SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Josh for CT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Cory	**A**	**O'Brien**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
124 Haverford St	**Hamden**	**CT**	**06517**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**Governor**	

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Joshua		**Elliott**	

9. TYPE OF REPORT

October 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
07/01/2025	thru	**09/30/2025**

11. CERTIFICATION

[✓] I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Carol Hazen**	**06/11/2026 11:53:37PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to $25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Josh for CT	October 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	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$45,314.00**	**$45,314.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$670.00**	**$670.00**
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)	**$45,984.00**	**$45,984.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$45,984.00**	**$45,984.00**
20. Expenses Paid by Committee (Section N)	**$15,375.21**	**$15,375.21**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$30,608.79**	**$30,608.79**
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)	**$894.88**	**$894.88**
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)	**$184.33**	**$184.33**
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	October 10 Filing - Amendment

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
OBrien	Cory		0001
Residential Street Address	**City**	**State**	**Zip Code**
124 Haverford St	Hamden	CT	06517

Principal Occupation	Name of Employer
Service Director	Philips North America

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	07/28/2025	$5.00

Last Name	First	MI	Contribution ID #
~~Shah~~	~~Sana~~		~~0002~~
Residential Street Address	**City**	**State**	**Zip Code**
~~955 Mix Ave~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation	Name of Employer
~~Policy & Advocacy Director~~	~~The Connecticut Project~~

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☒ Yes ☐ No	

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~07/30/2025~~	~~$200.00~~

Last Name	First	MI	Contribution ID #
~~Lepore~~	~~Jenn~~		~~0003~~
Residential Street Address	**City**	**State**	**Zip Code**
~~20 Senator Dr~~	~~Cromwell~~	~~CT~~	~~06416~~

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

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~07/30/2025~~	~~$300.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Briere	Kayla		0004

Residential Street Address	City	State	Zip Code
27 Elm Dr	West Haven	CT	06110

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #

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

Date Received: 07/30/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
~~Goldstein~~	~~Jenna~~		~~0005~~

Residential Street Address	City	State	Zip Code
~~8735 E 23rd Ave~~	~~Denver~~	~~CO~~	~~80238~~

Principal Occupation	Name of Employer
~~Lawyer~~	~~State of Colorado~~

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #

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

Date Received: ~~07/30/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
~~Smith~~	~~Nicholas~~		~~0006~~

Residential Street Address	City	State	Zip Code
~~1400 20th St NW~~	~~Washington~~	~~DC~~	~~20036~~

Principal Occupation	Name of Employer
~~Senior Digital Strategist~~	~~Greenpeace USA~~

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~07/30/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Gigantino~~	~~Thomas~~		~~0007~~

Residential Street Address	City	State	Zip Code
~~187 Park Ave~~	~~West Harrison~~	~~NY~~	~~10604~~

Principal Occupation	Name of Employer
~~Asst. General Manager~~	~~Five Iron Golf~~

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~07/30/2025~~

Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Panayotakis	Alexa		0008

Residential Street Address	City	State	Zip Code
419 Denslow Hill Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Deputy Chief of Staff	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: $300.00

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

If yes, list Event #

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

Date Received: 07/30/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Lepore	**Jennifer**		**0003**

Residential Street Address	City	State	Zip Code
20 Senator Dr	**Cromwell**	**CT**	**06416**

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

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

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

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

Amount of Contribution: **$150.00**

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

If yes, list Event #

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

Date Received: **07/30/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Goldstein	**Jenna**		**0005**

Residential Street Address	City	State	Zip Code
8735 E 23rd Ave	**Denver**	**CO**	**80238**

Principal Occupation	Name of Employer
Lawyer	**State of Colorado**

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **07/30/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Shah	**Sana**		**0002**

Residential Street Address	City	State	Zip Code
955 Mix Ave	**Hamden**	**CT**	**06514**

Principal Occupation	Name of Employer
Policy & Advocacy Director	**The Connecticut Project**

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **07/30/2025**

Aggregate Contributions: **$100.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Smith	Nicholas		0006

Residential Street Address	City	State	Zip Code
1400 20th St NW	Washington	DC	20036

Principal Occupation	Name of Employer
Senior Digital Strategist	Greenpeace USA

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 07/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gigantino	Thomas		0007

Residential Street Address	City	State	Zip Code
119 Stonewall Dr .	Hamden	CT	10604

Principal Occupation	Name of Employer
Asst. General Manager	Five Iron Golf

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 07/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Donald	Romney		0016

Residential Street Address	City	State	Zip Code
45 Stuart Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Therapist	Nurtured Growth 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: $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: 07/31/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Foote	Doug		0015

Residential Street Address	City	State	Zip Code
112 Southfield Ave	Stamford	CT	06902

Principal Occupation	Name of Employer
Consultant	Footprint Campaigns

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

If yes, indicate which branch or branches 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: 07/31/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gabriele	**Amanda**		**0010**
Residential Street Address	City	State	Zip Code
18 Renee Ln	**North Haven**	**CT**	**06473**

Principal Occupation: **Director, Data 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: **$150.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **07/31/2025**
Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Lepore	**Jennifer**		**0012**
Residential Street Address	City	State	Zip Code
20 Senator Dr	**Cromwell**	**CT**	**06416**

Principal Occupation: **Attorney**
Name of Employer: **State of CT**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$150.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **07/31/2025**
Aggregate Contributions: **$300.00**

Last Name	First	MI	Contribution ID #
Carter	**Kip**		**0018**
Residential Street Address	City	State	Zip Code
547 Under Mountain Rd	**Salisbury**	**CT**	**06068**

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: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **07/31/2025**
Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Kawa	Alex		0009
Residential Street Address	City	State	Zip Code
105 Winding Ln	Avon	CT	06001

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: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 07/31/2025
Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Gabriele~~	~~Amanda~~		~~0010~~

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

Principal Occupation	Name of Employer
~~Director, Data Analytics~~	~~Mayo Clinic~~

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

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

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

Amount of Contribution: ~~$150.00~~

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

If yes, list Event #

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

Date Received: ~~07/31/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Niedzielski-Eichner	Nora		0011

Residential Street Address	City	State	Zip Code
7 Outer Rd	Norwalk	CT	06854

Principal Occupation	Name of Employer
Attorney	Clarick Gueron Reisbaum 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: $25.00

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

If yes, list Event #

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

Date Received: 07/31/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Lepore~~	~~Jenn~~		~~0012~~

Residential Street Address	City	State	Zip Code
~~20 Senator Dr~~	~~Cromwell~~	~~CT~~	~~06416~~

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

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

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

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

Amount of Contribution: ~~$150.00~~

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

If yes, list Event #

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

Date Received: ~~07/31/2025~~

Aggregate Contributions: ~~$600.00~~

Last Name	First	MI	Contribution ID #
Caizzi	Vincent		0013

Residential Street Address	City	State	Zip Code
34 Chelsea St	Stratford	CT	06615

Principal Occupation	Name of Employer
Machine Repair Tech/Shop Steward	Sikorsky Aircraft

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

If yes, indicate which branch or branches 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: 07/31/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Haynes	Laura		0014
Residential Street Address	**City**	**State**	**Zip Code**
39 Fawnbrook Ln	Simsbury	CT	06070

Principal Occupation: Professor
Name of Employer: UCONN

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 07/31/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Foote~~	~~Doug~~		~~0015~~
Residential Street Address	**City**	**State**	**Zip Code**
~~112 Southfield Ave~~	~~Stamford~~	~~CT~~	~~06902~~

Principal Occupation: ~~Consultant~~
Name of Employer: ~~Footprint Campaigns~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: ~~07/31/2025~~
Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
~~Donald~~	~~Romney~~		~~0016~~
Residential Street Address	**City**	**State**	**Zip Code**
~~45 Stuart Ave~~	~~Norwalk~~	~~CT~~	~~06854~~

Principal Occupation: ~~Therapist~~
Name of Employer: ~~Nurtured Growth 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: ~~$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: ~~07/31/2025~~
Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Hazen	Carol		0017
Residential Street Address	**City**	**State**	**Zip Code**
62 Mountain View Ter	North Haven	CT	06473

Principal Occupation: Grants Director
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: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 07/31/2025
Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Carter~~	~~Kip~~		~~0018~~

Residential Street Address	City	State	Zip Code
~~547 Under Mountain Rd~~	~~Salisbury~~	~~CT~~	~~06068~~

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

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~07/31/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Velez	Sophia		0019

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

Principal Occupation	Name of Employer
Attorney	NYS

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 07/31/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Kane	Peter		0020

Residential Street Address	City	State	Zip Code
22 Dawes Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Psychotherapist	Peter Kane, MSW

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

If yes, indicate which branch or branches 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: 08/02/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Angelico-Stetson	JoAnn		0021

Residential Street Address	City	State	Zip Code
188 Stony Ml Lnae	East Berlin	CT	06023

Principal Occupation	Name of Employer
Paralegal	The Metropolitan 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: $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: 08/03/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Anwar	Saud		0022

Residential Street Address	City	State	Zip Code
93 Rockledge Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
Physician	NEPA LLC

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/03/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Bajorek	Laurie		0023

Residential Street Address	City	State	Zip Code
60 Patricia Dr	Vernon	CT	06066

Principal Occupation	Name of Employer
Office Administrator	CT Federation of School Administrrators

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

If yes, indicate which branch or branches 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: 08/03/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Baker~~	~~Joe~~		~~0024~~

Residential Street Address	City	State	Zip Code
~~14 Maplewood Dr~~	~~New Milford~~	~~CT~~	~~06776~~

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

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~08/03/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Blatteau	Leslie		0025

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

Principal Occupation	Name of Employer
Teacher	NewHaven 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: $150.00

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

If yes, list Event #

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

Date Received: 08/03/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Robert~~	~~Nixon~~		~~0026~~

Residential Street Address	City	State	Zip Code
~~97 W Norwalk Rd~~	~~Norwalk~~	~~CT~~	~~06850~~

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

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

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

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

Amount of Contribution: ~~$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: ~~08/03/2025~~

Aggregate Contributions: ~~$150.00~~

Last Name	First	MI	Contribution ID #
~~Bhandary-Alexander~~	~~James~~		~~0027~~

Residential Street Address	City	State	Zip Code
~~72 Alden~~	~~New Haven~~	~~CT~~	~~06515~~

Principal Occupation	Name of Employer
~~Teacher~~	~~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: ~~08/03/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Baker	**Joe**		**0024**

Residential Street Address	City	State	Zip Code
14 Maplewood Dr	**New Milford**	**CT**	**06776**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **08/03/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Bhandary-Alexander	**James**		**0027**

Residential Street Address	City	State	Zip Code
72 Alden Ave	**New Haven**	**CT**	**06515**

Principal Occupation	Name of Employer
Teacher	**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: **08/03/2025**

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Robert	**Nixon**		**0026**
Residential Street Address	City	State	Zip Code
97 W Norwalk Rd	**Norwalk**	**CT**	**06850**
Principal Occupation	Name of Employer		
Retired	**Retired**		

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

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

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

Amount of Contribution: **$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: **08/03/2025**

Aggregate Contributions: **$75.00**

Last Name	First	MI	Contribution ID #
Embree Ku	**Michelle**		**0036**
Residential Street Address	City	State	Zip Code
28 Platts Hill Rd	**Newtown**	**CT**	**06470**
Principal Occupation	Name of Employer		
Regulatory Submissions Scientist	**Atrium**		

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

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

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

Amount of Contribution: **$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: **08/04/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Biggs	**Melissa**		**0028**
Residential Street Address	City	State	Zip Code
562 Litchfield Ave	**Dayville**	**CT**	**06241**
Principal Occupation	Name of Employer		
Lobbyist	**DePino, Nunez, & Biggs**		

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **08/04/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
~~Biggs~~	~~Melissa~~		~~0028~~
Residential Street Address	City	State	Zip Code
~~562 Litchfield Ave~~	~~Dayville~~	~~CT~~	~~06241~~
Principal Occupation	Name of Employer		
~~Lobbyist~~	~~DePino, Nunez, & Biggs~~		

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #

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

Date Received: ~~08/04/2025~~

Aggregate Contributions: ~~$200.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Markham	Eli		0029

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

Principal Occupation	Name of Employer
Attorney	Kirkland & Ellis, 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: $320.00

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

If yes, list Event #

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

Date Received: 08/04/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Bonneau	Larry		0030

Residential Street Address	City	State	Zip Code
3711 Whiteny Ave	Hamden	CT	06518-1554

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/04/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Atchley	Chris		0031

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

Principal Occupation	Name of Employer
Client Technologies Administrator	Yale University

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/04/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gulyas	Ashley		0032

Residential Street Address	City	State	Zip Code
5 Cliffview Dr	Norwalk	CT	06850

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/04/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stearman	Maryellen		0033

Residential Street Address	City	State	Zip Code
36 Union St	Guilford	CT	06437

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/04/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Ryden	Barbara		0034

Residential Street Address	City	State	Zip Code
88 Notch Hill Rd	North Branford	CT	06471

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 08/04/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Lombardi	Antonia		0035

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

Principal Occupation	Name of Employer
Secretary	Milford 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: $150.00

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

If yes, list Event #

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

Date Received: 08/04/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Embree Ku~~	~~Michelle~~		~~0036~~

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

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

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

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

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

Amount of Contribution: ~~$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: ~~08/04/2025~~

Aggregate Contributions: ~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Digby~~	~~Tom~~		~~0037~~

Residential Street Address	City	State	Zip Code
~~202 Santa Fe Ave~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Reitred~~	~~Reitred~~

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

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

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

Amount of Contribution: ~~$320.00~~

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

If yes, list Event #

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

Date Received: ~~08/05/2025~~

Aggregate Contributions: ~~$640.00~~

Last Name	First	MI	Contribution ID #
Stone	Thomas		0038

Residential Street Address	City	State	Zip Code
560 Silver Sands Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/05/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Stone	Kathleen		0039

Residential Street Address	City	State	Zip Code
560 Silver Sands Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/05/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bornhorst	Nicole		0040

Residential Street Address	City	State	Zip Code
92 Hublard Dr	Vernon	CT	06066

Principal Occupation	Name of Employer
Resident Recreation Assistant	The Residence at Glastonbury

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

If yes, indicate which branch or branches 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: 08/05/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Boudria	Cornel		0041
Residential Street Address	**City**	**State**	**Zip Code**
115 Skinner Rd	Berlin	CT	06037-1446

Principal Occupation: Web Developer
Name of Employer: 3 Prime, LLC
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/05/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Riley	Shannon		0042
Residential Street Address	**City**	**State**	**Zip Code**
11 Deer Run Rd	Brookfield	CT	06804

Principal Occupation: Teacher
Name of Employer: Brewster Central 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: 08/05/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Waleska	Hayley		0043
Residential Street Address	**City**	**State**	**Zip Code**
1400 20th St NW	Washington	DC	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: $25.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/05/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Highsmith~~	~~Brian~~		~~0044~~
Residential Street Address	**City**	**State**	**Zip Code**
~~7 Maple Ave~~	~~Cambridge~~	~~MA~~	~~02139~~

Principal Occupation: ~~Academic~~
Name of Employer: ~~State of 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: ~~$150.00~~
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/05/2025~~
Aggregate Contributions: ~~$300.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Rasmussen-Tuller~~	~~Andrew~~		~~0045~~

Residential Street Address	City	State	Zip Code
~~75 Sturbridge Ct~~	~~Bristol~~	~~CT~~	~~06010~~

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

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

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

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

Amount of Contribution: ~~$150.00~~

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

If yes, list Event #

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

Date Received: ~~08/05/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Jahad	Leonard		0046

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

Principal Occupation	Name of Employer
CEO	CTVIP

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/05/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Smith	Deborah		0047

Residential Street Address	City	State	Zip Code
87 E Gate Ln	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	Reitred

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/05/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lary	Douglas		0048

Residential Street Address	City	State	Zip Code
183 Summit St	Willimantic	CT	06226

Principal Occupation	Name of Employer
Regional Election Advisor	NECCOG

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

If yes, indicate which branch or branches 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: 08/05/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Digby	Tom		0037

Residential Street Address	City	State	Zip Code
202 Santa Fe Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Reitred	Reitred

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/05/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Highsmith	Brian		0044

Residential Street Address	City	State	Zip Code
7 Maple Ave	Cambridge	MA	02139

Principal Occupation	Name of Employer
Assistant Professor	UCLA 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: $150.00

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

If yes, list Event #

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

Date Received: 08/05/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Rasmussen-Tuller	Andrew		0045

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

Principal Occupation	Name of Employer
Broker	AR Tuller Realty

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 08/05/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Franchini	Robert		0345

Residential Street Address	City	State	Zip Code
1 Merwin Avennue	Milford	CT	06460

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hansen	Fritz		0057

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

Principal Occupation: Graphic Designer

Name of Employer: Fritz Hansen Graphic Design

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
08/06/2025	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Millar	Ron		0050

Residential Street Address	City	State	Zip Code
1104 N Quincy St	Arlington	VA	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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
08/06/2025	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Rosenblum	Michael		0058

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

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
08/06/2025	$75.00	$75.00

Last Name	First	MI	Contribution ID #
Dans	Tom		0342

Residential Street Address	City	State	Zip Code
285 Evergreen Ave	Hamden	CT	06518

Principal Occupation: Piano Tuner

Name of Employer: Piano Island Tuning

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
08/06/2025	$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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Dans~~	~~Tom~~		~~0342~~

Residential Street Address	City	State	Zip Code
~~285 Evergreen Ave~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Piano Tuner~~	~~Piano Island Tuning~~

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

If yes, indicate which branch or branches 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: ~~08/06/2025~~

Aggregate Contributions: ~~$20.00~~

Last Name	First	MI	Contribution ID #
Cella	Alida		0343

Residential Street Address	City	State	Zip Code
172 N Whittlesey Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Managr Project Funding	Greenskies Clean Energy

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Friedman	Scott		0344

Residential Street Address	City	State	Zip Code
17 Cooper Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Data Analysis	Scott D Friedman Consulting LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Franchini~~	~~R~~		~~0345~~

Residential Street Address	City	State	Zip Code
~~1 Merwin Avennue~~	~~Milford~~	~~CT~~	~~06460~~

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

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #

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

Date Received: ~~08/06/2025~~

Aggregate Contributions: ~~$200.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McFadden	Laurie		0346
Residential Street Address	**City**	**State**	**Zip Code**
484 Long Hill Rd	Middletown	CT	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: $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: 08/06/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Boraey	Essam		0347
Residential Street Address	**City**	**State**	**Zip Code**
407 Lake St	Ithaca	NY	14850

Principal Occupation: Director Fellow, 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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/06/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
LeVan	Molly		0049
Residential Street Address	**City**	**State**	**Zip Code**
115 Millbrook Rd	North Haven	CT	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/06/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Millar~~	~~Ron~~		~~0050~~
Residential Street Address	**City**	**State**	**Zip Code**
~~1104 N Quincy St~~	~~Arlington~~	~~VA~~	~~22201~~

Principal Occupation: ~~Political and PAC Manager~~
Name of Employer: ~~DC~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/06/2025~~
Aggregate Contributions: ~~$200.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wormser	Andrew		0051
Residential Street Address	**City**	**State**	**Zip Code**
85 Bedford Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
MD	CT Medical 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: $250.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Wells	Galen		0052
Residential Street Address	**City**	**State**	**Zip Code**
224 W Norwalk Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 08/06/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
~~Chancio~~	~~Shannon~~		~~0053~~
Residential Street Address	**City**	**State**	**Zip Code**
~~3 Equinox Ave~~	~~Wolcott~~	~~CT~~	~~06716~~

Principal Occupation	Name of Employer
~~Bookeeper~~	~~Thyme & Season~~

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~08/06/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
McManus	Joan		0054
Residential Street Address	**City**	**State**	**Zip Code**
5 Broadview Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dyer	Matt		0055
Residential Street Address	**City**	**State**	**Zip Code**
405 Hunter Dr	Litchfield	CT	06759

Principal Occupation	Name of Employer
Attorney	Furey, Donovan, Cooney & Dyer

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	08/06/2025	$150.00
If yes, list Event #			

Last Name	First	MI	Contribution ID #
Fox	Larry		0056
Residential Street Address	**City**	**State**	**Zip Code**
60 Mountain View Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	08/06/2025	$100.00
If yes, list Event #			

Last Name	First	MI	Contribution ID #
~~Hansen~~	~~Fritz~~		~~0057~~
Residential Street Address	**City**	**State**	**Zip Code**
~~55 Fernwood Rd~~	~~Hamden~~	~~CT~~	~~06517~~

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

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~08/06/2025~~	~~$50.00~~
If yes, list Event #			

Last Name	First	MI	Contribution ID #
~~R6~~	~~Michael~~		~~0058~~
Residential Street Address	**City**	**State**	**Zip Code**
~~4275 Whitney Ave~~	~~Hamden~~	~~CT~~	~~06518~~

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

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~08/06/2025~~	~~$150.00~~
If yes, list Event #			

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Harrigan	Anne		0059

Residential Street Address	City	State	Zip Code
70 Ward Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Faculty	Quinnipiac University

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Angelopoulos	Maria		0060

Residential Street Address	City	State	Zip Code
26 Parkland Dr	Woodbury	CT	06798

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Tylek	Bianca		0061

Residential Street Address	City	State	Zip Code
408 W 57th St	New York	NY	10019

Principal Occupation	Name of Employer
Executive Director	Worth Rises

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

If yes, indicate which branch or branches 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: 08/06/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Lewis	Stephen		0062

Residential Street Address	City	State	Zip Code
276 Scott Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $300.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $300.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bromley	Sarah		0063

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

Principal Occupation	Name of Employer
Preschool Teacher	Bright Horizons

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/06/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Chancio	**Shannon**		**0053**

Residential Street Address	City	State	Zip Code
3 Equinox Ave	**Wolcott**	**CT**	**06716**

Principal Occupation	Name of Employer
Bookkeeper	**Thyme & Season**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **08/06/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Garrett	**Daniel**		**0074**

Residential Street Address	City	State	Zip Code
106 Sherman Ave	**Hamden**	**CT**	**06518**

Principal Occupation	Name of Employer
Property Manager	**Dan Garrett**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **08/07/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Fortuna Sr	**Thomas**	**M**	**0065**

Residential Street Address	City	State	Zip Code
205 Gilbert Ave	**Hamden**	**CT**	**06514**

Principal Occupation	Name of Employer
Accountant	**The Tax Guy LLC**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **08/07/2025**

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lamping	Joseph		0064

Residential Street Address	City	State	Zip Code
5363 Northbend Xing	Cincinnati	OH	45247

Principal Occupation	Name of Employer
Personal Shopper	Sam's 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: $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: 08/07/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Fortuna~~	~~Thomas~~		~~0065~~

Residential Street Address	City	State	Zip Code
~~205 Gilbert Ave~~	~~Hamden~~	~~CT~~	~~06514~~

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

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~08/07/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Budai~~	~~Jen~~		~~0066~~

Residential Street Address	City	State	Zip Code
~~173 Woodcrest Ave~~	~~Stratford~~	~~CT~~	~~06614~~

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

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #

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

Date Received: ~~08/07/2025~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
~~Rosado-Burch~~	~~Lou~~		~~0067~~

Residential Street Address	City	State	Zip Code
~~20 Baldwin Ave~~	~~Meriden~~	~~CT~~	~~06450~~

Principal Occupation	Name of Employer
~~Legislative Coordinator~~	~~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: ~~$72.00~~

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

If yes, list Event #

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

Date Received: ~~08/07/2025~~

Aggregate Contributions: ~~$144.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Weikart	John		0068

Residential Street Address	City	State	Zip Code
78 Lynn Rd	Ivoryton	CT	06442

Principal Occupation	Name of Employer
Lawyer	Sexton & Company, LLC

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/07/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Carrington	Michael		0069

Residential Street Address	City	State	Zip Code
76 Resevoir Rd	Southbury	CT	06488

Principal Occupation	Name of Employer
Attorney	Giuliano Richardon & 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: $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: 08/07/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Brown	Michael		0070

Residential Street Address	City	State	Zip Code
street78 Oluve	New Haven	CT	06511

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/07/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Case	James		0071

Residential Street Address	City	State	Zip Code
139 Apple Hl	Wethersfield	CT	06109

Principal Occupation	Name of Employer
Lobbyist	CWA Local 1298

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/07/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Laudano~~	~~Sal~~		~~0072~~

Residential Street Address	City	State	Zip Code
~~1520 Dixwell Ave~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation	Name of Employer
~~Carpenter~~	~~Laudano Building & Remodeling, Inc~~

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

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

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

Amount of Contribution: ~~$50.00~~

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

If yes, list Event #

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

Date Received: ~~08/07/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Cunningham	Brendan		0073

Residential Street Address	City	State	Zip Code
90 Columbus Ave	Niantic	CT	06357

Principal Occupation	Name of Employer
Professor	Eastern CT 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: $100.00

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

If yes, list Event #

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

Date Received: 08/07/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Garrett~~	~~Daniel~~		~~0074~~

Residential Street Address	City	State	Zip Code
~~106 Sherman Ave~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Property Manager~~	~~Self~~

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~08/07/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Laudano	**Salvatore**		**0072**

Residential Street Address	City	State	Zip Code
1520 Dixwell Ave	**Hamden**	**CT**	**06514**

Principal Occupation	Name of Employer
Carpenter	**Laudano Building & Remodeling, Inc**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #

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

Date Received: **08/07/2025**

Aggregate Contributions: **$50.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rosado Burch	Louis		0067
Residential Street Address	**City**	**State**	**Zip Code**
20 Baldwin Ave	Meriden	CT	06450

Principal Occupation: Legislative Coordinator
Name of Employer: CT Education Association

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [X] Yes [ ] No
Amount of Contribution: $72.00

Is this contribution associated with an event reported in Section J1? [ ] Yes [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 08/07/2025
Aggregate Contributions: $72.00

Last Name	First	MI	Contribution ID #
Budai	Jennifer		0066
Residential Street Address	**City**	**State**	**Zip Code**
173 Woodcrest Ave	Stratford	CT	06614

Principal Occupation: Unemployed
Name of Employer: Unemployed

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? [ ] Yes [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 08/07/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Christmas	Carol		0077
Residential Street Address	**City**	**State**	**Zip Code**
72 Woodbine St	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? [ ] Yes [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 08/08/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Zerzan	Barbara		0083
Residential Street Address	**City**	**State**	**Zip Code**
36 Splitrock Rd	Norwalk	CT	06854

Principal Occupation: Student Supervisor
Name of Employer: Lehman College

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? [ ] Yes [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 08/08/2025
Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cardwell	Sean		0075
Residential Street Address	**City**	**State**	**Zip Code**
47 Amherst St	Hamden	CT	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: $25.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/08/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Orsini	Katrina		0076
Residential Street Address	**City**	**State**	**Zip Code**
1439 Euclid St NW	Wahington	DC	20009

Principal Occupation: Textile Historian
Name of Employer: George Washington Uiversity
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/08/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Christmas~~	~~Carol~~		~~0077~~
Residential Street Address	**City**	**State**	**Zip Code**
~~72 Woodbine St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation: ~~Retired~~
Name of Employer: ~~Retired~~
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$25.00~~
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/08/2025~~
Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Chapman	Scott		0078
Residential Street Address	**City**	**State**	**Zip Code**
255 Woodbine Rd	Colchester	CT	06514

Principal Occupation: Investment Advisor/Financial Planner
Name of Employer: Chapman Financial 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: $100.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/08/2025
Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Clark	Judy		0079
Residential Street Address	**City**	**State**	**Zip Code**
888 Ridge Rd	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $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: 08/08/2025
Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Fabiani	Nick		0080
Residential Street Address	**City**	**State**	**Zip Code**
530 Yale Ave	New Haven	CT	06515

Principal Occupation: Creative Lead
Name of Employer: RWJF

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/08/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Covett~~	~~Katie~~		~~0081~~
Residential Street Address	**City**	**State**	**Zip Code**
~~1188 Trout Brook Dr~~	~~West Hartford~~	~~CT~~	~~06119~~

Principal Occupation: ~~Admin/HR~~
Name of Employer: ~~Nightjar~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: ~~08/08/2025~~
Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Heimer	Win		0082
Residential Street Address	**City**	**State**	**Zip Code**
799 Prospect Ave	Hartford	CT	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/08/2025
Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Zerzan~~	~~Barbara~~		~~0083~~

Residential Street Address	City	State	Zip Code
~~36 Splitrock Rd~~	~~Norwalk~~	~~CT~~	~~06854~~

Principal Occupation: ~~Educator~~

Name of Employer: ~~PT Educator~~

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~08/08/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Covett	**Katie**		**0081**

Residential Street Address	City	State	Zip Code
1188 Trout Brook Dr	**West Hartford**	**CT**	**06119**

Principal Occupation: **Co-owner**

Name of Employer: **CT Nightjar 1, LLC; Soulstar Holdings LLC**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #

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

Date Received: **08/08/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Gabriele	Timothy		0084

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

Principal Occupation: Recruiting Coordinator

Name of Employer: Yale Universtiy

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/09/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Moore	Leland		0085

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

Principal Occupation: Attorney

Name of Employer: State of CT

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 08/09/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fischer	Alice		0086

Residential Street Address	City	State	Zip Code
80 Killdeer Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Professor	University 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: $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: 08/09/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Rice	Andrew		0087

Residential Street Address	City	State	Zip Code
35 Quaker Pl	Milford	CT	06460

Principal Occupation	Name of Employer
Project Manager	NYGC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/10/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Kantor~~	~~Nicholas~~		~~0088~~

Residential Street Address	City	State	Zip Code
~~25 Hawthorne Dr~~	~~Norwalk~~	~~CT~~	~~06851~~

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

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

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

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

Amount of Contribution: ~~$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: ~~08/10/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
~~Cooney~~	~~Suzanne~~		~~0089~~

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

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

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

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

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

Amount of Contribution: ~~$150.00~~

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

If yes, list Event #

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

Date Received: ~~08/10/2025~~

Aggregate Contributions: ~~$300.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Michaud	Travis		0090

Residential Street Address	City	State	Zip Code
16 Glenwood Dr	Marlborough	CT	06447

Principal Occupation	Name of Employer
Business Analyst	Envision Pharma Group

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 08/10/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Zimmer	Aaron		0091

Residential Street Address	City	State	Zip Code
50 Obtuse Hill Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Online Retailer	Turntable Revival

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

If yes, indicate which branch or branches 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: 08/10/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Casolino	Kathleen		0092

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

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/10/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Dietch	Jody		0093

Residential Street Address	City	State	Zip Code
601 Harborview Rd	Orange	CT	06477

Principal Occupation	Name of Employer
Executive Director	Congregation Mishkan 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: $100.00

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

If yes, list Event #

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

Date Received: 08/10/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stiltner	Ann		0094

Residential Street Address	City	State	Zip Code
128 Mather St	Hamden	CT	06517

Principal Occupation	Name of Employer
Teacher	Hamden Public Schools

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/10/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Nag	Dhrupad		0095

Residential Street Address	City	State	Zip Code
1439 Euclid St NW	Washington	DC	20009-4525

Principal Occupation	Name of Employer
Foreign Affairs Officer	Department of State

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/10/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Giddings	Joanna		0096

Residential Street Address	City	State	Zip Code
503 Oak Ridge Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Retired	Retired

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

If yes, indicate which branch or branches 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: 08/10/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Kantor	**Nicholas**		**0088**

Residential Street Address	City	State	Zip Code
25 Hawthorne Dr	**Norwalk**	**CT**	**06851**

Principal Occupation	Name of Employer
Program Director	**Pro Homes 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: **08/10/2025**

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cooney	**Suzanne**		**0089**
Residential Street Address	**City**	**State**	**Zip Code**
35 Filbert St	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$150.00**

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

If yes, list Event #

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

Date Received: **08/10/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Soto	**Chirs**		**0098**
Residential Street Address	**City**	**State**	**Zip Code**
519 Florida Ave NE	**Washington**	**DC**	**20002**

Principal Occupation	Name of Employer
Consultant	**Pesoni**

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

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

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

Amount of Contribution: **$250.00**

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

If yes, list Event #

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

Date Received: **08/11/2025**

Aggregate Contributions: **$250.00**

Last Name	First	MI	Contribution ID #
Cardillo	**Chad**		**0097**
Residential Street Address	**City**	**State**	**Zip Code**
158 Hillcrest Ter	**Meriden**	**CT**	**06451**

Principal Occupation	Name of Employer
Teacher	**Meriden BOE**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #

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

Date Received: **08/11/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
~~Cardillo~~	~~Chad~~		~~0097~~
Residential Street Address	City	State	Zip Code
~~51 Surrey Dr~~	~~Meriden~~	~~CT~~	~~06451~~

Principal Occupation	Name of Employer
~~Teacher~~	~~Meriden BOE~~

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

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

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

Amount of Contribution: ~~$50.00~~

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

If yes, list Event #

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

Date Received: ~~08/11/2025~~

Aggregate Contributions: ~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Soto~~	~~Chirs~~		~~0098~~

Residential Street Address	City	State	Zip Code
~~519 Florida Ave NE~~	~~Washington~~	~~DC~~	~~20002~~

Principal Occupation	Name of Employer
~~Consultant~~	~~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: ~~$250.00~~

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

If yes, list Event #

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

Date Received: ~~08/11/2025~~

Aggregate Contributions: ~~$500.00~~

Last Name	First	MI	Contribution ID #
Cohen	David		0099

Residential Street Address	City	State	Zip Code
55 Tokeneke Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Lawyer	Amphenol

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/11/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Borgia Drake	Carina		0100

Residential Street Address	City	State	Zip Code
16 Bayberry Hill Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Pediatric RN	Sunshine Children's Home and Rehab

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

If yes, indicate which branch or branches 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: 08/11/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Desideraggio	Hillary		0101

Residential Street Address	City	State	Zip Code
88 Simsbury Rd	West Granby	CT	06090

Principal Occupation	Name of Employer
Field Organizer	The Connecticut Project

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/11/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Duran	Alex		0102

Residential Street Address	City	State	Zip Code
300 Broad St	Stamford	CT	06901

Principal Occupation	Name of Employer
Program Director	Galaxy Gives

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/11/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Duffy	Sean		0103

Residential Street Address	City	State	Zip Code
827 Whitney Ave	New Haven	CT	06511

Principal Occupation	Name of Employer
Professor	Quinnipiac University

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/11/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Rao	Prerna		0104

Residential Street Address	City	State	Zip Code
26 Palestine Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Lawyer	Omnnia 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: $250.00

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

If yes, list Event #

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

Date Received: 08/11/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Fontaine	Daniel		0105

Residential Street Address	City	State	Zip Code
2 Martin Trl	Wallingford	CT	06492

Principal Occupation	Name of Employer
Software Developer	Catalyst Insight, LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/12/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Garibay	Jane		0106
Residential Street Address	**City**	**State**	**Zip Code**
409 Broad St	Windsor	CT	06095

Principal Occupation: Legislator
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: $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: 08/12/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fortier	Mary		0107
Residential Street Address	**City**	**State**	**Zip Code**
163 Goodwin St	Bristol	CT	06010

Principal Occupation: State Representative
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: $200.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/12/2025
Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
~~Downing~~	~~Jackie~~		~~0108~~
Residential Street Address	**City**	**State**	**Zip Code**
~~41 Hideaway Ln~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation: ~~Nonprofit Administration~~
Name of Employer: ~~The Commuinty Foundation of Greater New Haven~~
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$150.00~~
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/12/2025~~
Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Gadkar-Wilcox	Wynn		0109
Residential Street Address	**City**	**State**	**Zip Code**
36 Overlook Pl	Trumbull	CT	06611

Principal Occupation: Professor
Name of Employer: Western CT State University
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $150.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/12/2025
Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Downing	**Jacqueline**		**0108**
Residential Street Address	City	State	Zip Code
41 Hideaway Ln	**Hamden**	**CT**	**06518**
Principal Occupation	Name of Employer		
Nonprofit Administration	**The Commuinty Foundation of Greater New Haven**		

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

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

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

Amount of Contribution: **$150.00**

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

If yes, list Event #

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

Date Received: **08/12/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Gartland	**Daniel**		**0115**
Residential Street Address	City	State	Zip Code
26 Laurel St	**Norwalk**	**CT**	**06855**
Principal Occupation	Name of Employer		
Journalist	**Sports Illustrated**		

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

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

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

Amount of Contribution: **$20.00**

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

If yes, list Event #

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

Date Received: **08/13/2025**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
White	**Marissa**		**0122**
Residential Street Address	City	State	Zip Code
19 Susan Ln	**Southington**	**CT**	**06489**
Principal Occupation	Name of Employer		
Mental Health Consultant	**Marissa Manzi, LCSW, LLC**		

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

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

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

Amount of Contribution: **$75.00**

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

If yes, list Event #

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

Date Received: **08/13/2025**

Aggregate Contributions: **$75.00**

Last Name	First	MI	Contribution ID #
Dagostino	Kate		0110
Residential Street Address	City	State	Zip Code
575 Ridge Rd	Hamden	CT	06517
Principal Occupation	Name of Employer		
Attorney	Carlton Fields		

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #

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

Date Received: 08/13/2025

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Veneziano	Amanda		0111
Residential Street Address	**City**	**State**	**Zip Code**
52 Terry Rd	Gales Ferry	CT	06335

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: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

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

Date Received: 08/13/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Dubois	Meghan		0112
Residential Street Address	**City**	**State**	**Zip Code**
493 Winthrop St	Torrington	CT	06790

Principal Occupation: Corporate Giving Manager
Name of Employer: Connecticut Foodshare

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/13/2025
Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Banach	Paul		0113
Residential Street Address	**City**	**State**	**Zip Code**
57 Geneva Ave	West Hartford	CT	06107

Principal Occupation: RN
Name of Employer: UCONN

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/13/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Angerame~~	~~Eleanor~~		~~0114~~
Residential Street Address	**City**	**State**	**Zip Code**
~~79 Mechanic St~~	~~Bridgeport~~	~~CT~~	~~06605~~

Principal Occupation: ~~Associate Director~~
Name of Employer: ~~State of CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

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

Date Received: ~~08/13/2025~~
Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Gartland~~	~~Daniel~~		~~0115~~

Residential Street Address	City	State	Zip Code
~~26 Laurel St~~	~~Norwalk~~	~~CT~~	~~06855~~

Principal Occupation	Name of Employer
~~Journalist~~	~~Sports Illustrated~~

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

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

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

Amount of Contribution: ~~$20.00~~

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

If yes, list Event #

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

Date Received: ~~08/13/2025~~

Aggregate Contributions: ~~$40.00~~

Last Name	First	MI	Contribution ID #
Gauthier	Nicholas		0116

Residential Street Address	City	State	Zip Code
38 Norman St	Waterford	CT	06385

Principal Occupation	Name of Employer
State Representative	CT General Assembly

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

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

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

Amount of Contribution: $27.00

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

If yes, list Event #

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

Date Received: 08/13/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Ghio	Sean		0117

Residential Street Address	City	State	Zip Code
1025 Amherst Pl	Cheshire	CT	06410

Principal Occupation	Name of Employer
Policy Director	Partnership for Strong Communities

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/13/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Dolan	Kristin		0118

Residential Street Address	City	State	Zip Code
100 Adla Dr	Hamden	CT	06514

Principal Occupation	Name of Employer
Accountant	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: $250.00

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

If yes, list Event #

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

Date Received: 08/13/2025

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Beitel	Jeremy		0119
Residential Street Address	**City**	**State**	**Zip Code**
760 Rustic Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Financial Advisor	Tradewinds Wealth 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: $100.00

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

If yes, list Event #

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

Date Received: 08/13/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Parnass	John		0120
Residential Street Address	**City**	**State**	**Zip Code**
44 Wheeler Rd	Simsbury	CT	06070

Principal Occupation	Name of Employer
Retired	Reitred

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

If yes, indicate which branch or branches 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: 08/13/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Phillips	Jeanie		0121
Residential Street Address	**City**	**State**	**Zip Code**
50 Appletree Dr	East Hartford	CT	06118

Principal Occupation	Name of Employer
Legislative Aide	State of CT

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/13/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~White~~	~~Marissa~~		~~0122~~
Residential Street Address	**City**	**State**	**Zip Code**
~~19 Susan Ln~~	~~Southington~~	~~CT~~	~~06489~~

Principal Occupation	Name of Employer
~~Mental health consultant~~	~~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: ~~$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: ~~08/13/2025~~

Aggregate Contributions: ~~$150.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tracy	Sam		0123

Residential Street Address	City	State	Zip Code
148 Noyes St	Portland	ME	04103

Principal Occupation	Name of Employer
Director of Legislative Affairs and Business Devel	CLYNK

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/13/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Angerame	**Eleanor**		**0114**

Residential Street Address	City	State	Zip Code
79 Mechanic St	**Bridgeport**	**CT**	**06605**

Principal Occupation	Name of Employer
Associate Director	**State of CT**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **08/13/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Patterson	Bettina		0124

Residential Street Address	City	State	Zip Code
88 Notch Hill Rd	North Branford	CT	06471

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 08/14/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gifford	Steve		0125

Residential Street Address	City	State	Zip Code
230 Clintonville Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
HR Director	SunEnergy1

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

If yes, indicate which branch or branches 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: 08/14/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
King	Eliza		0126

Residential Street Address	City	State	Zip Code
7 Wooster Pl	New Haven	CT	06511

Principal Occupation	Name of Employer
Fundraiser	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: $100.00

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

If yes, list Event #

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

Date Received: 08/14/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gottlieb	Andrew		0127

Residential Street Address	City	State	Zip Code
680 Tanner Marsh Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Researcher	LegiStorm

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Graham	Alan		0128

Residential Street Address	City	State	Zip Code
212 Blake Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $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: 08/14/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Larsson	Alex		0129

Residential Street Address	City	State	Zip Code
118B Limewood Rd	Branford	CT	06405

Principal Occupation	Name of Employer
N/A	Rainforest Distribution

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/14/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Foster	Aaron		0130

Residential Street Address	City	State	Zip Code
28 Abbott Rd	Ellington	CT	06029

Principal Occupation	Name of Employer
Civil Engineer	HNTB

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

If yes, indicate which branch or branches 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: 08/14/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Green	Christopher		0131

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

Principal Occupation	Name of Employer
Financial Advisor	Northwestern Mutual

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

If yes, indicate which branch or branches 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: 08/14/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Perloe	Jonathan		0132

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

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $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: 08/14/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Koth	Michelle		0133

Residential Street Address	City	State	Zip Code
40 Ralston Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/14/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Granelli	Emily		0134
Residential Street Address	**City**	**State**	**Zip Code**
1 Pentway Ln	North Haven	CT	06473
Principal Occupation	**Name of Employer**		
Business Development	BHcare, Inc		

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Dorchak~~	~~Christine~~		~~0135~~
Residential Street Address	**City**	**State**	**Zip Code**
~~11A Lakeview St~~	~~Arlington~~	~~MA~~	~~02476~~
Principal Occupation	**Name of Employer**		
~~Lawyer~~	~~Self-employed~~		

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #

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

Date Received: ~~08/15/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Bruce	Lori		0136
Residential Street Address	**City**	**State**	**Zip Code**
34 Deepwood Dr	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Associate Director	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: $100.00

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

If yes, list Event #

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

Date Received: 08/15/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Strong	Julien		0137
Residential Street Address	**City**	**State**	**Zip Code**
55 Belmont St	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Professor	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: $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: 08/15/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Langhorne	Elizabeth		0138
Residential Street Address	**City**	**State**	**Zip Code**
16 Morris St	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $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: 08/15/2025
Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Santana	Francis		0139
Residential Street Address	**City**	**State**	**Zip Code**
1081 New Haven Rd	Naugatuck	CT	06770

Principal Occupation: Retired
Name of Employer: Retired
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/15/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Kleppner	Caleb		0140
Residential Street Address	**City**	**State**	**Zip Code**
175 Linden St	New Haven	CT	06511

Principal Occupation: Private Election Administrator
Name of Employer: MK Elections
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $150.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/15/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Doringer	Lauren		0141
Residential Street Address	**City**	**State**	**Zip Code**
130 Lincoln St	Hamden	CT	06518

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: $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: 08/15/2025
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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Schoolnick	Jesse		0142
Residential Street Address	**City**	**State**	**Zip Code**
246 Tunnel Rd	Vernon	CT	06066

Principal Occupation: Regulatory Affairs Manager
Name of Employer: United Healthcare

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/15/2025
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Davidson	John		0143
Residential Street Address	**City**	**State**	**Zip Code**
53 Santa Fe Ave	Hamden	CT	06517

Principal Occupation: Pastor
Name of Employer: Spring Glen Church

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/15/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Dorchak	**Christine**		**0135**
Residential Street Address	**City**	**State**	**Zip Code**
11A Lakeview St	**Arlington**	**MA**	**02476**

Principal Occupation: **Non-profit Attorney**
Name of Employer: **Grey 2K USA Worldwide**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/15/2025**
Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Popp	Cathy		0348
Residential Street Address	**City**	**State**	**Zip Code**
69 Belden Rd	Hamden	CT	06514

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/15/2025
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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fitzmaurice	Daniel		0349
Residential Street Address	**City**	**State**	**Zip Code**
831 College Rd	Orange	CT	06477

Principal Occupation	Name of Employer
Public policy Advocate	United Way of CT

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? [ ] Yes [x] No

If yes, list Event #

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [x] Credit/Debit Card

Date Received: 08/15/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Heimer~~	~~Alyson~~		~~0144~~
Residential Street Address	**City**	**State**	**Zip Code**
~~54 Sea St~~	~~New Haven~~	~~CT~~	~~06519~~

Principal Occupation	Name of Employer
~~Realtor~~	~~Farnam Realty~~

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Amount of Contribution: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? [ ] Yes [x] No

If yes, list Event #

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [x] Credit/Debit Card

Date Received: ~~08/16/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Hayes	Christine		0145
Residential Street Address	**City**	**State**	**Zip Code**
61 Carmalt Rd	Hamden	CT	06517-1902

Principal Occupation	Name of Employer
Professor	State of CT

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Amount of Contribution: $300.00

Is this contribution associated with an event reported in Section J1? [ ] Yes [x] No

If yes, list Event #

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [x] Credit/Debit Card

Date Received: 08/16/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Cotton	Dominic		0147
Residential Street Address	**City**	**State**	**Zip Code**
60 Corona Dr	Milford	CT	06460

Principal Occupation	Name of Employer
Brain Injury Rehab	Life Skills Unlimited

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section J1? [ ] Yes [x] No

If yes, list Event #

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [x] Credit/Debit Card

Date Received: 08/16/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
White	Stephen		0148

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

Principal Occupation	Name of Employer
Engineer	Town of Hamden

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 08/16/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Goldberg-Honig	Diane		0149

Residential Street Address	City	State	Zip Code
71 Town Line Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
Personall Fitness Trainer	Diane Honig Fitness

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/16/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Irwin	Shelby		0150

Residential Street Address	City	State	Zip Code
206 W Todd St	Hamden	CT	06518

Principal Occupation	Name of Employer
Educator	State of CT

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/16/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Garrett	Lauren	A	0146

Residential Street Address	City	State	Zip Code
47 Andover Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Mayor	Town of Hamden

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/16/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heimer	**Alyson**		**0144**
Residential Street Address	City	State	Zip Code
6 Everit St	**New Haven**	**CT**	**06519**

Principal Occupation	Name of Employer
Realtor	**Farnam 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: **$100.00**

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

If yes, list Event #

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

Date Received: **08/16/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Hosten	Colin		0151
Residential Street Address	City	State	Zip Code
28 Dock Rd	Norwalk	CT	06854

Principal Occupation	Name of Employer
Lecturer	Fairfield University

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/17/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
~~Lepore~~	~~Jenn~~		~~0152~~
Residential Street Address	City	State	Zip Code
~~20 Senator Dr~~	~~Cromwell~~	~~CT~~	~~06416~~

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

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

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

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

Amount of Contribution: ~~$20.00~~

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

If yes, list Event #

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

Date Received: ~~08/17/2025~~

Aggregate Contributions: ~~$40.00~~

Last Name	First	MI	Contribution ID #
Andrasko	Joseph		0153
Residential Street Address	City	State	Zip Code
28 Dock Rd	Norwalk	CT	06854

Principal Occupation	Name of Employer
Banking	State of CT

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/17/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~DeLucia~~	~~Pat~~		~~0154~~

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

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

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #

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

Date Received: ~~08/17/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Blau	Greta		0155

Residential Street Address	City	State	Zip Code
63 Kaye Vue Dr	Hamden	CT	06514

Principal Occupation	Name of Employer
Paralegal	Kevin Smith, 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: $20.00

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

If yes, list Event #

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

Date Received: 08/17/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Ucich	Christine		0156

Residential Street Address	City	State	Zip Code
967 N High St	East Haven	CT	06512

Principal Occupation	Name of Employer
Coffee Shop Owner	Self-employed

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/17/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Kenney	Catherine		0157

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

Principal Occupation	Name of Employer
Farmer	Sheepnose Farn

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 08/17/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pezzini	Norma		0158
Residential Street Address	**City**	**State**	**Zip Code**
59 Hubbard Pl	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $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: 08/17/2025
Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lepore	**Jennifer**		**0152**
Residential Street Address	**City**	**State**	**Zip Code**
20 Senator Dr	**Cromwell**	**CT**	**06416**

Principal Occupation: **Attorney**
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: **$20.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/17/2025**
Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
DeLucia	**Pasquale**		**0154**
Residential Street Address	**City**	**State**	**Zip Code**
7 Shepard Hill Rd	**Hamden**	**CT**	**06514**

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

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/17/2025**
Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Sharnick	**Rachel**		**0168**
Residential Street Address	**City**	**State**	**Zip Code**
167 Maple St	**Branford**	**CT**	**06405**

Principal Occupation: **Teacher**
Name of Employer: **New Haven Ecology 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: **$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: **08/18/2025**
Aggregate Contributions: **$5.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Goeler	Jody		0159
Residential Street Address	**City**	**State**	**Zip Code**
6 Greenwich Ln	Avon	CT	06001
Principal Occupation	**Name of Employer**		
Policy Director	CT Assoc of Boards of Education		

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/18/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hughes	Sean		0160
Residential Street Address	**City**	**State**	**Zip Code**
48 Daniels Ave	Waterford	CT	06385
Principal Occupation	**Name of Employer**		
Communicater Lobbyist	Hughes and Cronin		

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/18/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Grace	Dahlia		0161
Residential Street Address	**City**	**State**	**Zip Code**
852 Wintergreen Ave	Hamden	CT	06514
Principal Occupation	**Name of Employer**		
Director	State of CT		

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/18/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Fox	Ben		0162
Residential Street Address	**City**	**State**	**Zip Code**
55 Overbrook Rd	North Haven	CT	06473
Principal Occupation	**Name of Employer**		
Firefighter	Town of Wallingford		

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/18/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bowens	Tracy		0163

Residential Street Address	City	State	Zip Code
152 Country Hills Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Manager	Unliver

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

If yes, indicate which branch or branches 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: 08/18/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Karnes	Nathan		0164

Residential Street Address	City	State	Zip Code
4 Juniper Rd	Windsor	CT	06095-1853

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $40.00

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

If yes, list Event #

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

Date Received: 08/18/2025

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Kingstorf	Klaus		0165

Residential Street Address	City	State	Zip Code
74 Talcott Ave	Vernon	CT	06066

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/18/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Clay	Amanda		0166

Residential Street Address	City	State	Zip Code
133 Cottage St	New Haven	CT	06511

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $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: 08/18/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
King	Daniel		0167
Residential Street Address	**City**	**State**	**Zip Code**
7 Wooster Pl	New Haven	CT	06511

Principal Occupation	Name of Employer
Software Engineer	Medidata 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: $150.00

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

If yes, list Event #

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

Date Received: 08/18/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Sharnick~~	~~Rachel~~		~~0168~~
Residential Street Address	**City**	**State**	**Zip Code**
~~167 Maple St~~	~~Branford~~	~~CT~~	~~06405~~

Principal Occupation	Name of Employer
~~Teacher~~	~~New Haven Ecology 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: ~~$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: ~~08/18/2025~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Horton	Barnaby		0169
Residential Street Address	**City**	**State**	**Zip Code**
97 Westerly Ter	Hartford	CT	06105

Principal Occupation	Name of Employer
Financial Advisor	Merrill Lynch

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/18/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Cohen~~	~~Kim~~		~~0170~~
Residential Street Address	**City**	**State**	**Zip Code**
~~55 Tokeneke Dr~~	~~North Haven~~	~~CT~~	~~06473~~

Principal Occupation	Name of Employer
~~Teacher~~	~~New Haven 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: ~~$320.00~~

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

If yes, list Event #

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

Date Received: ~~08/19/2025~~

Aggregate Contributions: ~~$640.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heilmann	Callie		0171

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

Principal Occupation	Name of Employer
Co-director	Bridgeport Generation Now

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 08/19/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Suisman~~	~~Richard~~		~~0172~~

Residential Street Address	City	State	Zip Code
~~2100 Massachussetts Ave NW~~	~~Washington~~	~~DC~~	~~20008~~

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

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

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

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

Amount of Contribution: ~~$320.00~~

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

If yes, list Event #

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

Date Received: ~~08/19/2025~~

Aggregate Contributions: ~~$640.00~~

Last Name	First	MI	Contribution ID #
Skoggard	Ian		0173

Residential Street Address	City	State	Zip Code
42 Cleveland Rd	New Haven	CT	06515

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/19/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rice	Jessica		0174

Residential Street Address	City	State	Zip Code
119 Nejako Dr	Middletown	CT	06457

Principal Occupation	Name of Employer
Marketing	Leadtail, Inc

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 08/19/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Coassin	Maxwell		0175
Residential Street Address	**City**	**State**	**Zip Code**
119 Nejako Dr	Middletown	CT	06457

Principal Occupation: Project Manager
Name of Employer: Atlantic Masonry Products Corp

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/19/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Edelberg	Paul		0176
Residential Street Address	**City**	**State**	**Zip Code**
426 Pepper Ridge Rd	Stamford	CT	06905

Principal Occupation: Lawyer
Name of Employer: Fox Rothschild 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: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/19/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Conte~~	~~Giancarlo~~		~~0177~~
Residential Street Address	**City**	**State**	**Zip Code**
~~128 Ponus Ave~~	~~Norwalk~~	~~CT~~	~~06850~~

Principal Occupation: ~~student~~
Name of Employer: ~~student~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$5.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/19/2025~~
Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Cohen	**Kim**		**0170**
Residential Street Address	**City**	**State**	**Zip Code**
55 Tokeneke Dr	**North Haven**	**CT**	**06473**

Principal Occupation: **Teacher**
Name of Employer: **New Haven 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: **$320.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/19/2025**
Aggregate Contributions: **$320.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Conte	Giancarlo		0177

Residential Street Address	City	State	Zip Code
128 Ponus Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 08/19/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Suisman	Richard		0172

Residential Street Address	City	State	Zip Code
2100 Massachussetts Ave NW	Washington	DC	20008

Principal Occupation	Name of Employer
RETIRED	RETIRED

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/19/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Singh Lemar	Anika		0186

Residential Street Address	City	State	Zip Code
552 Chapel St	New Haven	CT	06511

Principal Occupation	Name of Employer
Law Professor	Yale University

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/20/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Kupson	Jonathan		0178

Residential Street Address	City	State	Zip Code
90 Macarthur Dr	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $320.00

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

If yes, list Event #

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

Date Received: 08/20/2025

Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wishart	Raychel		0179

Residential Street Address	City	State	Zip Code
6 Cold Spg Driven	Vernon	CT	06066

Principal Occupation	Name of Employer
Executive Assistant	New Englnad Healthcare Employees union

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 08/20/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lambert	Ross		0180

Residential Street Address	City	State	Zip Code
25 Trumbull Pl	North Haven	CT	06473

Principal Occupation	Name of Employer
Instructional Technologist	Quinnipiac University

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/20/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Vono	Angelina		0181

Residential Street Address	City	State	Zip Code
21 N Maple St	Enfield	CT	06082

Principal Occupation	Name of Employer
Key Holder	Bath & Body Works

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

If yes, indicate which branch or branches 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: 08/20/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lentini	Jerald		0182

Residential Street Address	City	State	Zip Code
524 Birch Mountain Rd	Manchester	CT	06040

Principal Occupation	Name of Employer
Human Rights Attorney	CHRO

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #

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

Date Received: 08/20/2025

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Leeper	Karen		0183
Residential Street Address	**City**	**State**	**Zip Code**
214 Washington Ave	Hamden	CT	06518

Principal Occupation: parts sales
Name of Employer: Alimak 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: $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: 08/20/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Levin	John		0184
Residential Street Address	**City**	**State**	**Zip Code**
249 Chestnut Hill Rd	Norwalk	CT	06851

Principal Occupation: investor
Name of Employer: Untamed Capital 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: $110.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/20/2025
Aggregate Contributions: $110.00

Last Name	First	MI	Contribution ID #
Lemar	Roland		0185
Residential Street Address	**City**	**State**	**Zip Code**
552 Chapel St	New Haven	CT	06511

Principal Occupation: Legislator
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: $200.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/20/2025
Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
~~Lemar~~	~~Anika~~		~~0186~~
Residential Street Address	**City**	**State**	**Zip Code**
~~552 Chapel St~~	~~New Haven~~	~~CT~~	~~06511~~

Principal Occupation: ~~Law 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: ~~$320.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/20/2025~~
Aggregate Contributions: ~~$640.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Eaton	Merryl		0187
Residential Street Address	**City**	**State**	**Zip Code**
14 Ash Dr	Hamden	CT	06518
Principal Occupation	**Name of Employer**		
Advocacy director	Christian Community Action		

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/20/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Lopes	Richard		0188
Residential Street Address	**City**	**State**	**Zip Code**
208 S Mountain Dr	New Britain	CT	06052
Principal Occupation	**Name of Employer**		
Manager	Excel office cleaning		

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 08/20/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Katz	Elin		0191
Residential Street Address	**City**	**State**	**Zip Code**
12 Forest Hills Ln	West Hartford	CT	06117
Principal Occupation	**Name of Employer**		
Unemployed	Unemployed		

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 08/21/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Teitleman	Alan		0192
Residential Street Address	**City**	**State**	**Zip Code**
408 Whitney Ave	New Haven	CT	06511
Principal Occupation	**Name of Employer**		
Professor	State of Connecticut		

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/21/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kavros DeGraw	Eleni		0193

Residential Street Address	City	State	Zip Code
112 Westland Rd	Avon	CT	06001

Principal Occupation	Name of Employer
State Representative	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: $250.00

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

If yes, list Event #

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

Date Received: 08/21/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
LaFrance	Frances		0194

Residential Street Address	City	State	Zip Code
14 Jackson Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 08/21/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Irvin	Paula		0195

Residential Street Address	City	State	Zip Code
32 Hampshire Dr	Hamden	CT	06518

Principal Occupation	Name of Employer
Account Manager	Kaseya

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 08/21/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Berger-Girvalo	Aimee		0196

Residential Street Address	City	State	Zip Code
389 Bennetts Farm Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
ADA Coordinator	City of Bridgeport

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/21/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Wilusz~~	~~Philip~~		~~0197~~
Residential Street Address	**City**	**State**	**Zip Code**
~~54 Normandy Rd~~	~~Trumbull~~	~~CT~~	~~06611~~

Principal Occupation: ~~Head of Claims~~
Name of Employer: ~~With Coverage LLC~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$320.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/21/2025~~
Aggregate Contributions: ~~$640.00~~

Last Name	First	MI	Contribution ID #
Levin	John		0618
Residential Street Address	**City**	**State**	**Zip Code**
249 Chestnut Hill Rd	Norwalk	CT	06851

Principal Occupation: investor
Name of Employer: Untamed Capital 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: $210.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/21/2025
Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Wilusz	**Philip**		**0197**
Residential Street Address	**City**	**State**	**Zip Code**
54 Normandy Rd	**Trumbull**	**CT**	**06611**

Principal Occupation: **Head of Claims**
Name of Employer: **With Coverage LLC**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$320.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/21/2025**
Aggregate Contributions: **$320.00**

Last Name	First	MI	Contribution ID #
Khan-Bureau	**Diba**	**A**	**0200**
Residential Street Address	**City**	**State**	**Zip Code**
40 Hill Top Trl	**Salem**	**CT**	**06420**

Principal Occupation: **Professor**
Name of Employer: **CT State Community College Three Rivers campus**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/22/2025**
Aggregate Contributions: **$100.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ahern	Kieran		0198
Residential Street Address	**City**	**State**	**Zip Code**
23 George St	North Haven	CT	06473

Principal Occupation: Power market analyst
Name of Employer: TCR
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/22/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Keitt	Sarah		0199
Residential Street Address	**City**	**State**	**Zip Code**
538 Winnepoge Dr	Fairfield	CT	06825

Principal Occupation: State Representative
Name of Employer: State of CT
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $150.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/22/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Khan-Bureau~~	~~Diba~~		~~0200~~
Residential Street Address	**City**	**State**	**Zip Code**
~~40 Hill Top Trl~~	~~Salem~~	~~CT~~	~~06420~~

Principal Occupation: ~~Professor~~
Name of Employer: ~~CT State Community College-Three Rivers campus~~
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$100.00~~
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/22/2025~~
Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Jinks	Jim		0201
Residential Street Address	**City**	**State**	**Zip Code**
244 Academy Rd	Cheshire	CT	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: $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: 08/23/2025
Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Freeman	Seth		0202

Residential Street Address	City	State	Zip Code
42 Fuller Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
Professor	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Catalbasoglu	Hacibey		0203

Residential Street Address	City	State	Zip Code
1410 Dunbar Hill Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Clerk	US Government

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bograd	Barbara		0204

Residential Street Address	City	State	Zip Code
18 Canterbury Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	Connecticut

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Freiser~~	~~Jeffrey~~		~~0205~~

Residential Street Address	City	State	Zip Code
~~247 Natchaug Dr~~	~~Meriden~~	~~CT~~	~~06450~~

Principal Occupation	Name of Employer
~~retired~~	~~retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/23/2025~~

Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lumbantobing	Rotua		0206
Residential Street Address	**City**	**State**	**Zip Code**
802 Federal Rd	Brookfield	CT	06804

Principal Occupation: Professor
Name of Employer: Western Connecticut State University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/23/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Durao	Keith		0207
Residential Street Address	**City**	**State**	**Zip Code**
24 Hayes Ave	Ellington	CT	06029

Principal Occupation: Administration support
Name of Employer: USDA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/23/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Durao	Rachel		0208
Residential Street Address	**City**	**State**	**Zip Code**
24 Hayes Ave	Ellington	CT	06029

Principal Occupation: Product Owner
Name of Employer: Travelers 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: $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: 08/23/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~fortuna~~	~~thomas~~		~~0209~~
Residential Street Address	**City**	**State**	**Zip Code**
~~205 Gilbert Ave~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation: ~~accountant~~
Name of Employer: ~~the tax guy llc~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$50.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/23/2025~~
Aggregate Contributions: ~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Grewal	Elena		0210

Residential Street Address	City	State	Zip Code
130 Edgehill Rd	New Haven	CT	06511

Principal Occupation	Name of Employer
Data science	Elenas on Orange owner, Data science consultant, l

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Burgio	Anne		0211

Residential Street Address	City	State	Zip Code
554 Toby Hill Rd	Westbrook	CT	06498

Principal Occupation	Name of Employer
North Regional Sales Manager	Knights Bridge

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Muguerza	Renato		0212

Residential Street Address	City	State	Zip Code
27 Ellington St	Hartford	CT	06106

Principal Occupation	Name of Employer
Legislative aide	City of hartford

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Grossman	Donna		0213

Residential Street Address	City	State	Zip Code
781 Kennedy Rd	Windsor	CT	06095

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Pillsbury~~	~~Charlie~~		~~0214~~

Residential Street Address	City	State	Zip Code
~~247 Saint Ronan St~~	~~New Haven~~	~~CT~~	~~06511~~

Principal Occupation	Name of Employer
~~Law Professor~~	~~Quinnipiac University~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/23/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Olson	Karen		0215

Residential Street Address	City	State	Zip Code
309 Wellsville Ave	New Milford	CT	06776

Principal Occupation	Name of Employer
School bus driver	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Powell	Christopher		0216

Residential Street Address	City	State	Zip Code
5 Chestnut St	Trumbull	CT	06611

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 08/23/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Erard	Amanda		0217

Residential Street Address	City	State	Zip Code
27 Greenway St	Hamden	CT	06517

Principal Occupation	Name of Employer
Researcher	Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Edelberg	Jennifer		0218

Residential Street Address	City	State	Zip Code
39 Fifth St	Norwalk	CT	06855

Principal Occupation	Name of Employer
Executive	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Lombardo	Wayne		0219

Residential Street Address	City	State	Zip Code
571 Town St	Moodus	CT	06469

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cummings	Patrick		0220

Residential Street Address	City	State	Zip Code
25 Forest St	Stamford	CT	06901

Principal Occupation	Name of Employer
Unemployed	Unemployed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Paddock	Troy		0221

Residential Street Address	City	State	Zip Code
65 Dawes Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Professor	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Campbell	Donna		0222
Residential Street Address	**City**	**State**	**Zip Code**
2122 Avalon Dr W	New Canaan	CT	06840

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Khan-Bureau~~	~~Diba~~		~~0223~~
Residential Street Address	**City**	**State**	**Zip Code**
~~40 Hill Top Trl~~	~~Salem~~	~~CT~~	~~06420~~

Principal Occupation: ~~Professor~~
Name of Employer: ~~Ct State community college, Three Rivers campus~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: ~~08/23/2025~~
Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Buhler	William		0224
Residential Street Address	**City**	**State**	**Zip Code**
8 Winchester Way	Cromwell	CT	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: $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: 08/23/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Russek	T		0225
Residential Street Address	**City**	**State**	**Zip Code**
5 Governors Row	West Hartford	CT	06117

Principal Occupation: Self employed advertising creative director
Name of Employer: Jim Russek

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025
Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hadlock	Kevin		0226

Residential Street Address	City	State	Zip Code
305 Goose Ln	Orange	CT	06477

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Russo	Marie		0227

Residential Street Address	City	State	Zip Code
88 Highland Ave	Danbury	CT	06810

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
St.Cyr-Bellisle	Cheryl		0228

Residential Street Address	City	State	Zip Code
170 Mountain Rd	Suffield	CT	06078

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 08/23/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Ewing	Martin		0229

Residential Street Address	City	State	Zip Code
88 Notch Hill Rd	North Branford	CT	06471

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 08/23/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Guthrie	Christopher		0230

Residential Street Address	City	State	Zip Code
1 Ferguson Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Web Developer	3PRIME Web 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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Jones	Sherryll		0231

Residential Street Address	City	State	Zip Code
11 McGuire Ct	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 08/23/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Forman	Sarah		0232

Residential Street Address	City	State	Zip Code
5 Dawes Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sanders	Mary		0233

Residential Street Address	City	State	Zip Code
18 Timber Ln	Woodbridge	CT	06525

Principal Occupation	Name of Employer
Professor	UConn Health 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: $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: 08/23/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Morrissey	Jessica		0234
Residential Street Address	**City**	**State**	**Zip Code**
46 Broad St	Stonington	CT	06378

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	$320.00

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	08/23/2025	$320.00

Last Name	First	MI	Contribution ID #
~~Farrell~~	~~Joanne~~		~~0236~~
Residential Street Address	**City**	**State**	**Zip Code**
~~30 Brettonwood Dr~~	~~Simsbury~~	~~CT~~	~~06070~~

Principal Occupation	Name of Employer
~~Court Reporter~~	~~Veritext Legal Solutions~~

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	~~$25.00~~

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~08/23/2025~~	~~$50.00~~

Last Name	First	MI	Contribution ID #
Hoffman	Diane		0237
Residential Street Address	**City**	**State**	**Zip Code**
190 Wilmot Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	$25.00

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	08/23/2025	$25.00

Last Name	First	MI	Contribution ID #
Muller	Bonnie		0238
Residential Street Address	**City**	**State**	**Zip Code**
25 Tuttle Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	$25.00

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	08/23/2025	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Conroy	Bruce		0239
Residential Street Address	**City**	**State**	**Zip Code**
13 Burke Heights Dr	Wallingford	CT	06492

Principal Occupation: Union Carpenter
Name of Employer: Brownstone 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: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/23/2025
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rugh	Lynn		0240
Residential Street Address	**City**	**State**	**Zip Code**
41 Prospect St	Terryville	CT	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: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/23/2025
Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Bratten	Cecilia		0241
Residential Street Address	**City**	**State**	**Zip Code**
60 Featherbed Ln	Branford	CT	06405

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: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/23/2025
Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Taborsak	Julia		0242
Residential Street Address	**City**	**State**	**Zip Code**
2 Docs Way	New Milford	CT	06776

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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/23/2025
Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Marx	Martha		0243

Residential Street Address	City	State	Zip Code
4 Harbor Ln	New London	CT	06320

Principal Occupation	Name of Employer
RN	YNHH

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Spollett	Geralyn		0244

Residential Street Address	City	State	Zip Code
201 Kyles Way	Shelton	CT	06484

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Doerr	Kristi		0245

Residential Street Address	City	State	Zip Code
12 Penny Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
AVP Tax	Richemont North America In

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 08/23/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
ROMANO	PATRICIA		0246

Residential Street Address	City	State	Zip Code
107 Sunrise Hill Cir	Orange	CT	06477

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 08/23/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kiely	Kathleen		0247
Residential Street Address	**City**	**State**	**Zip Code**
69 Augur St	Hamden	CT	06517

Principal Occupation	Name of Employer
Teacher	Hamden Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Williamson	Sue		0248
Residential Street Address	**City**	**State**	**Zip Code**
105 Boston Post Rd	Waterford	CT	06385

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 08/23/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Khalsa	Kuljit	S	0249
Residential Street Address	**City**	**State**	**Zip Code**
94 Navratil Rd	Willington	CT	06279

Principal Occupation	Name of Employer
Transportation	Akaal llc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Khan-Bureau	**Diba**	**A**	**0223**
Residential Street Address	**City**	**State**	**Zip Code**
40 Hill Top Trl	**Salem**	**CT**	**06420**

Principal Occupation	Name of Employer
Professor	**Ct State community college, Three Rivers campus**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: **08/23/2025**

Aggregate Contributions: **$50.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McCleary	Rita	W	0235
Residential Street Address	**City**	**State**	**Zip Code**
926 Ridge Rd	Hamden	CT	06517

Principal Occupation: psychotherapist
Name of Employer: Rita W McCleary, Licensed Clinical Psychologist

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/23/2025
Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Farrell	**Joanne**		**0236**
Residential Street Address	**City**	**State**	**Zip Code**
30 Brettonwood Dr	**Simsbury**	**CT**	**06070**

Principal Occupation: **Court Reporter**
Name of Employer: **Joanne Farrell**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/23/2025**
Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Freiser	**Jeffrey**		**0205**
Residential Street Address	**City**	**State**	**Zip Code**
247 Natchaug Dr	**Meriden**	**CT**	**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: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/23/2025**
Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Pillsbury	**Charles**	**A**	**0214**
Residential Street Address	**City**	**State**	**Zip Code**
247 Saint Ronan St	**New Haven**	**CT**	**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: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/23/2025**
Aggregate Contributions: **$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fortuna Sr	Thomas	M	0209
Residential Street Address	**City**	**State**	**Zip Code**
205 Gilbert Ave	Hamden	CT	06514

Principal Occupation: accountant

Name of Employer: the tax guy llc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/23/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Solomon	Judith		0250
Residential Street Address	**City**	**State**	**Zip Code**
71 Elihu St	Hamden	CT	06517

Principal Occupation: Psychologist

Name of Employer: Judith Solomon

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/24/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Duryea	Tina		0257
Residential Street Address	**City**	**State**	**Zip Code**
6 Deane Ct	Norwalk	CT	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/24/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Solomon~~	~~Judith~~		~~0250~~
Residential Street Address	**City**	**State**	**Zip Code**
~~71 Elihu St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation: ~~Psychologist~~

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: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/24/2025~~

Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Shadford	Jacqueline		0251

Residential Street Address	City	State	Zip Code
149 Nepaug Rd	Burlington	CT	06013

Principal Occupation	Name of Employer
Driver	Town of Burlington

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/24/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
van Beusekom	Monica		0252

Residential Street Address	City	State	Zip Code
98 Candide Ln	Storrs	CT	06268

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 08/24/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Ferraro	Chiara		0253

Residential Street Address	City	State	Zip Code
169 Auburn Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☒ Money Order ☐ Credit/Debit Card

Date Received: 08/24/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Gammon	George		0254

Residential Street Address	City	State	Zip Code
33 Edgehill Ter	Hamden	CT	06517

Principal Occupation	Name of Employer
Physician	George Davis Gammon, MD

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 08/24/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McCabe	Trevor	S	0255
Residential Street Address	**City**	**State**	**Zip Code**
3845 Park Ave	Fairfield	CT	06825

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: $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: 08/24/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Luxenberg	Geoffrey		0256
Residential Street Address	**City**	**State**	**Zip Code**
93 Plymouth Ln	Manchester	CT	06040

Principal Occupation: Legislator
Name of Employer: State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/24/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Duryea~~	~~Tina~~		~~0257~~
Residential Street Address	**City**	**State**	**Zip Code**
~~6 Deane Ct~~	~~Norwalk~~	~~CT~~	~~06853~~

Principal Occupation: ~~Artist. Portrait 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: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/24/2025~~
Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
McCabe	Cameron		0258
Residential Street Address	**City**	**State**	**Zip Code**
3845 Park Ave	Fairfield	CT	06825

Principal Occupation: Teacher
Name of Employer: Covenant School of Bridgeport

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/24/2025
Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
White	Ann		0259
Residential Street Address	**City**	**State**	**Zip Code**
122 Colony St	Hamden	CT	06518

Principal Occupation	Name of Employer
Teacher	Fairfield public schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/24/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Carrington	Nancy		0260
Residential Street Address	**City**	**State**	**Zip Code**
25 Hamden Hills Dr	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 08/25/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Kovel~~	~~Christy~~		~~0261~~
Residential Street Address	**City**	**State**	**Zip Code**
~~221 Millbrook Rd~~	~~Middletown~~	~~CT~~	~~06457~~

Principal Occupation	Name of Employer
~~Director of Public Policy~~	~~The Alzheimer's Association~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/25/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Menapace~~	~~Nick~~		~~0262~~
Residential Street Address	**City**	**State**	**Zip Code**
~~38 Hope St~~	~~Niantic~~	~~CT~~	~~06357~~

Principal Occupation	Name of Employer
~~Teacher~~	~~New London public schools~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/25/2025~~

Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Martin	Terra		0263
Residential Street Address	**City**	**State**	**Zip Code**
25 Smoke Hill Dr	New Fairfield	CT	06812
Principal Occupation	**Name of Employer**		
Organizer	Child Care For CT		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/25/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
York	Jason		0264
Residential Street Address	**City**	**State**	**Zip Code**
150 Dowd St	Newington	CT	06111
Principal Occupation	**Name of Employer**		
Digital Communications Manager	State of Connecticut		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/25/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Johnson	Deborah		0265
Residential Street Address	**City**	**State**	**Zip Code**
66 Thompson St	Hamden	CT	06518
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/25/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Kovel	**Christy**		**0261**
Residential Street Address	**City**	**State**	**Zip Code**
221 Millbrook Rd	**Middletown**	**CT**	**06457**
Principal Occupation	**Name of Employer**		
State Government Relations Director	**Alzheimer's Association CT Chapter**		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **08/25/2025**

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Menapace	**Nicholas**		**0262**
Residential Street Address	City	State	Zip Code
38 Hope St	**Niantic**	**CT**	**06357**

Principal Occupation: **Teacher**

Name of Employer: **New London public schools**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **08/25/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Hart	Jefferey	P	0274
Residential Street Address	City	State	Zip Code
39 Georgiana St	New London	CT	06320

Principal Occupation: Estimator (new construction)

Name of Employer: Jaypro Sports

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/26/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mandato	Brandi		0266
Residential Street Address	City	State	Zip Code
56 South Ave	North Haven	CT	06473

Principal Occupation: Senior Director

Name of Employer: Jobs for the Future

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/26/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Malitsky	William		0267
Residential Street Address	City	State	Zip Code
98 Coleman Rd	Glastonbury	CT	06033

Principal Occupation: Lobbyist

Name of Employer: Focus gov affairs

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/26/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Murphy	Brian		0268
Residential Street Address	**City**	**State**	**Zip Code**
1712 Whitney Ave	Hamden	CT	06517

Principal Occupation: Manager
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: $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: 08/26/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Doucette	Jason		0269
Residential Street Address	**City**	**State**	**Zip Code**
85 Stephanies Way	Manchester	CT	06040

Principal Occupation: Attorney
Name of Employer: Gagliardi Doucette LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/26/2025
Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Neitlich	Susan		0270
Residential Street Address	**City**	**State**	**Zip Code**
30 Spring Glen Ter	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/26/2025
Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Norkawich	Peter		0271
Residential Street Address	**City**	**State**	**Zip Code**
148 Hall St	New Haven	CT	06512

Principal Occupation: Disabled
Name of Employer: CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/26/2025
Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Linkov	Bruce		0272
Residential Street Address	**City**	**State**	**Zip Code**
60 Deer Ln	Guilford	CT	06437
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 08/26/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Friday	Sandra		0273
Residential Street Address	**City**	**State**	**Zip Code**
44 Gordon St	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/26/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Harris	Alex		0275
Residential Street Address	**City**	**State**	**Zip Code**
37 Christopher Rd	Ridgefield	CT	06877
Principal Occupation	**Name of Employer**		
Executive	Archtop Fiber LLC		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/26/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Greensmith	Chloe		0276
Residential Street Address	**City**	**State**	**Zip Code**
395 Pequot Ave	New London	CT	06320
Principal Occupation	**Name of Employer**		
Engineer	Dominion Energy		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/26/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Mossberg~~	~~Lori~~		~~0277~~
Residential Street Address	**City**	**State**	**Zip Code**
~~310 Blue Trl~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation: ~~Retired~~
Name of Employer: ~~Retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
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: ~~08/26/2025~~
Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Drew	Jill		0278
Residential Street Address	**City**	**State**	**Zip Code**
10 Dakin Rd	Sharon	CT	06069

Principal Occupation: Manager
Name of Employer: Drew Associates

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/26/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Cygan	Mary		0279
Residential Street Address	**City**	**State**	**Zip Code**
37 Barrett Ave	Stamford	CT	06905

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: $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: 08/26/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Mossberg	**Lori**		**0277**
Residential Street Address	**City**	**State**	**Zip Code**
310 Blue Trl	**Hamden**	**CT**	**06518**

Principal Occupation: **Retired**
Name of Employer: **Retired**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
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: **08/26/2025**
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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mahmood	**Aysha**		**0285**
Residential Street Address	**City**	**State**	**Zip Code**
109 Brookview Rd	**Windsor**	**CT**	**06095**

Principal Occupation: **Senior Program Manager**
Name of Employer: **Born This 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: **$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: **08/27/2025**
Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Kaiko	Jacqueline		0280
Residential Street Address	City	State	Zip Code
310 Halliwell Dr	Stamford	CT	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/27/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Moran	Christopher		0281
Residential Street Address	City	State	Zip Code
68 Anthony Rd	Tolland	CT	06084

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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/27/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Matus	Laurel	E	0282
Residential Street Address	City	State	Zip Code
1 N Main St	East Granby	CT	06026

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/27/2025
Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
OBrien	Timothy		0283
Residential Street Address	**City**	**State**	**Zip Code**
46 High Ridge Dr .	Pawcatuck	CT	06379

Principal Occupation: Engineer
Name of Employer: Detotec 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: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/27/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Orban	Laura		0284
Residential Street Address	**City**	**State**	**Zip Code**
95 Stony Hill Rd	Brookfield	CT	06804

Principal Occupation: Communications and Technology 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: $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: 08/27/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Mahmood~~	~~Aysha~~		~~0285~~
Residential Street Address	**City**	**State**	**Zip Code**
~~109 Brookview Rd~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation: ~~Editor~~
Name of Employer: ~~Born this 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: ~~$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: ~~08/27/2025~~
Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Myers	Peter		0286
Residential Street Address	**City**	**State**	**Zip Code**
125 Mountain Rd	North Granby	CT	06060

Principal Occupation: Lobbyist
Name of Employer: CBIA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 08/27/2025
Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Muir	Renee	L	0287
Residential Street Address	**City**	**State**	**Zip Code**
256 Warsaw St	Deep River	CT	06417

Principal Occupation: State Representative
Name of Employer: State of 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: $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: 08/28/2025
Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Gilchrest	Jillian		0288
Residential Street Address	**City**	**State**	**Zip Code**
115 Maplewood Ave	West Hartford	CT	06119

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: $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: 08/28/2025
Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Hoehne	Keri		0289
Residential Street Address	**City**	**State**	**Zip Code**
603 New Harwinton Rd	Torrington	CT	06790

Principal Occupation: Union officer
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: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/28/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Nunez	Paul		0290
Residential Street Address	**City**	**State**	**Zip Code**
70 Marvel Rd	New Haven	CT	06515

Principal Occupation: Lobbyist
Name of Employer: DePino, Nuñez and Biggs

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/28/2025
Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Copp	Alex		0291
Residential Street Address	**City**	**State**	**Zip Code**
26 Palestine Rd	Newtown	CT	06470
Principal Occupation	**Name of Employer**		
Lawyer	Omnia 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: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/28/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Brown	Kevin		0292
Residential Street Address	**City**	**State**	**Zip Code**
65 Valley View Ln	Vernon	CT	06066
Principal Occupation	**Name of Employer**		
Teacher	CREC		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 08/28/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Chatterton	Rose		0293
Residential Street Address	**City**	**State**	**Zip Code**
39 Beecher Pl	New Haven	CT	06512
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Nugent	Monika		0294
Residential Street Address	**City**	**State**	**Zip Code**
84 Hope Cir	Windsor	CT	06095
Principal Occupation	**Name of Employer**		
Manager of Public Policy and Advocacy	The Alliance		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/28/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sweet	Laurie		0295
Residential Street Address	**City**	**State**	**Zip Code**
4 Prospect Ct	Hamden	CT	06517

Principal Occupation	Name of Employer
State Representative	State of Connecticut

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/28/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Dubois	Meghan		0296
Residential Street Address	**City**	**State**	**Zip Code**
493 Winthrop St	Torrington	CT	06790

Principal Occupation	Name of Employer
Corporate Giving Manager	Connecticut Foodshare

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Tuhus~~	~~Melinda~~		~~0297~~
Residential Street Address	**City**	**State**	**Zip Code**
~~103 Carmat Rd~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~hell raiser~~	~~Retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/28/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Summers	Robert		0298
Residential Street Address	**City**	**State**	**Zip Code**
237 Old Colony Rd	Eastford	CT	06242

Principal Occupation	Name of Employer
Retired	Na

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/28/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tuhus	**Melinda**		**0297**
Residential Street Address	City	State	Zip Code
103 Carmat Rd	**Hamden**	**CT**	**06517**

Principal Occupation: **Retired**
Name of Employer: **Retired**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **08/28/2025**
Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Watson	**Gavin**		**0303**
Residential Street Address	City	State	Zip Code
70 Crescent Dr	**Ridgefield**	**CT**	**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: **$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: **08/29/2025**
Aggregate Contributions: **$75.00**

Last Name	First	MI	Contribution ID #
Vogel	Michael		0299
Residential Street Address	City	State	Zip Code
580 Cherry Brook Rd	Canton	CT	06019

Principal Occupation: Attorney
Name of Employer: Allegaert Berger & Vogel LLP

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 08/29/2025
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Kohl~~	~~Jason~~		~~0300~~
Residential Street Address	City	State	Zip Code
~~18 Oswegatchie Rd~~	~~Waterford~~	~~CT~~	~~06385~~

Principal Occupation: ~~Communications~~
Name of Employer: ~~Student~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$5.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~08/29/2025~~
Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Magaldi-Lewis~~	~~Catherine~~		~~0301~~

Residential Street Address	City	State	Zip Code
~~32 Oak Farms Rd~~	~~Andover~~	~~CT~~	~~06233~~

Principal Occupation	Name of Employer
~~retired~~	~~retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$50.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/29/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Graesser	Christine		0302

Residential Street Address	City	State	Zip Code
28 Lawrence Ave	Avon	CT	06001

Principal Occupation	Name of Employer
Retired librarian	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $79.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/29/2025

Aggregate Contributions: $79.00

Last Name	First	MI	Contribution ID #
~~Watson~~	~~Gavin~~		~~0303~~

Residential Street Address	City	State	Zip Code
~~70 Crescent Dr~~	~~Ridgefield~~	~~CT~~	~~06877~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$75.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/29/2025~~

Aggregate Contributions: ~~$150.00~~

Last Name	First	MI	Contribution ID #
Leary	Shannon		0304

Residential Street Address	City	State	Zip Code
8 Kilbourn Rd	Simsbury	CT	06070

Principal Occupation	Name of Employer
Special Education Advocate	Shannon Knall, Special Education Advocate

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/29/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Magaldi-Lewis	**Catherine**		**0301**
Residential Street Address	City	State	Zip Code
32 Oak Farms Rd	**Andover**	**CT**	**06233**

Principal Occupation: **retired**
Name of Employer: **retired**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	**08/29/2025**	**$50.00**	**$50.00**

Last Name	First	MI	Contribution ID #
Kohl	**Jason**		**0300**
Residential Street Address	City	State	Zip Code
18 Oswegatchie Rd	**Waterford**	**CT**	**06385**

Principal Occupation: **Visual Designer**
Name of Employer: **Jason Kohl**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	**08/29/2025**	**$5.00**	**$5.00**

Last Name	First	MI	Contribution ID #
DiRollo	**Mark**		**0306**
Residential Street Address	City	State	Zip Code
33 Millport Ave	**New Canaan**	**CT**	**06840**

Principal Occupation: **Care Giver / 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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	**08/30/2025**	**$25.00**	**$25.00**

Last Name	First	MI	Contribution ID #
Nolan	Lucy		0305
Residential Street Address	City	State	Zip Code
10 Carnoustie Cir	Bloomfield	CT	06002

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	Amount of Contribution
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	08/30/2025	$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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~DiRollo~~	~~Mark~~		~~0306~~

Residential Street Address	City	State	Zip Code
~~33 Millport Ave~~	~~New Canaan~~	~~CT~~	~~06840~~

Principal Occupation	Name of Employer
~~Care Giver / Patient Advocate~~	~~CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~08/30/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Adams	Amelia		0307

Residential Street Address	City	State	Zip Code
69 Rutland Rd	Brooklyn	NY	11225

Principal Occupation	Name of Employer
Consulting	Adams Advisors

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 08/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Johnson	Patrick		0308

Residential Street Address	City	State	Zip Code
67 Sunbright Dr S	Meriden	CT	06450

Principal Occupation	Name of Employer
Business Controllwr	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: $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: 08/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Jones	Philip		0309

Residential Street Address	City	State	Zip Code
605 Walnut Tree Hill Rd	Shelton	CT	06484

Principal Occupation	Name of Employer
farmer	jones family farms

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/01/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barrington	Candace		0310

Residential Street Address	City	State	Zip Code
291 Townsend Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Professor	Central 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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/01/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Shea	Mike		0311

Residential Street Address	City	State	Zip Code
291 Townsend Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Professor	Southern Connecticut State University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/01/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Phelps	David		0312

Residential Street Address	City	State	Zip Code
32 Leatherman Trl	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/01/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Salls	Tucker		0313

Residential Street Address	City	State	Zip Code
11 Tunxis Pl	Simsbury	CT	06081

Principal Occupation	Name of Employer
Government	CT Military Department

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/01/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pitzer	Virginia		0314

Residential Street Address	City	State	Zip Code
49 Ardmore St	Hamden	CT	06517

Principal Occupation	Name of Employer
Professor	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/01/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Cella	David		0315

Residential Street Address	City	State	Zip Code
172 N Whittlesey Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
General Contractor	Cella Built LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/02/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Jarecki~~	~~Andrew~~		~~0316~~

Residential Street Address	City	State	Zip Code
~~685 Post Rd~~	~~Darien~~	~~CT~~	~~06820~~

Principal Occupation	Name of Employer
~~Filmmakker~~	~~Self Employed, Hit the Ground Running LLC~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$320.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/02/2025~~

Aggregate Contributions: ~~$640.00~~

Last Name	First	MI	Contribution ID #
O'Connor	Carol		0317

Residential Street Address	City	State	Zip Code
174 Centerbrook Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Social worker	CHDI

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/02/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jarecki	**Andrew**		**0316**
Residential Street Address	City	State	Zip Code
685 Post Rd	**Darien**	**CT**	**06820**

Principal Occupation: **Filmmakker**

Name of Employer: **Hit the Ground Running LLC**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$320.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/02/2025**

Aggregate Contributions: **$320.00**

Last Name	First	MI	Contribution ID #
OBrien	Cory		0318
Residential Street Address	City	State	Zip Code
124 Haverford St	Hamden	CT	06517

Principal Occupation: Service Director

Name of Employer: Philips North America

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $315.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/03/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Snyder	Jill		0319
Residential Street Address	City	State	Zip Code
39 Eaton Woods Rd	Hamden	CT	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/03/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Greenberg	Samuel		0320
Residential Street Address	City	State	Zip Code
206 Elm St	New Haven	CT	06520

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: $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: 09/05/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tatro	Dyjuan		0321
Residential Street Address	**City**	**State**	**Zip Code**
10 K St SE	Washington	CT	20003

Principal Occupation: Education
Name of Employer: Bard College

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No
If yes, list Event # 09062025A
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/05/2025
Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Shanley	Ryan		0322
Residential Street Address	**City**	**State**	**Zip Code**
138 Monroe St	New Haven	CT	06513

Principal Occupation: Medical Technician
Name of Employer: Yale New Haven 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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/05/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Severance~~	~~Gwenith~~		~~0323~~
Residential Street Address	**City**	**State**	**Zip Code**
~~24 King St~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation: ~~Retired teacher~~
Name of Employer: ~~Connecticut~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~09/05/2025~~
Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Strong	Julien		0480
Residential Street Address	**City**	**State**	**Zip Code**
55 Belmont St	Hamden	CT	06517

Principal Occupation: Professor
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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/05/2025
Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Severance	Gwenith	H	0323
Residential Street Address	**City**	**State**	**Zip Code**
24 King St	Hamden	CT	06517

Principal Occupation: Retired teacher
Name of Employer: Connecticut

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/05/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Dunston	Kiki		0332
Residential Street Address	**City**	**State**	**Zip Code**
217 N Highland Ave	Ossining	NY	10562

Principal Occupation: Associate Director of Strategic Partnerships
Name of Employer: Lemon 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: $150.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No
If yes, list Event # 09062025A
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/06/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Schulman	Molly		0335
Residential Street Address	**City**	**State**	**Zip Code**
632 11th St	Brooklyn	NY	11215

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: $150.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No
If yes, list Event # 09062025A
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/06/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Bourne	Andrew		0333
Residential Street Address	**City**	**State**	**Zip Code**
385 6th Ave	Brooklyn	NY	11215

Principal Occupation: Student
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: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No
If yes, list Event # 09062025A
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/06/2025
Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dixon	**Anthony**		**0337**
Residential Street Address	City	State	Zip Code
194 Sterling St	**Brooklyn**	**NY**	**11225**

Principal Occupation	Name of Employer
Deputy Director	**Parole Preperation Project of New York 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: **$320.00**

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # **09062025A**

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/06/2025**

Aggregate Contributions: **$320.00**

Last Name	First	MI	Contribution ID #
Comey	Robin		0325
Residential Street Address	City	State	Zip Code
109 Shore Dr	Branford	CT	06405

Principal Occupation	Name of Employer
State Representative	ct 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: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Eke	Therese		0326
Residential Street Address	City	State	Zip Code
47 Point Beach Dr	Milford	CT	06460

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Peña	Darío		0327
Residential Street Address	City	State	Zip Code
3216 Bronx Blvd	Bronx	NY	10467

Principal Occupation	Name of Employer
Recruitment and Community Partnerships Manager	Justice Through Code at Columbia 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: 09/06/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Absolam	Colin		0328
Residential Street Address	**City**	**State**	**Zip Code**
3024 Colden Ave	Bronx	NY	10469
Principal Occupation	**Name of Employer**		
Community Linkage Specialist	The Osborne Association		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
MacFarlane	Jerrod		0329
Residential Street Address	**City**	**State**	**Zip Code**
35 Claver Pl	Brooklyn	NY	11238
Principal Occupation	**Name of Employer**		
Development	The Action Lab		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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 # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Jones	Chad		0330
Residential Street Address	**City**	**State**	**Zip Code**
3201 Victoria Dr	Mount Kisco	NY	10549
Principal Occupation	**Name of Employer**		
Real Estate Development	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: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Hughes	Kenyatta		0331
Residential Street Address	**City**	**State**	**Zip Code**
6 Haight Dr	New Windsor	NY	12553
Principal Occupation	**Name of Employer**		
Artist	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: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Dunston~~	~~Kiki~~		~~0332~~

Residential Street Address	City	State	Zip Code
~~217 N Highland Ave~~	~~Ossining~~	~~NY~~	~~10562~~

Principal Occupation	Name of Employer
~~Consultant~~	~~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: ~~$150.00~~

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # ~~09062025A~~

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/06/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
~~Bourne~~	~~Andrew~~		~~0333~~

Residential Street Address	City	State	Zip Code
~~385 6th Ave~~	~~Brooklyn~~	~~NY~~	~~11215~~

Principal Occupation	Name of Employer
~~Student~~	~~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: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # ~~09062025A~~

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/06/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Bartley	Ronnine		0334

Residential Street Address	City	State	Zip Code
57 Kent Ln	Trumbull	CT	06611

Principal Occupation	Name of Employer
Educator	NYCDOE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Schulman~~	~~Molly~~		~~0335~~

Residential Street Address	City	State	Zip Code
~~632 11th St~~	~~Brooklyn~~	~~NY~~	~~11215~~

Principal Occupation	Name of Employer
~~Student~~	~~Student~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$150.00~~

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # ~~09062025A~~

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/06/2025~~

Aggregate Contributions: ~~$300.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fernandez	Robert		0336

Residential Street Address	City	State	Zip Code
11703 Sutter Ave	South Ozone Park	NY	11420

Principal Occupation	Name of Employer
Nonprofit director	Cientifico Latino, Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Dixon~~	~~Anthony~~		~~0337~~

Residential Street Address	City	State	Zip Code
~~194 Sterling St~~	~~Brooklyn~~	~~NY~~	~~11225~~

Principal Occupation	Name of Employer
~~No~~	~~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: ~~$320.00~~

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # ~~09062025A~~

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/06/2025~~

Aggregate Contributions: ~~$640.00~~

Last Name	First	MI	Contribution ID #
Peterson	Marlon		0338

Residential Street Address	City	State	Zip Code
44 Kent St Apt	Brooklyn	NY	11222

Principal Occupation	Name of Employer
Executive Director	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: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bartley	Lawrence		0339

Residential Street Address	City	State	Zip Code
57 Kent Ln	Trumbull	CT	06611

Principal Occupation	Name of Employer
Employed at non profit	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: $150.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lynch	Stacy		0340

Residential Street Address	City	State	Zip Code
41 Convent Ave	New York	NY	10027

Principal Occupation	Name of Employer
Consultant	NY

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lynch	William		0341

Residential Street Address	City	State	Zip Code
41 Hamilton Ter	New York	NY	10031

Principal Occupation	Name of Employer
Manager	Bill Lynch Associated Networks

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/06/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Rose	Caitlin		0350

Residential Street Address	City	State	Zip Code
2390 State St	Hamden	CT	06517

Principal Occupation	Name of Employer
CEO	Friendship Service Center, 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: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/07/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Robinson	Catherine		0351

Residential Street Address	City	State	Zip Code
47 Four Mile Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
Lobbyist	Gallo & Robinson, LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/07/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Messore	Angelo		0352
Residential Street Address	**City**	**State**	**Zip Code**
193 Haverford St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/07/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ryus	Caitlin		0353
Residential Street Address	**City**	**State**	**Zip Code**
31 Brookwood Dr	Woodbridge	CT	06525

Principal Occupation	Name of Employer
Physician	Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/08/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Rosati~~	~~Thomas~~		~~0354~~
Residential Street Address	**City**	**State**	**Zip Code**
~~14 Colony St~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Teacher~~	~~Cooperative Educational 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: ~~$15.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/08/2025~~

Aggregate Contributions: ~~$30.00~~

Last Name	First	MI	Contribution ID #
Rosati	**Thomas**	**M**	**0354**
Residential Street Address	**City**	**State**	**Zip Code**
14 Colony St	**Hamden**	**CT**	**06518**

Principal Occupation	Name of Employer
Teacher	**Cooperative Educational 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: **$15.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/08/2025**

Aggregate Contributions: **$15.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Franchini	**Robert**		**0612**
Residential Street Address	City	State	Zip Code
1 Merwin Avennue	**Milford**	**CT**	**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: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **09/09/2025**
Aggregate Contributions: **$200.00**

Last Name	First	MI	Contribution ID #
Williams	**Rebecca**		**0365**
Residential Street Address	City	State	Zip Code
133 Robin Hill Rd	**Meriden**	**CT**	**06450**

Principal Occupation: **Admin**
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: **$150.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **09/09/2025**
Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Klein	**Martha**		**0356**
Residential Street Address	City	State	Zip Code
88 Doolittle Dr	**Norfolk**	**CT**	**06058**

Principal Occupation: **Nurse**
Name of Employer: **Healing Hand Companions**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$150.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **09/09/2025**
Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
~~Franchini~~	~~R~~		~~0612~~
Residential Street Address	City	State	Zip Code
~~1 Merwin Avennue~~	~~Milford~~	~~CT~~	~~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: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~09/09/2025~~
Aggregate Contributions: ~~$400.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Langhorne	Elizabeth		0460
Residential Street Address	**City**	**State**	**Zip Code**
16 Morris St	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $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: 09/09/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
O'Brien-Weber	Judith		0355
Residential Street Address	**City**	**State**	**Zip Code**
1850 Harte St	Baldwin	NY	11510

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/09/2025
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Klein~~	~~Martha~~		~~0356~~
Residential Street Address	**City**	**State**	**Zip Code**
~~88 Doolittle Dr~~	~~Norfolk~~	~~CT~~	~~06058~~

Principal Occupation: ~~Nurse~~
Name of Employer: ~~Healing Hand Companions~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$150.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~09/09/2025~~
Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Marquez	Stephanie		0358
Residential Street Address	**City**	**State**	**Zip Code**
27 Ellington St	Hartford	CT	06106

Principal Occupation: Manager
Name of Employer: Aging and Disability

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 09/09/2025
Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kyler	Sean		0359

Residential Street Address	City	State	Zip Code
534 W 152nd St Apt 62	New York	NY	10031

Principal Occupation	Name of Employer
Associate Director	Vera Action

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/09/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Burns	Meghan		0360

Residential Street Address	City	State	Zip Code
43 Lansdowne Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/09/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Minor	Craig		0361

Residential Street Address	City	State	Zip Code
755 Quinnipiac Ln # A	Stratford	CT	06614

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/09/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Cardozo	Americo		0363

Residential Street Address	City	State	Zip Code
30 Spring Valley Rd	Woodbridge	CT	06525

Principal Occupation	Name of Employer
Government Employee	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/09/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Siegel-Miles	Alyssa		0364
Residential Street Address	**City**	**State**	**Zip Code**
712 Colonel Ledyard Hwy	Ledyard	CT	06339

Principal Occupation	Name of Employer
Program Aide	University 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: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/09/2025

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
~~Williams~~	~~Rebecca~~		~~0365~~
Residential Street Address	**City**	**State**	**Zip Code**
~~133 Robin Hill Rd~~	~~Meriden~~	~~CT~~	~~06460~~

Principal Occupation	Name of Employer
~~Admin~~	~~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: ~~$150.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/09/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Glick	Kenneth		0367
Residential Street Address	**City**	**State**	**Zip Code**
75 Washington Ave # 3-306	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/09/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Garthwaite	Laura		0368
Residential Street Address	**City**	**State**	**Zip Code**
4275 Whitney Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Disabled	Unemployed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/09/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DiRollo	**Mark**		**0454**
Residential Street Address	**City**	**State**	**Zip Code**
33 Millport Ave Apt 124	**New Canaan**	**CT**	**06840**

Principal Occupation: **Care Giver / 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: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/09/2025**

Aggregate Contributions: **$125.00**

Last Name	First	MI	Contribution ID #
~~**DiRollo**~~	~~**Mark**~~		~~**0454**~~
Residential Street Address	**City**	**State**	**Zip Code**
~~**33 Millport Ave Apt 124**~~	~~**New Canaan**~~	~~**CT**~~	~~**06840**~~

Principal Occupation: ~~**Care Giver / Patient Advocate**~~

Name of Employer: ~~**CT**~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~**$100.00**~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~**09/09/2025**~~

Aggregate Contributions: ~~**$250.00**~~

Last Name	First	MI	Contribution ID #
Schramm	Michael		0369
Residential Street Address	City	State	Zip Code
28 Cricket Knl	Wethersfield	CT	06109

Principal Occupation: Fundraiser

Name of Employer: Wesleyan 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: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/10/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Swyden	Monica		0370
Residential Street Address	City	State	Zip Code
10 Vicki Ln	Colchester	CT	06415

Principal Occupation: Teacher

Name of Employer: Norwich Free Academy

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/11/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Murray	Melissa		0371
Residential Street Address	**City**	**State**	**Zip Code**
8 Norden Pl Apt 222	Norwalk	CT	06885

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: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/11/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Brady	John		0372
Residential Street Address	**City**	**State**	**Zip Code**
159 Snake Meadow Hill Rd	Sterling	CT	06377

Principal Occupation: Vice President
Name of Employer: AFT Connecticut

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/12/2025
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Redman	Jim		0373
Residential Street Address	**City**	**State**	**Zip Code**
47 Pool Rd	North Haven	CT	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/12/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Seavy	Charmaine		0374
Residential Street Address	**City**	**State**	**Zip Code**
18 Quarry Rd	Simsbury	CT	06070

Principal Occupation: Advertising
Name of Employer: CV Media, Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/12/2025
Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Finnegan	Mary		0375

Residential Street Address	City	State	Zip Code
33 Fenway Rd	Branford	CT	06405

Principal Occupation	Name of Employer
Artist	Artist at Work, Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/12/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sims	Samuel		0376

Residential Street Address	City	State	Zip Code
10 Green Valley Lakes Rd	East Lyme	CT	06333

Principal Occupation	Name of Employer
Committee Clerk	Senate Democratic Office

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/12/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sexton	Alice		0377

Residential Street Address	City	State	Zip Code
45 Hardin Ln	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Attorney	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: $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: 09/12/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Stewart	Eben		0378

Residential Street Address	City	State	Zip Code
32 Woodland Ave	Hamden	CT	06514

Principal Occupation	Name of Employer
Software Engineer	FactSet

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/13/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Swartz	Kyle		0379
Residential Street Address	**City**	**State**	**Zip Code**
64 Erika Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Editor	EPG Media

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	09/13/2025	$100.00

Last Name	First	MI	Contribution ID #
~~Stretch~~	~~Cynthia~~		~~0380~~
Residential Street Address	**City**	**State**	**Zip Code**
~~200 Alden Ave~~	~~New Haven~~	~~CT~~	~~06515~~

Principal Occupation	Name of Employer
~~Professor~~	~~Southern CT State University~~

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~09/13/2025~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Stumbaugh	Dominique		0381
Residential Street Address	**City**	**State**	**Zip Code**
1549 Second St	Duarte	CA	91010

Principal Occupation	Name of Employer
Graduate Student	UCLA

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	09/13/2025	$25.00

Last Name	First	MI	Contribution ID #
~~Taubes~~	~~Alexander~~		~~0382~~
Residential Street Address	**City**	**State**	**Zip Code**
~~360 State St Apt 1622~~	~~New Haven~~	~~CT~~	~~06513~~

Principal Occupation	Name of Employer
~~Attorney~~	~~Law Offices of Alexander T. Taubes, PLLC~~

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~09/13/2025~~	~~$640.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Smith	Frank		0383
Residential Street Address	**City**	**State**	**Zip Code**
232 2nd Ave	Milford	CT	06460

Principal Occupation	Name of Employer
State Representative	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Thompson	Tanner		0384
Residential Street Address	**City**	**State**	**Zip Code**
16 Hillside St # K5	Norwalk	CT	06854

Principal Occupation	Name of Employer
Software Engineer	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 # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sidebottom	Gavin		0385
Residential Street Address	**City**	**State**	**Zip Code**
5493 Franklin Ave	Saint Paul	MN	55110

Principal Occupation	Name of Employer
IT Consultant	Stae of MN

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/13/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Glickson	Marion		0386
Residential Street Address	**City**	**State**	**Zip Code**
71 Aiken St # A7	Norwalk	CT	06851

Principal Occupation	Name of Employer
Property Management	WeWork

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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 # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tomassi	Alexa		0387
Residential Street Address	**City**	**State**	**Zip Code**
49 Colonial Ct	Plainville	CT	06062
Principal Occupation	**Name of Employer**		
Communications Officer	Yale University		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Trombly	Christopher		0388
Residential Street Address	**City**	**State**	**Zip Code**
1834 Ella Grasso Blvd	New Haven	CT	06511
Principal Occupation	**Name of Employer**		
College Administrator	Southern ct State University		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Thorpe	Tayler		0389
Residential Street Address	**City**	**State**	**Zip Code**
29 Jackson Ave	West Hartford	CT	06110
Principal Occupation	**Name of Employer**		
Project Manager	State of CT		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Trama	Tim		0390
Residential Street Address	**City**	**State**	**Zip Code**
36 Spring Garden St	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Teacher	Hamden Public Schools		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Underwood	Janis		0391

Residential Street Address	City	State	Zip Code
73 Woodside Ter	New Haven	CT	06515

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Anderson	Erik		0392

Residential Street Address	City	State	Zip Code
23 Avenue C Apt 2	Norwalk	CT	06854

Principal Occupation	Name of Employer
Account Manager Partnerships	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: $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: 09/13/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Meyers	Jack		0393

Residential Street Address	City	State	Zip Code
131 Washington St # 304	Norwalk	CT	06854

Principal Occupation	Name of Employer
Software Engineer	ASML, Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/13/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Stretch	**Cynthia**		**0380**

Residential Street Address	City	State	Zip Code
200 Alden Ave	**New Haven**	**CT**	**06515**

Principal Occupation	Name of Employer
Professor	**Southern CT 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: **09/13/2025**

Aggregate Contributions: **$50.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Taubes	**Alexander**		**0382**
Residential Street Address	City	State	Zip Code
360 State St Apt 1622	**New Haven**	**CT**	**06513**

Principal Occupation	Name of Employer
Attorney	**Law Offices of Alexander T. Taubes, 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: **$320.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/13/2025**

Aggregate Contributions: **$320.00**

Last Name	First	MI	Contribution ID #
Siegelbaum	Beth		0394
Residential Street Address	City	State	Zip Code
57 Russell St	Norwalk	CT	06855

Principal Occupation	Name of Employer
Volunteer	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/14/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Stevens	Theodore		0395
Residential Street Address	City	State	Zip Code
61 Westminster St	Hamden	CT	06518

Principal Occupation	Name of Employer
Transportation Planner	CDM Smith

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/14/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Teeling	Nick		0396
Residential Street Address	City	State	Zip Code
29 Elm Dr	West Hartford	CT	06110

Principal Occupation	Name of Employer
Director	CT 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: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/14/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Toubman	Sheldon		0397

Residential Street Address	City	State	Zip Code
94 Quonnipaug Hill Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Attorney	non-profit

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/14/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Blatteau	Leslie		0398

Residential Street Address	City	State	Zip Code
410 Greenwich Ave	New Haven	CT	06519

Principal Occupation	Name of Employer
Teacher	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/15/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Adams	Nathan		0401

Residential Street Address	City	State	Zip Code
26 Stanton St	Pawcatuck	CT	06379

Principal Occupation	Name of Employer
Shipwright	Mystic Seaport Museaum

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/15/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Eke	Therese		0402

Residential Street Address	City	State	Zip Code
47 Point Beach Dr	Milford	CT	06460

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/15/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
O'Brien	Tom		0403
Residential Street Address	**City**	**State**	**Zip Code**
134 Wellsville Ave	New Milford	CT	06776

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/15/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Winkler	Michelle		0404
Residential Street Address	**City**	**State**	**Zip Code**
47 Indian Hill Rd	Canton	CT	06019

Principal Occupation: Program Coordinator
Name of Employer: University of CT Extension

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 09/15/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Jacklin	Michele		0405
Residential Street Address	**City**	**State**	**Zip Code**
31 Adenas Walk	Glastonbury	CT	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: $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: 09/15/2025
Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
~~Khan-Bureau~~	~~Diba~~		~~0406~~
Residential Street Address	**City**	**State**	**Zip Code**
~~40 Hill Top Trl~~	~~Salem~~	~~CT~~	~~06420~~

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: ~~$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: ~~09/15/2025~~
Aggregate Contributions: ~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Popp	Cathy		0409

Residential Street Address	City	State	Zip Code
69 Belden Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/15/2025

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Khan-Bureau	**Diba**	**A**	**0406**

Residential Street Address	City	State	Zip Code
40 Hill Top Trl	**Salem**	**CT**	**06420**

Principal Occupation	Name of Employer
Professor	**State of CT**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$50.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/15/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Blau	Greta		0450

Residential Street Address	City	State	Zip Code
63 Kaye Vue Dr Apt B	Hamden	CT	06514

Principal Occupation	Name of Employer
Paralegal	Kevin Smith, 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: $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: 09/15/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Heimer	Win		0456

Residential Street Address	City	State	Zip Code
799 Prospect Ave Apt 2	West Hartford	CT	06105

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/15/2025

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Yaccarino	David		0410

Residential Street Address	City	State	Zip Code
56 Robert Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Scientist	Thermo Fisher Scientific

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/16/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Leavitt-Smith~~	~~Erin~~		~~0411~~

Residential Street Address	City	State	Zip Code
~~7 Wintergreen Ln~~	~~West Simsbury~~	~~CT~~	~~06092~~

Principal Occupation	Name of Employer
~~Director~~	~~CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$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: ~~09/16/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Murray	Melissa		0412

Residential Street Address	City	State	Zip Code
8 Norden Pl Apt 222	Norwalk	CT	06885

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $170.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/16/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Maitland	Michelle		0407

Residential Street Address	City	State	Zip Code
6 Acorn Dr	Niantic	CT	06357

Principal Occupation	Name of Employer
Project Manager	Town of Groton

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $18.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/16/2025

Aggregate Contributions: $18.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Marquis	Tessa		0408

Residential Street Address	City	State	Zip Code
78 Olive St Apt 519	New Haven	CT	06511

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/16/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Leavitt-Smith	**Erin**		**0411**

Residential Street Address	City	State	Zip Code
7 Wintergreen Ln	**West Simsbury**	**CT**	**06092**

Principal Occupation	Name of Employer
Retired	**Retired**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$50.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/16/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Gallagher	**Madeleine**		**5962**

Residential Street Address	City	State	Zip Code
247 Natchaug Dr	**Meriden**	**CT**	**06450**

Principal Occupation	Name of Employer
Retired	**Retired**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$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: **09/17/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
~~**Gallagher**~~	~~**Madeleine**~~		~~**5962**~~

Residential Street Address	City	State	Zip Code
~~**247 Natchaug Dr**~~	~~**Meriden**~~	~~**CT**~~	~~**06450**~~

Principal Occupation	Name of Employer
~~**Retired**~~	~~**CT**~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~**$50.00**~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~**09/17/2025**~~

Aggregate Contributions: ~~**$100.00**~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Suisman	**Richard**		**0528**
Residential Street Address	**City**	**State**	**Zip Code**
2100 Massachussetts Ave NW	**Washington**	**DC**	**20008**

Principal Occupation	Name of Employer
RETIRED	**RETIRED**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$320.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/17/2025**

Aggregate Contributions: **$640.00**

Last Name	First	MI	Contribution ID #
McManus	Joan		0413
Residential Street Address	City	State	Zip Code
5 Broadview Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/17/2025

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
~~Cramer~~	~~Jay~~		~~0414~~
Residential Street Address	City	State	Zip Code
~~37 Iroquois Rd~~	~~Bristol~~	~~CT~~	~~06010~~

Principal Occupation	Name of Employer
~~Owner~~	~~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: ~~$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: ~~09/17/2025~~

Aggregate Contributions: ~~$150.00~~

Last Name	First	MI	Contribution ID #
Zartman	Justin		0415
Residential Street Address	City	State	Zip Code
51 Surrey Dr	Meriden	CT	06451

Principal Occupation	Name of Employer
Lawyer	CT Education Association

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/17/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Karlinsky~~	~~Martin~~		~~0416~~

Residential Street Address	City	State	Zip Code
~~103 Mountain Rd~~	~~Cornwall On Hudson~~	~~NY~~	~~12520~~

Principal Occupation	Name of Employer
~~Lawyer~~	~~State of NY~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/17/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Lancaster	Ronny		0417

Residential Street Address	City	State	Zip Code
822 Capital Square Pl SW	Washington	DC	20024

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/17/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Jacobs	Sam		0418

Residential Street Address	City	State	Zip Code
114 W 17th St # 4R	New York	NY	10011

Principal Occupation	Name of Employer
Partner	Food Fight labs

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09062025A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/17/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Hogan	Eileen		0419

Residential Street Address	City	State	Zip Code
330 Sharpless St	West Chester	PA	19382

Principal Occupation	Name of Employer
Admin Assistant	JD@ Environmental, Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/17/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Atchley	Chris		0420
Residential Street Address	**City**	**State**	**Zip Code**
31 Colony St	Hamden	CT	06518
Principal Occupation	**Name of Employer**		
Client Technologies Administrator	Yale University		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/17/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Atchley	Jennifer		0421
Residential Street Address	**City**	**State**	**Zip Code**
31 Colony St	Hamden	CT	06518
Principal Occupation	**Name of Employer**		
Student Registrar	Yale Univesity		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/17/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Smith	Deborah		0422
Residential Street Address	**City**	**State**	**Zip Code**
87 E Gate Ln	Hamden	CT	06514
Principal Occupation	**Name of Employer**		
Retired	Reitred		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/17/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sudduth	Jessie		0423
Residential Street Address	**City**	**State**	**Zip Code**
300 S Duval St Unit 1001	Tallahassee	FL	32301
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/17/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hardy	Travis		0424
Residential Street Address	**City**	**State**	**Zip Code**
7 Homer St	Norwalk	CT	06851

Principal Occupation	Name of Employer
Consultant	Classroom Champions

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/17/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Suisman~~	~~Richard~~		~~0528~~
Residential Street Address	**City**	**State**	**Zip Code**
~~2100 Massachussetts Ave NW~~	~~Washington~~	~~DC~~	~~20008~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$320.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/17/2025~~

Aggregate Contributions: ~~$1,280.00~~

Last Name	First	MI	Contribution ID #
Karlinsky	**Martin**		**0416**
Residential Street Address	**City**	**State**	**Zip Code**
103 Mountain Rd	**Cornwall On Hudson**	**NY**	**12520**

Principal Occupation	Name of Employer
Lawyer	**Omnus 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: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/17/2025**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Cramer	**Jay**		**0414**
Residential Street Address	**City**	**State**	**Zip Code**
37 Iroquois Rd	**Bristol**	**CT**	**06010**

Principal Occupation	Name of Employer
Building Contractor	**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: **$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: **09/17/2025**

Aggregate Contributions: **$75.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Huizenga	**Susan**	**A**	**5634**

Residential Street Address	City	State	Zip Code
36 Surrey Dr	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
Retired	**Retired**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/17/2025**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Braver	**Rachel**		**0427**

Residential Street Address	City	State	Zip Code
418 Poenisch Dr	**Corpus Christi**	**TX**	**78412**

Principal Occupation	Name of Employer
Lawyer	**US Government**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: **09/18/2025**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Henderson	Christopher		0425

Residential Street Address	City	State	Zip Code
69 Johnson Pond Ln	Westbrook	CT	06498

Principal Occupation	Name of Employer
Attorney	Howd & Ludorf

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/18/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sutton	Jaimasan		0426

Residential Street Address	City	State	Zip Code
47 Cedar St # 18	Norwalk	CT	06854

Principal Occupation	Name of Employer
Teacher	Pierrepont School

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/18/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Braver~~	~~Rachel~~		~~0427~~

Residential Street Address	City	State	Zip Code
~~418 Poenisch Dr~~	~~Corpus Christi~~	~~TX~~	~~78412~~

Principal Occupation	Name of Employer
~~Lawyer~~	~~US Government~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: ~~09/18/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
McFadden	Laurie		0428

Residential Street Address	City	State	Zip Code
484 Long Hill Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/18/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Boudreau	Curtis		0429

Residential Street Address	City	State	Zip Code
110 Woodside St	Putnam	CT	06260

Principal Occupation	Name of Employer
Retail Manager	Market Basket

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/18/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Gorden	Gay		0430

Residential Street Address	City	State	Zip Code
2832 18th Ave SE	Olympia	WA	98501

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/18/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Smith	Debra		0431
Residential Street Address	**City**	**State**	**Zip Code**
1139 New Haven Ave	Milford	CT	06460-6950

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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/18/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bartlett	Shana		0432
Residential Street Address	**City**	**State**	**Zip Code**
560 Main St Apt 615	Willimantic	CT	

Principal Occupation: Administrative program support
Name of Employer: Unviersity 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: $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: 09/18/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Oatis	Victoria		0433
Residential Street Address	**City**	**State**	**Zip Code**
12 Fairfield Ter	Norwalk	CT	06851

Principal Occupation: Librarian
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: $40.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No
If yes, list Event # 09132025B
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/19/2025
Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Gabriele	Timothy		0434
Residential Street Address	**City**	**State**	**Zip Code**
18 Renee Ln	North Haven	CT	06473

Principal Occupation: Recruiting Coordinator
Name of Employer: Yale Universtiy

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/19/2025
Aggregate Contributions: $40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gianquinto	Christine		0435
Residential Street Address	**City**	**State**	**Zip Code**
2 Binney Rd	Old Lyme	CT	06371
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/19/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Shaddox	Colleen		0436
Residential Street Address	**City**	**State**	**Zip Code**
22 Warner Rd	East Haddam	CT	06423
Principal Occupation	**Name of Employer**		
Writer	Quicksilver Communication		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $200.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/19/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
~~Watson~~	~~Gavin~~		~~0437~~
Residential Street Address	**City**	**State**	**Zip Code**
~~70 Crescent Dr~~	~~Ridgefield~~	~~CT~~	~~06877~~
Principal Occupation	**Name of Employer**		
~~Retired~~	~~Retired~~		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/19/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
McDonald	Ivar		0438
Residential Street Address	**City**	**State**	**Zip Code**
510 Dugg Hill Rd	Woodstock	CT	06281
Principal Occupation	**Name of Employer**		
Pharmaceutical Research	Bristol Myers Squibb		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/19/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Seitz	Vicki		0439
Residential Street Address	**City**	**State**	**Zip Code**
194 Haverford St	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/19/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Walsh	Nancy		0440
Residential Street Address	**City**	**State**	**Zip Code**
7 N Main St # 712	Old Saybrook	CT	06475

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: $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: 09/19/2025
Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Mower	Gabriel		0441
Residential Street Address	**City**	**State**	**Zip Code**
16 Route 164	Preston	CT	06365

Principal Occupation: Assocaite Biomanufacturer
Name of Employer: Amgen

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/19/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Watson	**Gavin**		**0437**
Residential Street Address	**City**	**State**	**Zip Code**
70 Crescent Dr	**Ridgefield**	**CT**	**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: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **09/19/2025**
Aggregate Contributions: **$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mantel	Stacy		0442
Residential Street Address	**City**	**State**	**Zip Code**
61 Perrys Corner Rd	Amenia	NY	12501

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/20/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Resch	Paula		0443
Residential Street Address	**City**	**State**	**Zip Code**
95 Broadfield Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/20/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Elliott~~	~~Billy~~		~~0444~~
Residential Street Address	**City**	**State**	**Zip Code**
~~116 Battis Rd~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation	Name of Employer
~~Flight Attendant~~	~~Delta Airlines~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: ~~09/20/2025~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Hansen	Michael		0445
Residential Street Address	**City**	**State**	**Zip Code**
44 Grandview Ave	Old Lyme	CT	06371

Principal Occupation	Name of Employer
Communications Supervisor	Amtrak

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/20/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Buhler	William		0446

Residential Street Address	City	State	Zip Code
8 Winchester Way	Cromwell	CT	06416

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/20/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Elliott	**William**		**0444**

Residential Street Address	City	State	Zip Code
116 Battis Rd	**Hamden**	**CT**	**06514**

Principal Occupation	Name of Employer
Flight Attendant	**Delta Airlines**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: **09/20/2025**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Papacoda	Karolyn	R	0449

Residential Street Address	City	State	Zip Code
29 Veranda Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
Attorney	Karolyn Ryan Papacoda, Attorney at Law, LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/21/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Barrett	**Winthrop**		**0448**

Residential Street Address	City	State	Zip Code
50 Old Marlboro Rd	**Maynard**	**MA**	**01754**

Principal Occupation	Name of Employer
Arborist	**Winthrop F. Barrett**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: **09/21/2025**

Aggregate Contributions: **$5.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Marra	Jennifer		0447
Residential Street Address	**City**	**State**	**Zip Code**
75 Redwood Dr Unit 408	East Haven	CT	06513

Principal Occupation: Project Manager
Name of Employer: Merck
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/21/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Barrett~~	~~Winthrop~~		~~0448~~
Residential Street Address	**City**	**State**	**Zip Code**
~~50 Old Marlboro Rd~~	~~Maynard~~	~~MA~~	~~01754~~

Principal Occupation: ~~Arborist~~
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: ~~$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: ~~09/21/2025~~
Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Caffrey	**Karen**		**0463**
Residential Street Address	**City**	**State**	**Zip Code**
30 Jenny Cliff Rd	**Manchester**	**CT**	**06040**

Principal Occupation: **Psychotherapist**
Name of Employer: **Karen Caffrey LPC**
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$40.00**
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **09/23/2025**
Aggregate Contributions: **$40.00**

Last Name	First	MI	Contribution ID #
Doerr	**Brian**		**0468**
Residential Street Address	**City**	**State**	**Zip Code**
12 Penny Ln	**Wallingford**	**CT**	**06492**

Principal Occupation: **Lab 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: **$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: **09/23/2025**
Aggregate Contributions: **$5.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heimer	Win		0457
Residential Street Address	**City**	**State**	**Zip Code**
799 Prospect Ave Apt 2	West Hartford	CT	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: $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: 09/23/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hinds	Katherine		0458
Residential Street Address	**City**	**State**	**Zip Code**
55 Fernwood Rd	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $150.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/23/2025
Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
~~Covett~~	~~Katie~~		~~0459~~
Residential Street Address	**City**	**State**	**Zip Code**
~~1188 Trout Brook Dr~~	~~West Hartford~~	~~CT~~	~~06119~~

Principal Occupation: ~~Business owner~~
Name of Employer: ~~Soulstar~~
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$25.00~~
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~09/23/2025~~
Aggregate Contributions: ~~$150.00~~

Last Name	First	MI	Contribution ID #
Blau	Greta		0451
Residential Street Address	**City**	**State**	**Zip Code**
63 Kaye Vue Dr Apt B	Hamden	CT	06514

Principal Occupation: Paralegal
Name of Employer: Kevin Smith, 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: $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: 09/23/2025
Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Martucci	Mick		0452
Residential Street Address	**City**	**State**	**Zip Code**
720 Mt Carmel Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Finn	Emily		0453
Residential Street Address	**City**	**State**	**Zip Code**
18 W Elm St	New Haven	CT	06515

Principal Occupation	Name of Employer
Research	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: $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: 09/23/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~DiRollo~~	~~Mark~~		~~0454~~
Residential Street Address	**City**	**State**	**Zip Code**
~~33 Millport Ave Apt 124~~	~~New Canaan~~	~~CT~~	~~06840~~

Principal Occupation	Name of Employer
~~Care Giver / Patient Advocate~~	~~CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/23/2025~~

Aggregate Contributions: ~~$550.00~~

Last Name	First	MI	Contribution ID #
~~DiRollo~~	~~Mark~~		~~0455~~
Residential Street Address	**City**	**State**	**Zip Code**
~~33 Millport Ave Apt 124~~	~~New Canaan~~	~~CT~~	~~06840~~

Principal Occupation	Name of Employer
~~Care Giver / Patient Advocate~~	~~CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/23/2025~~

Aggregate Contributions: ~~$550.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Langhorne	Elizabeth		0461

Residential Street Address	City	State	Zip Code
16 Morris St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $470.00

Last Name	First	MI	Contribution ID #
March	Eric		0462

Residential Street Address	City	State	Zip Code
253 Willow St	New Haven	CT	06511

Principal Occupation	Name of Employer
Teacher	Self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/23/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Caffrey~~	~~Karen~~		~~0463~~

Residential Street Address	City	State	Zip Code
~~30 Jenny Cliff Rd~~	~~Manchester~~	~~CT~~	~~06040~~

Principal Occupation	Name of Employer
~~Psychotherapist~~	~~Karen Caffrey, LPC, JD~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$40.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/23/2025~~

Aggregate Contributions: ~~$80.00~~

Last Name	First	MI	Contribution ID #
Cenotti	Marleen		0464

Residential Street Address	City	State	Zip Code
21 Helen Rd	Branford	CT	06405

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Elia	Cathy		0465
Residential Street Address	**City**	**State**	**Zip Code**
164 Dorrance St	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Silver-Bonito	Timothy		0466
Residential Street Address	**City**	**State**	**Zip Code**
9 Rae Ln	Norwalk	CT	06850

Principal Occupation	Name of Employer
Consultant	TSB Executive Search LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Shannon	Michael		0467
Residential Street Address	**City**	**State**	**Zip Code**
33 Foran Rd Apt 11	Milford	CT	06460

Principal Occupation	Name of Employer
Development Specialist	Beth-El Centr

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Doerr~~	~~Brian~~		~~0468~~
Residential Street Address	**City**	**State**	**Zip Code**
~~12 Penny Ln~~	~~Wallingford~~	~~CT~~	~~06492~~

Principal Occupation	Name of Employer
~~Lab Manager~~	~~CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$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: ~~09/23/2025~~

Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Picarello	Bradford		0469
Residential Street Address	**City**	**State**	**Zip Code**
2405 Whitney Ave Apt 505	Hamden	CT	06518
Principal Occupation	**Name of Employer**		
Behavioral Technician	The Perfect Child		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/23/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Carrington	Nancy		0470
Residential Street Address	**City**	**State**	**Zip Code**
25 Hamden Hills Dr Unit 42	Hamden	CT	06518
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/23/2025

Aggregate Contributions: $32.00

Last Name	First	MI	Contribution ID #
Sokolovic	Joseph		0471
Residential Street Address	**City**	**State**	**Zip Code**
334 Burnsford Ave	Bridgeport	CT	06606
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/23/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cohen	Debra		0472
Residential Street Address	**City**	**State**	**Zip Code**
73 Church St	Wethersfield	CT	06109
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/23/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Foote	Doug		0473

Residential Street Address	City	State	Zip Code
112 Southfield Ave Apt 525	Stamford	CT	06902

Principal Occupation	Name of Employer
Consultant	Footprint Campaigns

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/23/2025

Aggregate Contributions: $37.00

Last Name	First	MI	Contribution ID #
Firla	Mark		0474

Residential Street Address	City	State	Zip Code
32 Chambers St	New Haven	CT	06513

Principal Occupation	Name of Employer
Administrative Assistant	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: $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: 09/23/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Leckman	Hannah		0475

Residential Street Address	City	State	Zip Code
125 Spring Glen Ter	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rosenthal	Judy	S	0476

Residential Street Address	City	State	Zip Code
70 Brookside Dr	Hamden	CT	06517

Principal Occupation	Name of Employer
Photographer	Sirota Rosenthal Productions

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/23/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ciano	Joan		0477
Residential Street Address	**City**	**State**	**Zip Code**
365 Mather St	Hamden	CT	06514
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/23/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Villani	Jason		0478
Residential Street Address	**City**	**State**	**Zip Code**
47 Parker Farms Rd	Wallingford	CT	06492
Principal Occupation	**Name of Employer**		
Librarian	New Britain Public Library		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Robichaud	Renee		0479
Residential Street Address	**City**	**State**	**Zip Code**
71 Temple St	Waterbury	CT	06706
Principal Occupation	**Name of Employer**		
Administration	Webster Bank		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Strong~~	~~Julien~~		~~0481~~
Residential Street Address	**City**	**State**	**Zip Code**
~~55 Belmont St~~	~~Hamden~~	~~CT~~	~~06517~~
Principal Occupation	**Name of Employer**		
~~Professor~~	~~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: ~~$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: ~~09/23/2025~~

Aggregate Contributions: ~~$129.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Chavira	Jeanette		0482
Residential Street Address	**City**	**State**	**Zip Code**
182 Dessa Dr	Hamden	CT	06517

Principal Occupation	Name of Employer
Administration	Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Gauthier	Nicholas		0483
Residential Street Address	**City**	**State**	**Zip Code**
38 Norman St	Waterford	CT	06385

Principal Occupation	Name of Employer
State Representative	CT General Assembly

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $27.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/23/2025

Aggregate Contributions: $54.00

Last Name	First	MI	Contribution ID #
Covett	**Katie**		**0459**
Residential Street Address	**City**	**State**	**Zip Code**
1188 Trout Brook Dr	**West Hartford**	**CT**	**06119**

Principal Occupation	Name of Employer
Co-owner	**CT Nightjar 1, LLC; Soulstar Holdings LLC**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/23/2025**

Aggregate Contributions: **$75.00**

Last Name	First	MI	Contribution ID #
Strong	**Julien**		**0481**
Residential Street Address	**City**	**State**	**Zip Code**
55 Belmont St	**Hamden**	**CT**	**06517**

Principal Occupation	Name of Employer
Assistant Professor of English	**Central 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: **$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: **09/23/2025**

Aggregate Contributions: **$102.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DiRollo	**Mark**		**0455**
Residential Street Address	**City**	**State**	**Zip Code**
33 Millport Ave Apt 124	**New Canaan**	**CT**	**06840**

Principal Occupation	Name of Employer
Care Giver / Patient Advocate	**Mark DiRollo**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/23/2025**

Aggregate Contributions: **$325.00**

Last Name	First	MI	Contribution ID #
Brown	Debra		0484
Residential Street Address	City	State	Zip Code
157 Santamaria Dr	Torrington	CT	06790

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $300.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/24/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Chinnock	Randal		0485
Residential Street Address	City	State	Zip Code
47 Kenerson Reservoir Rd	Ashford	CT	06278

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/24/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Simon	Al		0486
Residential Street Address	City	State	Zip Code
49 Ford Xing	Northampton	MA	01060

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/24/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cella	Gabriel		0487

Residential Street Address	City	State	Zip Code
172 N Whittlesey Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/24/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Shumway	Michael		0488

Residential Street Address	City	State	Zip Code
8735 E 23rd Ave	Denver	CO	80238

Principal Occupation	Name of Employer
Accountant	RES

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/24/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Wilson	Kimberlee		0489

Residential Street Address	City	State	Zip Code
115 Bellevue Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Teacher	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

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: 09/25/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Gibson	Katie		0490

Residential Street Address	City	State	Zip Code
200 Arch Rd	Avon	CT	06001

Principal Occupation	Name of Employer
Retail	Barnes & Noble

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/25/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McDonough	Donna		0491
Residential Street Address	**City**	**State**	**Zip Code**
154 Haverford St	Hamden	CT	06517

Principal Occupation: RN
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: 09/25/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Blyth	Thomas		0492
Residential Street Address	**City**	**State**	**Zip Code**
94 East Ave Unit 2A	Norwalk	CT	06851

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: $320.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No
If yes, list Event # 09132025B
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/25/2025
Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Jones	Ralph		0493
Residential Street Address	**City**	**State**	**Zip Code**
73 Mulberry Hl	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/26/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Adair	Stephen		0494
Residential Street Address	**City**	**State**	**Zip Code**
510 Bloomfield Ave	Bloomfield	CT	06002

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: $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: 09/26/2025
Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Garlock	Alice		0495
Residential Street Address	**City**	**State**	**Zip Code**
34 Florence Ave	Milford	CT	06460
Principal Occupation	**Name of Employer**		
Unemployed	Unemployed		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/26/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Garlock	Wayne		0496
Residential Street Address	**City**	**State**	**Zip Code**
34 Florence Ave	Milford	CT	06460
Principal Occupation	**Name of Employer**		
Shipping and handing management	Zuse, 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: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/26/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Congdon	Bob		0497
Residential Street Address	**City**	**State**	**Zip Code**
20 Meadowbrook Rd	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/27/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Hanpeter	Benjamin		0498
Residential Street Address	**City**	**State**	**Zip Code**
14 Haviland St # B4	Norwalk	CT	06854
Principal Occupation	**Name of Employer**		
Mechanical Engineer	ASML		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/27/2025

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McLean	Scott		0499

Residential Street Address	City	State	Zip Code
162 Willard St	New Haven	CT	06515

Principal Occupation	Name of Employer
Professor	Quinnipiac University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/27/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Burgio	Anne		0500

Residential Street Address	City	State	Zip Code
554 Toby Hill Rd	Westbrook	CT	06498

Principal Occupation	Name of Employer
Sales	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: $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: 09/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Drechsler-Martell	Jospeh		0501

Residential Street Address	City	State	Zip Code
73 Washington St Apt C2	New London	CT	06320

Principal Occupation	Name of Employer
CAD Drafter	General Dynamics Electric Boat

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/28/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Langhorne	Elizabeth		0502

Residential Street Address	City	State	Zip Code
16 Morris St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $570.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Henderson	Jennifer	M	0503
Residential Street Address	**City**	**State**	**Zip Code**
58 Brookside Dr	Hamden	CT	06517

Principal Occupation: Interior Design
Name of Employer: J. Morvan & Company

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 09/28/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dick	Leslie		0504
Residential Street Address	**City**	**State**	**Zip Code**
230 Ridgewood Ave	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/28/2025
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cash	William		0505
Residential Street Address	**City**	**State**	**Zip Code**
586 Opening Hill Rd	Madison	CT	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: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025
Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
~~Gehlker~~	~~Marion~~		~~0506~~
Residential Street Address	**City**	**State**	**Zip Code**
~~19 Timberwood Trl~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation: ~~Lecturer~~
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: ~~$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: ~~09/28/2025~~
Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Haynes	Laura		0507

Residential Street Address	City	State	Zip Code
39 Fawnbrook Ln	Simsbury	CT	06070

Principal Occupation	Name of Employer
Professor	UCONN

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/28/2025

Aggregate Contributions: $52.00

Last Name	First	MI	Contribution ID #
Grzadko	Krzysztof		0508

Residential Street Address	City	State	Zip Code
11 Sunnyside Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
IT	Amazon

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $27.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Winter	Steve		0509

Residential Street Address	City	State	Zip Code
459 Dixwell Ave Apt 3	New Haven	CT	06511

Principal Occupation	Name of Employer
Executive Director, Climate and Sustainability	City of New Haven

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Purtell	Ariana		0510

Residential Street Address	City	State	Zip Code
130 Highland Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
RN	Midstate Medical 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: 09/28/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cabrera	Jorge		0511

Residential Street Address	City	State	Zip Code
57 Dunbar Ln	Hamden	CT	06514

Principal Occupation	Name of Employer
Business Development	IUPAT DC 11

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
DeChello	John		0512

Residential Street Address	City	State	Zip Code
65 Jackson Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Executive	Slocum and Sons

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Michel	David		0513

Residential Street Address	City	State	Zip Code
4 Rockledge Dr	Stamford	CT	06902

Principal Occupation	Name of Employer
Wholesale Consultant	Eyes of Steel

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Brown	Diane		0514

Residential Street Address	City	State	Zip Code
24 Topstone Rd	Redding	CT	06896

Principal Occupation	Name of Employer
Medical Administrator	James K Aheren

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/28/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sligh	Martha		0515

Residential Street Address	City	State	Zip Code
1106 North Rd	Groton	CT	06430-3217

Principal Occupation	Name of Employer
Unemployed	Unemployed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lopez	Erin		0516

Residential Street Address	City	State	Zip Code
77 Patricia Cir	Fairfield	CT	06825

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $27.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Ferguson	Roderick		0517

Residential Street Address	City	State	Zip Code
980 Prospect St	Hamden	CT	06517

Principal Occupation	Name of Employer
Professor	Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/28/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Veit	Jennifer		0518

Residential Street Address	City	State	Zip Code
56 Goose Ln	Tolland	CT	06084

Principal Occupation	Name of Employer
Chiropractor	Loving Hands Chiropractic

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/28/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Paro	K		0519

Residential Street Address	City	State	Zip Code
9 Circle Dr	Stonington	CT	06378

Principal Occupation	Name of Employer
Artist	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: $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: 09/28/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Chafee	Brandon		0520

Residential Street Address	City	State	Zip Code
73 Ten Acre Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Engineer	Eversource

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Ferraro	Chiara		0521

Residential Street Address	City	State	Zip Code
169 Auburn Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Guillet	Nicole		0522

Residential Street Address	City	State	Zip Code
1 Freestone Ave	Cromwell	CT	06416

Principal Occupation	Name of Employer
Teacher	Newington 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: $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: 09/28/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sharnick	Michelle		0523
Residential Street Address	**City**	**State**	**Zip Code**
3 Roller Ter	Milford	CT	06461

Principal Occupation	Name of Employer
Marketing	Save the 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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Vaughan~~	~~Lois Anne~~		~~0524~~
Residential Street Address	**City**	**State**	**Zip Code**
~~609 Trails End Rd~~	~~Manchester~~	~~CT~~	~~06042~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: ~~09/28/2025~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Kaziey	Janet		0525
Residential Street Address	**City**	**State**	**Zip Code**
32 Fern St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Coville	Lynn		0526
Residential Street Address	**City**	**State**	**Zip Code**
164 Hammock Rd N Unit 14	Westbrook	CT	06498

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Padowicz	Nadine		0527

Residential Street Address	City	State	Zip Code
34 Anderson Ave	Milford	CT	06460

Principal Occupation	Name of Employer
Social Worker	Nadine Padowicz, LCSW

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gehlker	**Marion**		**0506**

Residential Street Address	City	State	Zip Code
19 Timberwood Trl	**Hamden**	**CT**	**06514**

Principal Occupation	Name of Employer
Lecturer	**Marion Gehlker, Sole Proprietor**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: **09/28/2025**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Vaughan	**Lois**	**A**	**0524**

Residential Street Address	City	State	Zip Code
609 Trails End Rd	**Manchester**	**CT**	**06042**

Principal Occupation	Name of Employer
Retired	**Retired**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: **09/28/2025**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Avenia	**Jennifer**		**0536**

Residential Street Address	City	State	Zip Code
34 Dyer Ave	**Canton**	**CT**	**06019**

Principal Occupation	Name of Employer
Director of Immigration Practice Lawyer	**Department of Children and Families, State of Conn**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: **09/28/2025**

Aggregate Contributions: **$5.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kosty	Kevin		0529

Residential Street Address	City	State	Zip Code
79 Cedarcrest Ct	Shelton	CT	06484

Principal Occupation	Name of Employer
Senior Technical Support Specialist	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Francese	James		0530

Residential Street Address	City	State	Zip Code
68 Wickham Rd	Haddam	CT	06423

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Martin	Lori		0531

Residential Street Address	City	State	Zip Code
24 Sherland Ave	New Haven	CT	06513

Principal Occupation	Name of Employer
Executive Director	Haven's Harvest

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Laskowitz	Jonathan		0532

Residential Street Address	City	State	Zip Code
316 Ithaca Rd	Ithaca	NY	14850

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Feigenbaum	Jacob		0533

Residential Street Address	City	State	Zip Code
200 Edgehill Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rutledge	Peyton		0534

Residential Street Address	City	State	Zip Code
9 Alexis Dr	Bolton	CT	06043

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/28/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fox	Paul		0535

Residential Street Address	City	State	Zip Code
11 Hanford Pl Fl 1	Norwalk	CT	06854

Principal Occupation	Name of Employer
Engineer	ASML

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Avenia~~	~~Jennifer~~		~~0536~~

Residential Street Address	City	State	Zip Code
~~34 Dyer Ave~~	~~Collinsville~~	~~CT~~	~~06019~~

Principal Occupation	Name of Employer
~~Director~~	~~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: ~~$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: ~~09/28/2025~~

Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cunningham	Peter		0537

Residential Street Address	City	State	Zip Code
81 N Lake Dr	Hamden	CT	06517

Principal Occupation	Name of Employer
Editor	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: $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: 09/28/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bessette	Michael		0538

Residential Street Address	City	State	Zip Code
360 Abbe Rd	South Windsor	CT	06074-1608

Principal Occupation	Name of Employer
Financial Examiner	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Spencer	Jocelyn	G	0539

Residential Street Address	City	State	Zip Code
167 Treadwell St	Hamden	CT	06517

Principal Occupation	Name of Employer
CClergy/community organizer	Center for Leadership & Justice

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Calabrese	Christopher		0540

Residential Street Address	City	State	Zip Code
61 Loomis Rd	Colchester	CT	06514

Principal Occupation	Name of Employer
Policy Analyst	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Millian	Nancy		0541
Residential Street Address	**City**	**State**	**Zip Code**
500 Boulder Pass # 230	Oxford	CT	06478

Principal Occupation	Name of Employer
Psychologist	Nancy Millian

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Niedzielski-Eichner	Nora		0542
Residential Street Address	**City**	**State**	**Zip Code**
7 Outer Rd	Norwalk	CT	06854

Principal Occupation	Name of Employer
Attorney	Clarick Gueron Reisbaum 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: $295.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/28/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
~~Klein~~	~~Martha~~		~~0543~~
Residential Street Address	**City**	**State**	**Zip Code**
~~88 Doolittle Dr~~	~~Norfolk~~	~~CT~~	~~06058~~

Principal Occupation	Name of Employer
~~Nurse~~	~~Healing Hand Companions~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/29/2025~~

Aggregate Contributions: ~~$500.00~~

Last Name	First	MI	Contribution ID #
Torgerson	Susan		0544
Residential Street Address	**City**	**State**	**Zip Code**
19 Park Ln # 1	Woodbridge	CT	06525

Principal Occupation	Name of Employer
Associate	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Galssman	Kimberly		0545
Residential Street Address	**City**	**State**	**Zip Code**
324 Old Mill Rd	Middletown	CT	06457

Principal Occupation: Director
Name of Employer: Foundation for Fair Contrqacting of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No
Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/29/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Pisani	Kim		0546
Residential Street Address	**City**	**State**	**Zip Code**
41 Osprey Cir	Okatie	SC	29909

Principal Occupation: Attorney
Name of Employer: Robert S. Gitmeid & Assoc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/29/2025
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rabon	Pierce		0547
Residential Street Address	**City**	**State**	**Zip Code**
1476 Chicago Blvd	Detroit	MI	48206

Principal Occupation: Systems Analyst
Name of Employer: General Motors

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches 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: 09/29/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gibbons	Jonathan		0548
Residential Street Address	**City**	**State**	**Zip Code**
21 Crescent Pl	Monroe	CT	06468

Principal Occupation: Owner
Name of Employer: Fryborg

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/29/2025
Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Schweitzer	Chris		0549
Residential Street Address	**City**	**State**	**Zip Code**
361 Elm St	New Haven	CT	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: $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: 09/29/2025
Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Bonnett	Lynne		0550
Residential Street Address	**City**	**State**	**Zip Code**
675 Townsend Ave	New Haven	CT	06512

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/29/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Powell	Christopher		0551
Residential Street Address	**City**	**State**	**Zip Code**
5 Chestnut St	Trumbull	CT	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: $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: 09/29/2025
Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
~~Turchi~~	~~Maria~~		~~0552~~
Residential Street Address	**City**	**State**	**Zip Code**
~~21 Brentford Berwick~~	~~Ledyard~~	~~CT~~	~~06339~~

Principal Occupation: ~~Accountant~~
Name of Employer: ~~Self/Maria Turchi~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~09/29/2025~~
Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Smith	Debra		0553

Residential Street Address	City	State	Zip Code
1139 New Haven Ave	Milford	CT	06460-6950

Principal Occupation	Name of Employer
Head Teacher	YMCA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/29/2025

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Solomon	Adam		0554

Residential Street Address	City	State	Zip Code
35 Underhill Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Teacher	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: $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: 09/29/2025

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Lombardo	Wayne		0555

Residential Street Address	City	State	Zip Code
571 Town St	Moodus	CT	06469

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Conte	Delinda		0556

Residential Street Address	City	State	Zip Code
100 Cannon St	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hinton	Elizabeth		0557
Residential Street Address	**City**	**State**	**Zip Code**
445 St Ronan St	New Haven	CT	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: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025
Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
~~Martinez~~	~~Theodore~~		~~0558~~
Residential Street Address	**City**	**State**	**Zip Code**
~~91 Lovell Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation: ~~Teacher~~
Name of Employer: ~~CREC~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/29/2025~~
Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Ebersole	Garrett		0559
Residential Street Address	**City**	**State**	**Zip Code**
113 Central Ave	Hamden	CT	06517

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: $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: 09/29/2025
Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Guiliano	Samantha		0560
Residential Street Address	**City**	**State**	**Zip Code**
151 Four Mile Rd	West Hartford	CT	06107

Principal Occupation: Legal Assistant
Name of Employer: Halloran & Sage, 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: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025
Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Aldrich	Sarah		0561
Residential Street Address	**City**	**State**	**Zip Code**
45 Filbert St	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Rehab Aide	Gaylord Hospital		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Shomaker	Kathleen		0562
Residential Street Address	**City**	**State**	**Zip Code**
37 Hepburn Rd	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Tredwell	Janet		0563
Residential Street Address	**City**	**State**	**Zip Code**
151 Gillies Rd	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Turchi	**Maria**		**0552**
Residential Street Address	**City**	**State**	**Zip Code**
21 Brentford Berwick	**Ledyard**	**CT**	**06339**
Principal Occupation	**Name of Employer**		
Accountant	**Maria Turchi**		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/29/2025**

Aggregate Contributions: **$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Klein	Martha		0543

Residential Street Address	City	State	Zip Code
88 Doolittle Dr	Norfolk	CT	06058

Principal Occupation	Name of Employer
Nurse	Healing Hand Companions

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Martinez	Theodore		0558

Residential Street Address	City	State	Zip Code
91 Lovell Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
Teacher	CREC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/29/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Stoll	Rebecca		0574

Residential Street Address	City	State	Zip Code
26 Emerson St	Norwalk	CT	06855

Principal Occupation	Name of Employer
Audio Stagehand	Ambassador Theatre Group North America

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Zammiello	Jason		0611

Residential Street Address	City	State	Zip Code
24 Honeysuckle Ln	Milford	CT	06461

Principal Occupation	Name of Employer
Director	CT Museum of Culture & History

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tuhus	Melinda		0576
Residential Street Address	**City**	**State**	**Zip Code**
103 Carmat Rd	Hamden	CT	06517

Principal Occupation: Retired
Name of Employer: Retired
Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No
Amount of Contribution: $25.00
Is this contribution associated with an event reported in Section J1? [ ] Yes [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 09/30/2025
Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Swibold	Gretchen		0597
Residential Street Address	**City**	**State**	**Zip Code**
731 Cherry Brook Rd	Canton	CT	06019

Principal Occupation: Retired
Name of Employer: Retired
Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No
Amount of Contribution: $25.00
Is this contribution associated with an event reported in Section J1? [ ] Yes [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 09/30/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Byrne	Emily		0586
Residential Street Address	**City**	**State**	**Zip Code**
275 Winchester Ave # 115	New Haven	CT	06511

Principal Occupation: Executive Director
Name of Employer: CT Voices for Children/ sole proprietor
Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [X] Yes [ ] No
Amount of Contribution: $50.00
Is this contribution associated with an event reported in Section J1? [ ] Yes [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 09/30/2025
Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Coassin	Sophie		0602
Residential Street Address	**City**	**State**	**Zip Code**
33 Westerly Dr	Hamden	CT	06518

Principal Occupation: Student
Name of Employer: Josh for CT
Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No
Amount of Contribution: $100.00
Is this contribution associated with an event reported in Section J1? [ ] Yes [X] No
If yes, list Event #
Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card
Date Received: 09/30/2025
Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Devin	**Nichole**		**0595**
Residential Street Address	City	State	Zip Code
397 Main St	**Terryville**	**CT**	**06786**

Principal Occupation	Name of Employer
Echosonographer	**Hospital of Central CT**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$10.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **09/30/2025**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
DeLucia	**Pasquale**		**0582**
Residential Street Address	City	State	Zip Code
7 Shepard Hill Rd	**Hamden**	**CT**	**06514**

Principal Occupation	Name of Employer
Retired	**Retired**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$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: **09/30/2025**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
Franchini	R		0613
Residential Street Address	City	State	Zip Code
1 Merwin Avennue	Milford	CT	06460

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $120.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $520.00

Last Name	First	MI	Contribution ID #
Marinone	Nichole		0614
Residential Street Address	City	State	Zip Code
63 Howard Ave Apt 2	New Haven	CT	06519

Principal Occupation	Name of Employer
Operations	Av Ports

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/30/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barry	Michael		0615

Residential Street Address	City	State	Zip Code
77 Boulder Rd	Manchester	CT	06040

Principal Occupation	Name of Employer
Director	CT Coalition for Retirement Security

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Deutsch	Barry		0616

Residential Street Address	City	State	Zip Code
2 Frey Rd	Canton	CT	06019

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Huizenga	Curt		0617

Residential Street Address	City	State	Zip Code
36 Surrey Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
McCleary	Rita	W	0584

Residential Street Address	City	State	Zip Code
926 Ridge Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
psychotherapist	Rita W McCleary, Licensed Clinical Psychologist

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $225.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Etheridge~~	~~Justin~~		~~0564~~

Residential Street Address	City	State	Zip Code
~~900 248RC Chapel St~~	~~New Haven~~	~~CT~~	~~06510~~

Principal Occupation	Name of Employer
~~Research Analyst~~	~~State of CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$50.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Pope	Jennifer		0565

Residential Street Address	City	State	Zip Code
37 Woodstock Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Clinical Research manager	Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Kenney	Catherine		0566

Residential Street Address	City	State	Zip Code
580 Cherry Brook Rd	Canton	CT	06019

Principal Occupation	Name of Employer
Farmer	Sheepnose Farn

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Oliveri	Steven		0567

Residential Street Address	City	State	Zip Code
266 Florida Rd	Ridgefield	CT	06877

Principal Occupation	Name of Employer
Teacher	Norwalk Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cunningham	Alison		0568
Residential Street Address	**City**	**State**	**Zip Code**
19 Wilkins St	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Higher Ed	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: 09/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Kiely	Kathleen (Katie)		0569
Residential Street Address	**City**	**State**	**Zip Code**
69 Augur St	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Teacher	Hamden Public Schools		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Mayne	Stephanie		0570
Residential Street Address	**City**	**State**	**Zip Code**
135 Meadowlawn Rd	Stratford	CT	06514
Principal Occupation	**Name of Employer**		
International Payroll Manager	Duracell US Operations		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lhamon	Judy		0571
Residential Street Address	**City**	**State**	**Zip Code**
24 King St	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Retired	Retired		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hansen	Michael		0572
Residential Street Address	**City**	**State**	**Zip Code**
44 Grandview Ave	Old Lyme	CT	06371

Principal Occupation	Name of Employer
Communications Supervisor	Amtrak

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Carpio	Diana		0573
Residential Street Address	**City**	**State**	**Zip Code**
8 Fourth St	Norwalk	CT	06855

Principal Occupation	Name of Employer
Accounts Payable Specialist	Sound Federal Credit Union

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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 # 09132025B

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Stoll~~	~~Rebecca~~		~~0574~~
Residential Street Address	**City**	**State**	**Zip Code**
~~26 Emerson St~~	~~Norwalk~~	~~CT~~	~~06855~~

Principal Occupation	Name of Employer
~~Theatrical Stagehand~~	~~Multiple Employers~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$320.00~~

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # ~~09132025B~~

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$640.00~~

Last Name	First	MI	Contribution ID #
Bartlett	Shana		0575
Residential Street Address	**City**	**State**	**Zip Code**
560 Main St Apt 615	Willimantic	CT	

Principal Occupation	Name of Employer
Administrative program support	Unviersity 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: $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: 09/30/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Tuhus~~	~~Melinda~~		~~0576~~

Residential Street Address	City	State	Zip Code
~~103 Carmat Rd~~	~~Hamden~~	~~CT~~	~~06517~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$250.00~~

Last Name	First	MI	Contribution ID #
Joy	Brian		0577

Residential Street Address	City	State	Zip Code
655 Talcottville Rd # 142	Vernon	CT	06066

Principal Occupation	Name of Employer
Associate Analyst	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: $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: 09/30/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Zacks	Michelle		0578

Residential Street Address	City	State	Zip Code
453 Whitney Ave # 1	New Haven	CT	06511

Principal Occupation	Name of Employer
Academic Administrator	Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Hughes	Anne		0579

Residential Street Address	City	State	Zip Code
67 North St	Easton	CT	06612

Principal Occupation	Name of Employer
State Representative	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kim	Christine		0580
Residential Street Address	**City**	**State**	**Zip Code**
406 Humphrey St	New Haven	CT	06511
Principal Occupation	**Name of Employer**		
unemployed	unemployed		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Osmanu	Abdul		0581
Residential Street Address	**City**	**State**	**Zip Code**
91 N Street 2	Hamden	CT	06514
Principal Occupation	**Name of Employer**		
Assoc. for Professional and Instructional Engageme	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: $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: 09/30/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~DeLucia~~	~~Pat~~		~~0582~~
Residential Street Address	**City**	**State**	**Zip Code**
~~7 Shepard Hill Rd~~	~~Hamden~~	~~CT~~	~~06514~~
Principal Occupation	**Name of Employer**		
~~Retired~~	~~Retired~~		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$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: ~~09/30/2025~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Rosenthal	Judy	S	0583
Residential Street Address	**City**	**State**	**Zip Code**
70 Brookside Dr	Hamden	CT	06517
Principal Occupation	**Name of Employer**		
Photographer	Sirota Rosenthal Productions		

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $42.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Westphal	Max		0585
Residential Street Address	**City**	**State**	**Zip Code**
219 High St	Milford	CT	06460

Principal Occupation	Name of Employer
Scientist	Illumina, Inc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Byrne~~	~~Emily~~		~~0586~~
Residential Street Address	**City**	**State**	**Zip Code**
~~275 Winchester Ave # 115~~	~~New Haven~~	~~CT~~	~~06511~~

Principal Occupation	Name of Employer
~~Executive Director~~	~~CT Voices for Children~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: ~~$50.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Meade	Thomas		0587
Residential Street Address	**City**	**State**	**Zip Code**
245 Hillfield Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Friday	Sandra		0588
Residential Street Address	**City**	**State**	**Zip Code**
44 Gordon St	Hamden	CT	06517

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $45.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Koleva	Radostina		0589

Residential Street Address	City	State	Zip Code
25 Fernwood Rd	Avon	CT	06001

Principal Occupation	Name of Employer
Analyst	Otis

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
de Smet	Jean		0590

Residential Street Address	City	State	Zip Code
39 Davis St	Willimantic	CT	06226

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Davis	Gemeem		0591

Residential Street Address	City	State	Zip Code
33 Cottage Pl	Bridgeport	CT	06604

Principal Occupation	Name of Employer
Co-Director	Bridgeport Generation Now

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Linehan	Liz		0592

Residential Street Address	City	State	Zip Code
405 Sycamore Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Legislator	CT State Legislature

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fiftal	Leon		0593
Residential Street Address	**City**	**State**	**Zip Code**
80 Briarcliff Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 09/30/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Keegan	Thomas		0594
Residential Street Address	**City**	**State**	**Zip Code**
29 Filbert St	Hamden	CT	06517

Principal Occupation	Name of Employer
Nonprofit Executive	Liberty Commuity 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: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Devin~~	~~Nichole~~		~~0595~~
Residential Street Address	**City**	**State**	**Zip Code**
~~397 Main St~~	~~Terryville~~	~~CT~~	~~06786~~

Principal Occupation	Name of Employer
~~Echosonographer~~	~~Hospital of Central CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$10.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$20.00~~

Last Name	First	MI	Contribution ID #
Goulart	Jeanne		0596
Residential Street Address	**City**	**State**	**Zip Code**
35 Bishop Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
Teacher	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

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: 09/30/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Swibold~~	~~Gretchen~~		~~0597~~

Residential Street Address	City	State	Zip Code
~~731 Cherry Brook Rd~~	~~Canton~~	~~CT~~	~~06019~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Welander	Maary		0598

Residential Street Address	City	State	Zip Code
377 Dogwood Rd	Orange	CT	06477

Principal Occupation	Name of Employer
State Representative	CGA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bush	Charneil		0599

Residential Street Address	City	State	Zip Code
40 John St	Waterbury	CT	06708

Principal Occupation	Name of Employer
School Counselor	Stratford Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Palmer	Aidan		0600

Residential Street Address	City	State	Zip Code
385 Mountain Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Student worker	American University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Brunson~~	~~Jeremiah~~		~~0601~~

Residential Street Address	City	State	Zip Code
~~57 First St~~	~~Hamden~~	~~CT~~	~~06514~~

Principal Occupation	Name of Employer
~~Legal Assistant~~	~~Burt Law Office~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Coassin~~	~~Sophie~~		~~0602~~

Residential Street Address	City	State	Zip Code
~~33 Westerly Dr~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Student~~	~~Josh for CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Popp	Cathy		0603

Residential Street Address	City	State	Zip Code
69 Belden Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Zukauskas	Crystal		0604

Residential Street Address	City	State	Zip Code
110 Wakefield St	Hamden	CT	06517

Principal Occupation	Name of Employer
Sales	Verisk

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Austin	Courtney		0605

Residential Street Address	City	State	Zip Code
21 Washington St	Trumansburg	NY	14886

Principal Occupation	Name of Employer
Credentialing Specialist	Cayuga Medical 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: $12.28

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $12.28

Last Name	First	MI	Contribution ID #
Fucci	Laura		0606

Residential Street Address	City	State	Zip Code
418 Anderson Ave	Milford	CT	06460-3705

Principal Occupation	Name of Employer
Deputy Registrar of Voters	City of Milford

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 09/30/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
~~Caro~~	~~Jen~~		~~0607~~

Residential Street Address	City	State	Zip Code
~~169 Russo Dr~~	~~Hamden~~	~~CT~~	~~06518~~

Principal Occupation	Name of Employer
~~Engineer~~	~~State of CT~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~09/30/2025~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Austin	Kyle		0608

Residential Street Address	City	State	Zip Code
21 Washington St	Trumansburg	NY	14886

Principal Occupation	Name of Employer
Fire Protection	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: $12.72

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 09/30/2025

Aggregate Contributions: $12.72

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Knight	Jason		0609
Residential Street Address	**City**	**State**	**Zip Code**
93 South St Apt 3	Vernon	CT	06066

Principal Occupation: Legislative Aide
Name of Employer: CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 09/30/2025
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Ryan~~	~~Tricia~~		~~0610~~
Residential Street Address	**City**	**State**	**Zip Code**
~~26 Melbourne Rd~~	~~Norwalk~~	~~CT~~	~~06851~~

Principal Occupation: ~~Counselor~~
Name of Employer: ~~Tricia Ryan~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No
If yes, list Event # ~~09132025B~~
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~09/30/2025~~
Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Zammiello~~	~~Jason~~		~~0611~~
Residential Street Address	**City**	**State**	**Zip Code**
~~24 Honeysuckle Ln~~	~~Milford~~	~~CT~~	~~06461~~

Principal Occupation: ~~Director~~
Name of Employer: ~~CT Museum of Culture & History~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: ~~09/30/2025~~
Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Caro	**Jen**		**0607**
Residential Street Address	**City**	**State**	**Zip Code**
169 Russo Dr	**Hamden**	**CT**	**06518**

Principal Occupation: **Engineer**
Name of Employer: **State of CT**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: **09/30/2025**
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	October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Brunson	Jeremiah		0601
Residential Street Address	**City**	**State**	**Zip Code**
57 First St	Hamden	CT	06514

Principal Occupation	Name of Employer
Legal Assistant	Burt Law Office

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	$25.00

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	09/30/2025	$25.00

Last Name	First	MI	Contribution ID #
Etheridge	Justin		0564
Residential Street Address	**City**	**State**	**Zip Code**
900 Chapel St	New Haven	CT	06510

Principal Occupation	Name of Employer
Research Analyst	State of CT

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	$50.00

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	09/30/2025	$50.00

Last Name	First	MI	Contribution ID #
Ryan	Patricia	L	0610
Residential Street Address	**City**	**State**	**Zip Code**
26 Melbourne Rd	Norwalk	CT	06851

Principal Occupation	Name of Employer
Counselor	Tricia Ryan

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative	☐ Yes ☒ No	$25.00

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
☒ Yes ☐ No If yes, list Event # 09132025B	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	09/30/2025	$25.00

Total of Section B	**$45,314.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$45,314.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	October 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	October 10 Filing - Amendment

D. Loans Received this Period

Name of Lender	Source of Loan: Bank Candidate Individual Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				**Amount Received**
Street Address	City	Stat	Zip Code	
			Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
07/18/2025	[X] Cash [ ] Personal Check [ ] Credit/Debit Card	$100.00
	Total of Section E	**$100.00**

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	October 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	October 10 Filing - Amendment

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
		Total of Section H	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Richard Suisman	09/28/2025	

Street Address	City	State	Zip Code
2100 Massachussetts Ave NW	Washington	DC	20008

Description	
Refund	$320.00

Name	Date of Transaction	Amount Received
Elizabeth Langhorne	09/28/2025	

Street Address	City	State	Zip Code
16 Morris St	Hamden	CT	06517

Description	
Refund	$250.00

Total of Section I	**$570.00**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

J1. Event Information

Event # / Date of Event: 09/06/2025 / Letter: A
Description: Home Fundraiser
Was this a fundraising event? [X] Yes [ ] No

Location: Street Address: 114 W 17th St # 4R
City: New York
State: NY
Zip Code: 10011

Was this event hosted at a personal residence? [X] Yes [ ] No
if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [ ] No
If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.

Subpart 1:
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? [ ] Yes [X] No
(If yes, enter Total Receipts here.) $0.00

Event # / Date of Event: 09/13/2025 / Letter: B
Description: Meet and Greet Event
Was this a fundraising event? [ ] Yes [X] No

Location: Street Address: 7 River St
City: Norwalk
State: CT
Zip Code: 06850

Was this event hosted at a personal residence? [ ] Yes [X] No
if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] No
If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.

Subpart 1:
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? [ ] Yes [X] No
(If yes, enter Total Receipts here.) $0.00

Total of Section J1 $0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 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	October 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?
Biana Tylek, Sam Jacobs, Lawrence Bartley, Arielle	☐ Yes ☒ No If yes, complete Itemization in Addendum J4

Street Address	City	State	Zip Code
114 W 17th St # 4R	New York	NY	10011

Description of Donation	Fair Market Value of Donation
Food and beverage	$424.48

Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate
09062025A	$424.48	$424.48

Name of Host	Is this event supporting more than one candidate?
Tina Duryea, Melissa Mirray, Nora Niedzielski-Eich	☐ Yes ☒ No If yes, complete Itemization in Addendum J4

Street Address	City	State	Zip Code
7 River St	Norwalk	CT	06850

Description of Donation	Fair Market Value of Donation
Food and beverage	$470.40

Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate
09132025B	$470.40	$470.40

Total of Section J4	**$894.88**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

K. In-Kind Contributions

Name			
Street Address	City	State	Zip Code

Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event#	Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution

Type of Contributor: Individual Committee Sole Proprietorship	Date Received	Aggregate contributions

Total of Section K	

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 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	October 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Devon Weber	08/19/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4801 2E Ave # 500	Montreal	YT	

Purpose of Expendit	Description	Amount
CNSLT	Chief Strategist	$1,883.65

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Brendan Regan	08/19/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
39 N Riverside Ave	Croton On Hudson	NY	10520

Purpose of Expendit	Description	Amount
CNSLT	Social Media Consultant	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Sophie Coassin	08/19/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
33 Westerly Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
CNSLT	Social Media	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
mbm weddings	08/19/2025	[X] Check # UBR19I48 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
41 Brighton Dr	East Granby	CT	06026

Purpose of Expendit	Description	Amount
Misc *	head shots	$159.53

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No		

Name of Payee	Date of Payment	Method of Payment
Grassroots Analytics, Inc	08/29/2025	[X] Check # LBS1RIFJ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
806 7th St NW Ste 3	Washington	DC	20001

Purpose of Expendit	Description	Amount
CNSLT	Text Messaging	$3,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No		

Name of Payee	Date of Payment	Method of Payment
Sophie Coassin	09/08/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
33 Westerly Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
CNSLT	social media	$500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brendan Regan	09/08/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
39 N Riverside Ave	Croton On Hudson	NY	10520

Purpose of Expendit	Description	Amount
CNSLT	social media	$500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N			

Name of Payee	Date of Payment	Method of Payment
Devon Weber	09/08/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4801 2E Ave # 500	Montreal	YT	

Purpose of Expendit	Description	Amount
CNSLT	Chief Strategist	$4,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N			

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	09/10/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	Online ACH Origination Fee	$1.50

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes / No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Key Bank Basic Business Checking	09/10/2025	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2856 Whitney Ave	Hamden	CT	06518

Purpose of Expendit	Description	Amount
BNK	ACH Monthly Fee	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Yes / No	Expenditure # (if applicable)	Event #
	[ ] Yes [X] No		

Name of Payee	Date of Payment	Method of Payment
USPS PO Boxes Online	09/22/2025	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
n/a	Washington	DC	

Purpose of Expendit	Description	Amount
OVHD	PO Box	$67.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Yes / No	Expenditure # (if applicable)	Event #
	[ ] Yes [X] No		

Name of Payee	Date of Payment	Method of Payment
Grassroots Analytics, Inc	09/26/2025	[X] Check # MBR1Q8LF [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
806 7th St NW Ste 3	Washington	DC	20001

Purpose of Expendit	Description	Amount
CNSLT	Text Messaging	$1,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Yes / No	Expenditure # (if applicable)	Event #
	[ ] Yes [X] No		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	09/29/2025	[X] Check # HB2178PG [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
OVHD	Action Network (email platform)	$184.33

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Elizabeth Langhorne	09/29/2025	[X] Check # 4B21K8XG [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
16 Morris St	Hamden	CT	06517

Purpose of Expendit	Description	Amount
REF		$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Richard Suisman	09/29/2025	[X] Check # GBI1H8XG [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2100 Massachussetts Ave NW	Washington	DC	20008

Purpose of Expendit	Description	Amount
REF		$320.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	09/30/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB	Processing Fees (July 1 - September 30, 2025)	$2,004.20

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Total of Section N	$15,375.21

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 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	09/03/2025	☒ Yes ☐ No

Street Address	City	State	Zip Code
1310 L St NW Ste 500	Washington	DC	20005

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD			$184.33

Total of Section O	$184.33

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor	Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	October 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