First Thomas		MI	Contribution ID # 1051
Residential Street Address 143 Hoyt St		City Stamford		State CT	Zip Code 06905
Principal Occupation self-employed		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	
Is this contribution associated with an event 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-	\$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 Peterson		First Margaret		MI	Contribution ID # 1050
Residential Street Address 395 Browns Rd		City Storrs		State CT	Zip Code 06268
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	
Is this contribution associated with an event 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	\$25.00

Last Name Johnson		First Tracy		MI	Contribution ID # 1049
Residential Street Address 62 Grant Rd		City Bethany		State CT	Zip Code 06524
Principal Occupation Veterinarian		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	
Is this contribution associated with an event 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	\$25.00

Last Name Laudano Jr		First Salvatore		MI	Contribution ID # 1048
Residential Street Address 1520 Dixwell Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Fischer		First Michael		MI	Contribution ID # 1047
Residential Street Address 80 Killdeer Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Ferenbach		First Jeanie		MI	Contribution ID # 1046
Residential Street Address 21 Trout Lake Dr		City Westbrook		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$10.00-

Last Name Moon		First Susan		MI	Contribution ID # 1045
Residential Street Address 41 Indian Spring Rd		City Woodstock		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Duni		First Christopher		MI	Contribution ID # 1044
Residential Street Address 314 Dixwell Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation Grant Writer		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Gabriele		First Timothy		MI	Contribution ID # 1043
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Recruiting Coordinator		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	
Is this contribution associated with an event 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	\$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 Pezzini		First Norma		MI	Contribution ID # 1042
Residential Street Address 59 Hubbard Pl		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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 \$40.00	\$10.00

Last Name Phillips		First Jeanie		MI	Contribution ID # 1041
Residential Street Address 50 Appletree Dr		City East Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Rice		First Andrew		MI	Contribution ID # 1040
Residential Street Address 35 Quaker Pl		City Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Duni		First Christopher		MI	Contribution ID # 1044
Residential Street Address 314 Dixwell Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation Grant-Writer		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Duni		First Christopher		MI	Contribution ID # 1044
Residential Street Address 314 Dixwell Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation Grant Writer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Silber		First Matthew		MI	Contribution ID # 1085
Residential Street Address 230 East Ave		City Norwalk		State CT	Zip Code 06855
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Caffrey		First Karen		MI	Contribution ID # 1081
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Doocy		First Fred		MI	Contribution ID # 1064
Residential Street Address 37 Old Colony Rd ,, Storrs-Mansfield		City Storrs		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Mossberg		First Lori		MI	Contribution ID # 1078
Residential Street Address 310 Blue Trl		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/28/2025	Aggregate Contributions \$150.00	\$50.00

Last Name Ferenbach		First E Joan		MI	Contribution ID # 1046
Residential Street Address 21 Trout Lake Dr		City Westbrook		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Leary		First Shannon		MI	Contribution ID # 1082
Residential Street Address 8 Kilbourn Rd		City Simsbury		State CT	Zip Code 06070
Principal Occupation Manager, community outreach and business developme		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Laudano Jr		First Salvatore		MI	Contribution ID # 1048
Residential Street Address 1520 Dixwell Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 MCCLEARY		First Rita		MI	Contribution ID # 1054
Residential Street Address 926 Ridge Rd		City Hamden		State CT	Zip Code 06517-2142
Principal Occupation Psychotherapist		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name DiRollo		First Mark		MI	Contribution ID # 1087
Residential Street Address 33 Millport Ave		City New Canaan		State CT	Zip Code 06840
Principal Occupation Caregiver and Patient Advocate		Name of Employer 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	
Is this contribution associated with an event 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 \$700.00	\$50.00

Last Name Chinnock		First Randal		MI	Contribution ID # 1092
Residential Street Address 47 Kennerson Reservoir Rd		City Ashford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Krantz		First Thomas		MI	Contribution ID # 1051
Residential Street Address 143 Hoyt St		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Ryden		First Barbara		MI	Contribution ID # 1084
Residential Street Address 88 Notch Hill Rd		City North Branford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Leahy		First John		MI	Contribution ID # 1080
Residential Street Address 63 Paula Joy Ln		City Tolland		State CT	Zip Code 06084
Principal Occupation Project Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Gartland		First Daniel		MI J	Contribution ID # 1083
Residential Street Address 26 Laurel St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Journalist		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Hinds		First Katherine		MI	Contribution ID # 1060
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Spiggle		First Susan		MI	Contribution ID # 1096
Residential Street Address 35 Samuel Hill Rd		City Columbia		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Chinnock		First Randal		MI	Contribution ID # 1092
Residential Street Address 47-Kennerson-Reservoir-Rd		City Ashford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$100.00-

Last Name Leary		First Shannon		MI	Contribution ID # 1082
Residential Street Address 8-Kilbourn-Rd		City Simsbury		State CT	Zip Code 06070
Principal Occupation special-education-advocate		Name of Employer Shannon-Knall-Special-Education-Advocate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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-	\$25.00-

Last Name Pedersen		First Janna		MI	Contribution ID # 1032
Residential Street Address PO-Box-35		City Storrs		State CT	Zip Code 06268
Principal Occupation consultant		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	
Is this contribution associated with an event 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-	\$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 Doolittle		First Erin		MI	Contribution ID # 1019
Residential Street Address 117 Conway Rd		City Manchester		State CT	Zip Code 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 ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/29/2025	Aggregate Contributions \$10.00-	\$5.00-

Last Name DUNN		First GREGORY		MI	Contribution ID # 1026
Residential Street Address 25 Bonnie View Dr		City Trumbull		State CT	Zip Code 06611
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	
Is this contribution associated with an event 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	\$25.00

Last Name Lewendon		First Whitney		MI	Contribution ID # 1023
Residential Street Address 57 Laurelwood Ln		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/29/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Pedersen		First Janna		MI	Contribution ID # 1032
Residential Street Address 818 Stafford Rd		City Storrs		State CT	Zip Code 06268
Principal Occupation consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Lhamon		First Judy		MI	Contribution ID # 1028
Residential Street Address 24 King St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Doolittle		First Erin		MI	Contribution ID # 1019
Residential Street Address 117 Conway Rd		City Manchester		State CT	Zip Code 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 ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/29/2025	Aggregate Contributions \$10.00	\$5.00

Last Name currier		First Tom		MI	Contribution ID # 1039
Residential Street Address 15 Columbia Lndg		City Columbia		State CT	Zip Code 06237
Principal Occupation Real estate sales		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	
Is this contribution associated with an event 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	\$25.00

Last Name Pallatto-Fontaine		First Debra		MI	Contribution ID # 1038
Residential Street Address 26 Maplewood Rd		City Storrs		State CT	Zip Code 06268
Principal Occupation Pastor		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	
Is this contribution associated with an event 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	\$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 Palm		First Christine		MI	Contribution ID # 1037
Residential Street Address 29 E Liberty St		City Chester		State CT	Zip Code 06412
Principal Occupation Educator		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Gomberg		First Maya		MI	Contribution ID # 1036
Residential Street Address 4224 Pine St		City Philadelphia		State PA	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Martinez		First Maura		MI	Contribution ID # 1035
Residential Street Address 87 Frederic Rd		City Vernon		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Hoffman		First Diane		MI	Contribution ID # 1034
Residential Street Address 190 Wilmot Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Lopez-Velasquez		First Angela		MI	Contribution ID # 1033
Residential Street Address 217 East Ave		City West Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Pedersen		First Janna		MI	Contribution ID # 1032
Residential Street Address PO Box 35		City Storrs		State CT	Zip Code 06268
Principal Occupation Self-employed consultant		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	
Is this contribution associated with an event 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	\$25.00

Last Name Buhler		First William		MI	Contribution ID # 1031
Residential Street Address 8 Winchester Way		City Cromwell		State CT	Zip Code 06416
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	
Is this contribution associated with an event 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	\$50.00

Last Name VanDuzee		First Kathleen		MI	Contribution ID # 1030
Residential Street Address 198 Whisconier Rd		City Brookfield		State CT	Zip Code 06804
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	
Is this contribution associated with an event 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	\$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 Barrington		First Candace		MI	Contribution ID # 1029
Residential Street Address 291 Townsend Ave		City New Haven		State CT	Zip Code 06512
Principal Occupation Higher Education		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Hamon		First Judy		MI	Contribution ID # 1028
Residential Street Address 24 King St		City Hamden		State CT	Zip Code 06517
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	
Is this contribution associated with an event 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	\$25.00

Last Name Schweitzer		First Chris		MI	Contribution ID # 1027
Residential Street Address 361 Elm St		City New Haven		State CT	Zip Code 06511
Principal Occupation Director		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name DUNN		First GREGORY		MI	Contribution ID # 1026
Residential Street Address 25 Bonnie View Dr		City Trumbull		State CT	Zip Code 06611
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	
Is this contribution associated with an event 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	\$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 Desideraggio		First Hillary		MI	Contribution ID # 1025
Residential Street Address 88 Simsbury Rd		City Granby		State CT	Zip Code 06090
Principal Occupation Field Organizer		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	
Is this contribution associated with an event 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	\$35.00

Last Name Rice		First Andrew		MI	Contribution ID # 1024
Residential Street Address 35 Quaker Pl		City Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$290.00

Last Name Lewenden		First Whitney		MI	Contribution ID # 1023
Residential Street Address 57 Laurelwood Ln		City Hamden		State CT	Zip Code 06518
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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Beebe		First Marilee		MI	Contribution ID # 1022
Residential Street Address 90 Rhodes Rd		City Tolland		State CT	Zip Code 06084
Principal Occupation Civil Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Roth		First Dana		MI	Contribution ID # 1021
Residential Street Address 56 Deforest Rd		City Wilton		State CT	Zip Code 06897
Principal Occupation Recreation Assistant		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	
Is this contribution associated with an event 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	\$20.00

Last Name Martinez-Alsina		First Luis		MI	Contribution ID # 1020
Residential Street Address 58 Eagle Ridge Dr		City Gales Ferry		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Doolittle		First Erin		MI	Contribution ID # 1019
Residential Street Address 117 Conway Rd		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Chappell		First Christopher		MI	Contribution ID # 1018
Residential Street Address 132 Summer Hill Rd		City Middletown		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Christensen		First Tamara		MI	Contribution ID # 1017
Residential Street Address 68 Wilson Ave # 210		City Torrington		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name KINSLOE-BYERS		First SUSI		MI	Contribution ID # 1016
Residential Street Address 35 Nedwied		City Tolland		State CT	Zip Code 06084
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	
Is this contribution associated with an event 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	\$10.00

Last Name Must-Ettinger		First Rachel		MI	Contribution ID # 1015
Residential Street Address 500 Marble Rd		City Orange		State CT	Zip Code 06477
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	
Is this contribution associated with an event 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	\$100.00

Last Name Rice		First Joseph		MI	Contribution ID # 1014
Residential Street Address 138 Boston Post Rd		City East Lyme		State CT	Zip Code 06333
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	
Is this contribution associated with an event 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	\$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 Rice		First Marion		MI	Contribution ID # 1013
Residential Street Address 138 Boston Post Rd		City East Lyme		State CT	Zip Code 06333
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	
Is this contribution associated with an event 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	\$75.00

Last Name Duryea		First Tina		MI	Contribution ID # 1012
Residential Street Address 6 Deane Ct		City Norwalk		State CT	Zip Code 06853
Principal Occupation Artist Oil Painter		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Rose		First Mary		MI	Contribution ID # 1011
Residential Street Address 274 Wall St		City Hebron		State CT	Zip Code 06248
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	
Is this contribution associated with an event 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	\$5.00

Last Name Boracy		First Esam		MI	Contribution ID # 1010
Residential Street Address 407 Lake St		City Ithaca		State NY	Zip Code 14850
Principal Occupation Center on Global Democracy		Name of Employer 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	
Is this contribution associated with an event 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-	\$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 Smith		First Debra		MI	Contribution ID # 1009
Residential Street Address 1139 New Haven Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Head teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Anderson		First Erik		MI	Contribution ID # 1008
Residential Street Address 23 Avenue C		City Norwalk		State CT	Zip Code 06854
Principal Occupation Partnerships Account Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Gordon		First Amanda		MI	Contribution ID # 1007
Residential Street Address 23 Golf Rd		City Bolton		State CT	Zip Code 06043
Principal Occupation Social work		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	
Is this contribution associated with an event 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	\$25.00

Last Name Salsich		First James		MI	Contribution ID # 1006
Residential Street Address 43 Herrick Rd		City Brooklyn		State CT	Zip Code 06234
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Stretch		First Cynthia		MI	Contribution ID # 1005
Residential Street Address 200 Alden Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation Professor		Name of Employer Southern CT State U			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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-	\$50.00-

Last Name O'Connor		First Brian		MI	Contribution ID # 1004
Residential Street Address 41 Brighton Dr		City East Granby		State CT	Zip Code 06026
Principal Occupation Photographer		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$50.00

Last Name Dlugolenski		First Thomas		MI	Contribution ID # 1003
Residential Street Address 64 Silver Brook Ln		City North Granby		State CT	Zip Code 06060
Principal Occupation Retail Associate/Street Crew		Name of Employer Springfield Thunderbirds			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$25.00

Last Name Smith		First George		MI	Contribution ID # 1002
Residential Street Address 8 Maplevale Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Management		Name of Employer A&G Cleaning Agents LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$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 Casperson		First Judy		MI	Contribution ID # 1001
Residential Street Address 380 Auburn Rd		City West Hartford		State CT	Zip Code 06119
Principal Occupation Small business and board consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Detmers		First Mollie		MI	Contribution ID # 1000
Residential Street Address 25 Lynwood Pl Apt 4		City New Haven		State CT	Zip Code 06511
Principal Occupation Server		Name of Employer Brazi,Ãs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/30/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Reilly		First Brendan		MI	Contribution ID # 0999
Residential Street Address 157 Washington Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Waldron		First Garrett		MI	Contribution ID # 0998
Residential Street Address 148 Alexander Dr		City Meriden		State CT	Zip Code 06450
Principal Occupation Director of Business Development		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	
Is this contribution associated with an event 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	\$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 Stie		First Eileen		MI CT	Contribution ID # 0997
Residential Street Address 123 Worth Ave		City Hamden		State CT	Zip Code 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-	

Last Name Tomczak		First Stephen Monroe		MI CT	Contribution ID # 0996
Residential Street Address 60 Morningside Ter		City Wallingford		State CT	Zip Code 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 Erard		First Amanda		MI CT	Contribution ID # 0995
Residential Street Address 27 Greenway St		City Hamden		State CT	Zip Code 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 Papps		First Sheila		MI CT	Contribution ID # 0994
Residential Street Address 70 Blanchard Rd		City Easton		State CT	Zip Code 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	

I. MONETARY 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 Waldron		First Freesia		MI	Contribution ID # 0993
Residential Street Address 148 Alexander Dr		City Meriden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$41.00

Last Name Seitz		First Vicki		MI	Contribution ID # 0992
Residential Street Address 194 Haverford St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Roy		First Sarah		MI	Contribution ID # 0991
Residential Street Address 3 Buena Vista Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation Outreach & Engagement Specialist		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Fountain		First Christopher		MI	Contribution ID # 0990
Residential Street Address 58 Severance Dr		City Stamford		State CT	Zip Code 06905
Principal Occupation AI Solutions Manager		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	
Is this contribution associated with an event 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	\$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 Spiggle		First Susan		MI	Contribution ID # 0989
Residential Street Address 35 Samuel Hill Rd		City Columbia		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$170.00

Last Name Heiss		First Laurie		MI	Contribution ID # 0988
Residential Street Address 105 Cross Hwy		City Redding		State CT	Zip Code 06896
Principal Occupation Self farmer/writer/ jewelry designer		Name of Employer 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	
Is this contribution associated with an event 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	\$15.00

Last Name Cooney		First Suzanne		MI	Contribution ID # 0987
Residential Street Address 35 Filbert St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Lucek		First Susan		MI	Contribution ID # 0986
Residential Street Address 95 Tolland Grn		City Tolland		State CT	Zip Code 06084
Principal Occupation Caregiver		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	
Is this contribution associated with an event 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	\$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 Sanchez		First Teofilo		MI	Contribution ID # 0985
Residential Street Address 109 Pease Rd		City Woodbridge		State CT	Zip Code 06525
Principal Occupation No		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	
Is this contribution associated with an event 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	\$25.00

Last Name Graves		First Jenny		MI	Contribution ID # 0984
Residential Street Address 22 George St		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Bessette		First Michael		MI	Contribution ID # 0983
Residential Street Address 360 Abbe Rd		City South Windsor		State CT	Zip Code 06074
Principal Occupation Financial Examiner		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	
Is this contribution associated with an event 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	\$50.00

Last Name Hogan		First Eileen		MI	Contribution ID # 0982
Residential Street Address 330 Sharpless St		City West Chester		State PA	Zip Code 19382
Principal Occupation Administrative Asst.		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Gilstad-Hayden		First Kate		MI	Contribution ID # 0981
Residential Street Address 341 Cold Spring Dr		City Westbrook		State CT	Zip Code 06498
Principal Occupation Statistician		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Bowman		First Phaedrel		MI	Contribution ID # 0980
Residential Street Address 211 Shepard Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Meyer		First Kristen		MI	Contribution ID # 0979
Residential Street Address 9 School Hill Ln		City Westbrook		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/30/2025	Aggregate Contributions \$125.00	\$25.00

Last Name Heimer		First Win		MI	Contribution ID # 0977
Residential Street Address 799 Prospect Ave # A2		City West Hartford		State CT	Zip Code 06105
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	
Is this contribution associated with an event 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	\$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 Kroop		First Dale		MI	Contribution ID # 0976
Residential Street Address 161 Thornton Street Hamden Ct # 6518		City Hamden		State CT	Zip Code 06517
Principal Occupation Consultant		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	
Is this contribution associated with an event 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	\$50.00

Last Name Sieng		First Ryan		MI	Contribution ID # 0975
Residential Street Address 150 Foxon Rd		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Kassen		First Peter		MI	Contribution ID # 0974
Residential Street Address 269 Moody Mount Rd		City Lincolnville		State ME	Zip Code 04849
Principal Occupation RET.		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	
Is this contribution associated with an event 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	\$150.00

Last Name Popp		First Cathy		MI	Contribution ID # 0973
Residential Street Address 69 Belden Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Jarvis		First Pamela		MI	Contribution ID # 0972
Residential Street Address 296 W Cornwall Rd		City West Cornwall		State CT	Zip Code 06796
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	
Is this contribution associated with an event 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	\$75.00

Last Name Morgan		First Collin		MI	Contribution ID # 0971
Residential Street Address 2 Foley Rd		City Portland		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Elia		First Cathy		MI	Contribution ID # 0970
Residential Street Address 164 Dorrance St		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/30/2025	Aggregate Contributions \$100.00	\$50.00

Last Name Borne		First Rebecca		MI	Contribution ID # 0969
Residential Street Address 28 Elmwood Rd		City New Haven		State CT	Zip Code 06515
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Leonard		First Catherine		MI	Contribution ID # 0968
Residential Street Address 5 Constitution Plz		City Hartford		State CT	Zip Code 06103
Principal Occupation Software Developed		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Donato		First Frank		MI	Contribution ID # 0967
Residential Street Address 15 Beech Tree Hill Rd		City Shelton		State CT	Zip Code 06484
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	
Is this contribution associated with an event 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	\$10.00

Last Name Friday		First Sandra		MI	Contribution ID # 0966
Residential Street Address 44 Gordon St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Josephsen		First Jeremiah		MI	Contribution ID # 0965
Residential Street Address 184 Scribner Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Warehouse Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Crouch		First Maurine		MI	Contribution ID # 0964
Residential Street Address 156 Lakeview Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Public health		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Duryea		First Tina		MI	Contribution ID # 1012
Residential Street Address 6 Deane Ct		City Norwalk		State CT	Zip Code 06853
Principal Occupation Artist, Oil Painter		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Kassen		First Peter		MI	Contribution ID # 0974
Residential Street Address 269 Moody Mount Rd		City Lincolnton		State ME	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/30/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Boraey		First Essam		MI M	Contribution ID # 1010
Residential Street Address 407 Lake St		City Ithaca		State NY	Zip Code 14850
Principal Occupation Doctoral Candidate		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Sieng		First Ryan		MI	Contribution ID # 0975
Residential Street Address 150 Foxon Rd		City East Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Stretch		First Cynthia		MI	Contribution ID # 1005
Residential Street Address 200 Alden Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation Professor		Name of Employer Southern CT State U			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/30/2025	Aggregate Contributions \$150.00	\$50.00

Last Name Stio		First Eileen		MI	Contribution ID # 0997
Residential Street Address 123 Worth Ave		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/30/2025	Aggregate Contributions \$200.00	\$50.00

Last Name Seitz		First Vicki		MI	Contribution ID # 0992
Residential Street Address 194 Haverford St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Duryea		First Tina		MI	Contribution ID # 1012
Residential Street Address 6 Deane Ct		City Norwalk		State CT	Zip Code 06853
Principal Occupation Artist-Oil Painter		Name of Employer FLDuryea			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 12/30/2025	Aggregate Contributions \$100.00	\$25.00

Last Name Heiss		First Laurie		MI	Contribution ID # 0988
Residential Street Address 105 Cross Hwy		City Redding		State CT	Zip Code 06896
Principal Occupation farmer/writer/ jewelry designer		Name of Employer 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	
Is this contribution associated with an event 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	\$15.00

Last Name Heuss-Severance		First Gwenith		MI	Contribution ID # 0945
Residential Street Address 24 King St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Khan-Bureau		First Diba		MI A	Contribution ID # 0923
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Barton		First Frank		MI	Contribution ID # 0911
Residential Street Address 636 Cherry Brook Rd		City North Canton		State CT	Zip Code 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	
Is this contribution associated with an event 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- \$5.00-	

Last Name Salsich		First Jan		MI	Contribution ID # 0933
Residential Street Address 27 Church St		City Mystic		State CT	Zip Code 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	
Is this contribution associated with an event 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 \$25.00	

Last Name Ziogas		First Christopher		MI	Contribution ID # 0932
Residential Street Address 32 Woodland Dt		City Bristol		State CT	Zip Code 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	
Is this contribution associated with an event 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 \$75.00	

Last Name Webel		First Susan		MI J	Contribution ID # 0921
Residential Street Address 115 Andrew Dr		City Canton		State CT	Zip Code 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	
Is this contribution associated with an event 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 \$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 Neal-Sanjurjo		First Serena		MI	Contribution ID # 0940
Residential Street Address 31 Marvel Rd		City New Haven		State CT	Zip Code 06515
Principal Occupation Development Consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Romano		First Gina		MI	Contribution ID # 0927
Residential Street Address 1 Terrace Dr		City Sherman		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Barton		First Frank		MI	Contribution ID # 0911
Residential Street Address 636 Cherry Brook Rd		City North Canton		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Collette		First Sara		MI	Contribution ID # 0931
Residential Street Address 825 Hollyhock Ln		City Orange		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Bowens		First Tracy		MI	Contribution ID # 0902
Residential Street Address 152 Country Hills Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Manager		Name of Employer 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	
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	\$50.00

Last Name Lee-Chin		First Matthew		MI	Contribution ID # 0963
Residential Street Address 175 Godfrey Rd E		City Weston		State CT	Zip Code 06883
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Liebman		First Carol		MI	Contribution ID # 0962
Residential Street Address 894 Saybrook Rd		City Haddam		State CT	Zip Code 06438
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	
Is this contribution associated with an event 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	\$5.00

Last Name Congdon		First Bob		MI	Contribution ID # 0961
Residential Street Address 20 Meadowbrook Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Ebersole		First Garrett		MI	Contribution ID # 0960
Residential Street Address 42 N Woods Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Annes		First Eric		MI	Contribution ID # 0959
Residential Street Address 200 Thornton St		City Hamden		State CT	Zip Code 06517
Principal Occupation STA		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	
Is this contribution associated with an event 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	\$25.00

Last Name Evins		First Eleanor		MI	Contribution ID # 0958
Residential Street Address 2405 Whitney Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name Woods		First Connie		MI	Contribution ID # 0957
Residential Street Address 10 Fort Hill Rd # 2C		City Groton		State CT	Zip Code 06340
Principal Occupation Homemaker		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Ramos		First Juan		MI	Contribution ID # 0956
Residential Street Address 29 Kathleen Dr		City Willimantic		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Shinde		First Sanjay		MI	Contribution ID # 0955
Residential Street Address 39 Pocahontas Dr		City West Hartford		State CT	Zip Code 06117
Principal Occupation IT		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Dawson		First Christopher		MI	Contribution ID # 0954
Residential Street Address 81 Bangall Rd		City Stamford		State CT	Zip Code 06903
Principal Occupation HR consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Soaft		First Emma		MI	Contribution ID # 0953
Residential Street Address 301 Addison Rd		City Glastonbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Van Buren		First Tyler		MI	Contribution ID # 0952
Residential Street Address 49 Red Hill Dr .		City Glastonbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$45.00

Last Name Sartori		First John		MI	Contribution ID # 0951
Residential Street Address 126 Elmfield St		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Fleck		First Paul		MI	Contribution ID # 0950
Residential Street Address 112 Shepards Knoll Dr		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Mallozzi		First Massimo		MI	Contribution ID # 0949
Residential Street Address 39 Birch St		City Trumbull		State CT	Zip Code 06611
Principal Occupation SVP IT		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Ellmore		First Ian		MI	Contribution ID # 0948
Residential Street Address 106 Filbert St		City Hamden		State CT	Zip Code 06517
Principal Occupation Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Molito		First Justin		MI	Contribution ID # 0947
Residential Street Address 32 Mile Hill Rd S		City Newtown		State CT	Zip Code 06470
Principal Occupation Director of Organizing		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Fareus		First Shineika		MI	Contribution ID # 0946
Residential Street Address 14 Hempstead Ct		City New London		State CT	Zip Code 06320
Principal Occupation Project executive director		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Heuss-Severance		First Gwenith		MI	Contribution ID # 0945
Residential Street Address 24 King St		City Hamden		State CT	Zip Code 06517-2313
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	
Is this contribution associated with an event 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	\$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 Trombly		First Christopher		MI	Contribution ID # 0944
Residential Street Address 1834 Ella T Grasso Blvd		City New Haven		State CT	Zip Code 06511
Principal Occupation Dean		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	
Is this contribution associated with an event 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	\$45.00

Last Name Wright		First Lynn		MI	Contribution ID # 0943
Residential Street Address 680 Knapps Hwy		City Fairfield		State CT	Zip Code 06825
Principal Occupation Caretaker		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Witkowski		First Alexander		MI	Contribution ID # 0942
Residential Street Address 672 Queen St		City Southington		State CT	Zip Code 06489
Principal Occupation Electrician		Name of Employer 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	
Is this contribution associated with an event 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	\$250.00

Last Name Doerr		First Kristi		MI	Contribution ID # 0941
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation AVP Tax		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Neal-Sanjurjo		First Serena		MI	Contribution ID # 0940
Residential Street Address 31 Marvel Rd		City New Haven		State CT	Zip Code 06515
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	
Is this contribution associated with an event 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-	\$150.00-

Last Name Ugurlu		First Yasemin		MI	Contribution ID # 0939
Residential Street Address 15 Boulder Rd		City Colchester		State CT	Zip Code 06415
Principal Occupation Entrepreneur		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Smith-Bolden		First Kebra		MI	Contribution ID # 0938
Residential Street Address 255 Pine Rock Ave		City Hamden		State CT	Zip Code 06514-2626
Principal Occupation Nurse		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	
Is this contribution associated with an event 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	\$25.00

Last Name Price		First Richard		MI	Contribution ID # 0937
Residential Street Address 292 Deming Rd		City Berlin		State CT	Zip Code 06037
Principal Occupation Retired journalist		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	
Is this contribution associated with an event 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	\$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 Johnson		First Deborah		MI	Contribution ID # 0936
Residential Street Address 66 Thompson St		City Hamden		State CT	Zip Code 06518
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	
Is this contribution associated with an event 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	\$25.00

Last Name Petersen		First Erica		MI	Contribution ID # 0935
Residential Street Address 137 Rood Ave		City Windsor		State CT	Zip Code 06095
Principal Occupation Customer Support		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Repasz		First Craig		MI	Contribution ID # 0934
Residential Street Address 18 Nutmeg Hill Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Salsich		First Janice		MI	Contribution ID # 0933
Residential Street Address 27 Church St		City Mystic		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Ziegas		First Chris		MI	Contribution ID # 0932
Residential Street Address 32 Woodland Dr		City Bristol		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$75.00-

Last Name Franchini		First S		MI	Contribution ID # 0931
Residential Street Address 825 Hollyhock Ln		City Orange		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$100.00-

Last Name Tolsdorf		First Katherine		MI	Contribution ID # 0930
Residential Street Address 104 Hunt Rd		City Columbia		State CT	Zip Code 06237
Principal Occupation retired		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Yukich		First Grace		MI	Contribution ID # 0929
Residential Street Address 109 Filbert St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Skoggard		First Ian		MI	Contribution ID # 0928
Residential Street Address 42 Cleveland Rd		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Romano		First Gina		MI	Contribution ID # 0927
Residential Street Address 1 Terrace Dr		City Sherman		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Keyl		First Kari Henkelmann		MI	Contribution ID # 0926
Residential Street Address 124 Murlyn Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Cannady		First Dana		MI	Contribution ID # 0925
Residential Street Address 2405 Whitney Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Mack		First Tyler		MI	Contribution ID # 0924
Residential Street Address 3741 Main St		City Stratford		State CT	Zip Code 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
Is this contribution associated with an event 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	\$100.00

Last Name Khan-Bureau		First Diba		MI	Contribution ID # 0923
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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
Is this contribution associated with an event 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	\$50.00

Last Name Lamarre		First Rebecca		MI	Contribution ID # 0922
Residential Street Address 101 Dutton Rd		City Pelham		State NH	Zip Code 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
Is this contribution associated with an event 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	\$150.00

Last Name Webel		First Susan		MI	Contribution ID # 0921
Residential Street Address 115 Andrew Dr		City Canton		State CT	Zip Code 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
Is this contribution associated with an event 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	\$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 Smith		First Frank		MI	Contribution ID # 0920
Residential Street Address 232 2nd Ave		City Milford		State CT	Zip Code 06460
Principal Occupation State Legislator		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Oliveri		First Steven		MI	Contribution ID # 0919
Residential Street Address 266 Florida Rd		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name White		First Stephen		MI	Contribution ID # 0918
Residential Street Address 131 Thornton St		City Hamden		State CT	Zip Code 06517
Principal Occupation Engineer		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	
Is this contribution associated with an event 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	\$100.00

Last Name Post		First Albert		MI	Contribution ID # 0917
Residential Street Address 814 Rail Fence Rd		City Orange		State CT	Zip Code 06477
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	
Is this contribution associated with an event 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	\$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 Parker McKernan		First Sara		MI	Contribution ID # 0916
Residential Street Address 84 Yale Ave		City Middlebury		State CT	Zip Code 06762
Principal Occupation Policy Advocate		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Bilodeau		First Kayla		MI	Contribution ID # 0915
Residential Street Address 5 Mel Rd		City Plainville		State CT	Zip Code 06062
Principal Occupation Instructional designer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Pope		First Jennifer		MI	Contribution ID # 0914
Residential Street Address 37 Woodstock Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Clinical Research Manager		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	
Is this contribution associated with an event 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	\$75.00

Last Name Jefferson		First Nichole		MI	Contribution ID # 0913
Residential Street Address 373 Hill St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Jefferson		First Edward		MI	Contribution ID # 0912
Residential Street Address 373 Hill St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Barton		First Frank		MI	Contribution ID # 0911
Residential Street Address 636 Cherry Brook Rd		City North Canton		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Caro		First Jen		MI	Contribution ID # 0910
Residential Street Address 169 Russo Dr		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$12.00

Last Name Johnson		First Ruth		MI	Contribution ID # 0909
Residential Street Address 97 Wakefield St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Giddings		First Joanna		MI	Contribution ID # 0908
Residential Street Address 503 Oak Ridge Dr		City Cheshire		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Pruslow		First Darren		MI	Contribution ID # 0907
Residential Street Address 115 Bellevue Ave		City West Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Burt		First Mary Christine		MI	Contribution ID # 0906
Residential Street Address 75 Carmalt Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$200.00

Last Name Foley		First Douglas		MI	Contribution ID # 0905
Residential Street Address 11 Doren Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Business Development		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Fox		First Paul		MI	Contribution ID # 0904
Residential Street Address 11 Hanford Pl		City Norwalk		State CT	Zip Code 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 \$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 Bowens		First Tracy		MI	Contribution ID # 0903
Residential Street Address 152 Country Hills Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Manager			Name of Employer 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	

Total of Section B		\$39,808.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)		\$39,808.00

I. MONETARY 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		Amount of Contribution
If yes, list Event #					
City	State	Zip Code	Date Received	Aggregate Contributions	

Total of Section C1	
----------------------------	--

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
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	Primary General Election Special Election		
Supplemental/Post Election Deficit			
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 Key Bank Classic Business Checking			Date of Transaction 11/24/2025	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Description Promo				Amount Received \$500.00
Name Richard Suisman			Date of Transaction 12/30/2025	
Street Address 2100 Massachussetts Ave NW		City Washington	State DC	Zip Code 20008
Description Refund check returned (not cashed)				Amount Received \$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? ☒ Yes ☐ No	
Location: Street Address 1385 Paradise Ave		City Hamden	State CT	Zip Code 06514
Was this event hosted at a personal residence?		☒ Yes ☐ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00	

Event # Date of Event 12/14/2025	Letter D	Description Meet and Greet Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 2323 Whitney Ave		City Hamden	State CT	Zip Code 06518
Was this event hosted at a personal residence?		☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00	

Total of Section J1**\$0.00**

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

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☒ NoIf yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

1385 Paradise Ave

Hamden

CT

06514

Description of Donation

Food and beverage

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

\$200.00

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

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K**III. Non Monetary Receipts (Sections K - L)**

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

TYPE OF REPORT

Josh for CT

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 Josh Elliott		Date of Payment 10/06/2025	Method of Payment ☒ Check # <u>EBX148SJ</u> ☐ Debit Card ☐ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description Action Network			Amount \$297.95
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Devon Weber		Date of Payment 10/07/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 4801 2E Ave # 500		City Montreal	State YT	Zip Code
Purpose of Expendit CNSLT	Description			Amount \$4,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Brendan Regan		Date of Payment 10/07/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 39 N Riverside Ave		City Croton On Hudson	State NY	Zip Code 10520
Purpose of Expendit CNSLT	Description			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Sophie Coassin		Date of Payment 10/07/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 33 Westerly Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit CNSLT	Description			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Mercy Quaye		Date of Payment 10/07/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 790 Main St		City Hamden	State CT	Zip Code 06514
Purpose of Expendit CNSLT	Description			Amount \$4,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 10/08/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Service Charge			Amount \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Thomas Keegan		Date of Payment 10/14/2025	Method of Payment ☒ Check # <u>49069697</u> ☐ Debit Card ☐ EFT	
Street Address 29 Filbert St		City Hamden	State CT	Zip Code 06517
Purpose of Expendit REF	Description Contributor Requested Refund			Amount \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Mercy Quaye		Date of Payment 10/15/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 790 Main St		City Hamden	State CT	Zip Code 06514
Purpose of Expendit CNSLT	Description			Amount \$4,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Devon Weber		Date of Payment 10/15/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 4801 2E Ave # 500		City Montreal	State YT	Zip Code
Purpose of Expendit RMB	Description HeyOrca!			Amount \$67.84
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Grassroots Analytics, Inc		Date of Payment 10/20/2025	Method of Payment ☒ Check # <u>49114065</u> ☐ Debit Card ☐ EFT	
Street Address 806 7th St NW Ste 3		City Washington		State DC
Zip Code 20001				
Purpose of Expendit CNSLT	Description Invoice 16820			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2,000.00

Name of Payee Debra Brown		Date of Payment 10/27/2025	Method of Payment ☒ Check # <u>49164118</u> ☐ Debit Card ☐ EFT	
Street Address 157 Santamaria Dr		City Torrington		State CT
Zip Code 06790				
Purpose of Expendit REF	Description Refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$300.00

Name of Payee Sophie Coassin		Date of Payment 11/05/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 33 Westerly Dr		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit CNSLT	Description social media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$500.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Devon Weber		Date of Payment 11/05/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 4801 2E Ave # 500		City Montreal	State YT	Zip Code
Purpose of Expendit CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4,000.00

Name of Payee Devon Weber		Date of Payment 11/05/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 4801 2E Ave		City Montreal	State YT	Zip Code
Purpose of Expendit RMB	Description Hey Orca			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$67.84

Name of Payee Mercy Quaye		Date of Payment 11/05/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 790 Main St		City Hamden	State CT	Zip Code 06514
Purpose of Expendit CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Brendan Regan		Date of Payment 11/06/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 39 N Riverside Ave		City Croton O N Hudson	State NY	Zip Code 10520
Purpose of Expendit CNSLT	Description			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 11/10/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description ACH Return Fee			Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 11/10/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Service Charge			Amount \$3.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Key Bank Basic Business Checking		Date of Payment 11/10/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit BNK	Description Service charge			Amount \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 11/10/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit BNK	Description Return Fee			Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Josh Elliott		Date of Payment 11/10/2025	Method of Payment ☒ Check # <u>49238684</u> ☐ Debit Card ☐ EFT	
Street Address 28 Cobblestone Dr		City Hamden		State CT
Zip Code 06518				
Purpose of Expendit RMB	Description Action Network			Amount \$232.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Democratic State Central Committee		Date of Payment 11/12/2025	Method of Payment ☒ Check # <u>49295202</u> ☐ Debit Card ☐ EFT	
Street Address 750 Main St		City Hartford	State CT	Zip Code 06103
Purpose of Expendit A-PH-BNK	Description DSCSS Voter List			Amount \$5,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Devon Weber		Date of Payment 11/18/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 4801 2E Ave # 500		City Montreal	State YT	Zip Code
Purpose of Expendit CNSLT	Description			Amount \$2,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Jayden Rameikas		Date of Payment 11/24/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 186 Oxford St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit CNSLT	Description			Amount \$1,587.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Jayden Rameikas		Date of Payment 12/02/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 186 Oxford St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit CNSLT	Description			Amount \$2,552.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sophie Coassin		Date of Payment 12/03/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 33 Westerly Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit CNSLT	Description			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 12/08/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Service Charge			Amount \$3.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Key Bank Basic Business Checking		Date of Payment 12/08/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Service Charge			Amount \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Mercy Quaye		Date of Payment 12/12/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 790 Main St		City Hamden	State CT	Zip Code 06514
Purpose of Expendit CNSLT	Description			Amount \$2,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Brendan Regan		Date of Payment 12/12/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 39 N Riverside Ave		City Croton On Hudson	State NY	Zip Code 10520
Purpose of Expendit CNSLT	Description			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Lynn Coville		Date of Payment 12/15/2025	Method of Payment ☒ Check # <u>49537076</u> ☐ Debit Card ☐ EFT	
Street Address 164 Hammock Raod		City Westbrook	State CT	Zip Code 06498-1780
Purpose of Expendit REF	Description Refund - excess contribution			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jayden Rameikas		Date of Payment 12/17/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 186 Oxford St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit CNSLT	Description			Amount \$3,062.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee USPS PO Boxes Online		Date of Payment 12/17/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address n/a		City Washington	State DC	Zip Code
Purpose of Expendit POST	Description PO Box			Amount \$67.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Josh Elliott		Date of Payment 12/24/2025	Method of Payment ☒ Check # <u>HBI112SN</u> ☐ Debit Card ☐ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit RMB	Description Food & beverage Meet & Greet			Amount \$128.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jayden Rameikas		Date of Payment 12/30/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 186 Oxford St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit CNSLT	Description Deputy Campaign Manager			Amount \$3,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 12/31/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit Misc *	Description Anedot Fees			Amount \$1,784.22
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Total of Section N**\$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?	
Action Network			10/03/2025		☒ Yes ☐ No	
Street Address		City	State	Zip Code	Amount	
1310 L St NW Ste 500		Washington	DC	20005		
Purpose of Expenditure (by code)	Description		Event #		\$297.95	
WEB						

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Action Network			11/03/2025		☒ Yes ☐ No	
Street Address		City	State	Zip Code	Amount	
1310 L St NW Ste 500		Washington	DC	20005		
Purpose of Expenditure (by code)	Description		Event #		\$232.30	
WEB						

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Haven Beer Company			12/14/2025		☒ Yes ☐ No	
Street Address		City	State	Zip Code	Amount	
2323 Whitney Ave		Hamden	CT	06518		
Purpose of Expenditure (by code)	Description		Event #		\$128.70	
FOOD			12142025D			

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	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				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	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Weber	First Devon	MI	Date of Payment to Vendor 10/14/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Hey Orca				
Street Address of Vendor St. John's		City NI	State CA	Zip Code
Purpose of Expenditure (by code) WEB	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$67.84

Last Name of Worker/Consultant Weber	First Devon	MI	Date of Payment to Vendor 11/04/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Hey Orca!				
Street Address of Vendor St. John's		City NI	State CA	Zip Code
Purpose of Expenditure (by code) WEB	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$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