

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

Revised February 2015



Electronic Filing

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Page 1 of 204

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Josh for CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Cory		MI A	Last O'Brien		Suffix
4. TREASURER ADDRESS					
Street Address 124 Haverford St		City Hamden		State CT	Zip Code 06517
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) Governor			7. DISTRICT NUMBER (if applicable)
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Joshua		MI	Last Elliott		Suffix
9. TYPE OF REPORT 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 SIGNATURE		Carol Hazen PRINT NAME OF THE SIGNER		07/12/2026 10:04:38AM 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)	\$45,485.00	\$45,485.00
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)	\$46,155.00	\$46,155.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$46,155.00	\$46,155.00
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)	\$30,779.79	\$30,779.79
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 OBrien		First Cory		MI	Contribution ID # 0001
Residential Street Address 124 Haverford St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 07/28/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Smith		First Nicholas		MI	Contribution ID # 0006
Residential Street Address 1400 20th St NW		City Washington		State DC	Zip Code 20036
Principal Occupation Senior Digital Strategist		Name of Employer Greenpeace USA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 07/30/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Goldstein		First Jenna		MI	Contribution ID # 0005
Residential Street Address 8735 E 23rd Ave		City Denver		State CO	Zip Code 80238
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an 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-	\$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 Briere		First Kayla		MI	Contribution ID # 0004
Residential Street Address 27 Elm Dr		City West Haven		State CT	Zip Code 06110
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 07/30/2025	Aggregate Contributions \$250.00	\$250.00

Last Name Lepore		First Jenn		MI	Contribution ID # 0003
Residential Street Address 20 Senator Dr		City Cromwell		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$150.00-

Last Name Shah		First Sana		MI	Contribution ID # 0002
Residential Street Address 955 Mix Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Policy & Advocacy Director		Name of Employer The Connecticut Project			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 07/30/2025	Aggregate Contributions \$200.00-	\$100.00-

Last Name Panayotakis		First Alexa		MI	Contribution ID # 0008
Residential Street Address 419 Denslow Hill Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Deputy Chief of Staff		Name of Employer Town of Hamden			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 07/30/2025	Aggregate Contributions \$300.00	\$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 Gigantine		First Thomas		MI	Contribution ID # 0007
Residential Street Address 187 Park Ave		City West Harrison		State NY	Zip Code 10604
Principal Occupation Asst. General Manager		Name of Employer 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	
Is this contribution associated with an 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-	\$25.00-

Last Name Smith		First Nicholas		MI	Contribution ID # 0006
Residential Street Address 1400 20th St NW		City Washington		State DC	Zip Code 20036
Principal Occupation Senior Digital Strategist		Name of Employer Greenpeace USA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 07/30/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Shah		First Sana		MI	Contribution ID # 0002
Residential Street Address 955 Mix Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Policy & Advocacy Director		Name of Employer The Connecticut Project			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 07/30/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Goldstein		First Jenna		MI	Contribution ID # 0005
Residential Street Address 8735 E 23rd Ave		City Denver		State CO	Zip Code 80238
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an 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	\$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 Lepore		First Jennifer		MI	Contribution ID # 0003
Residential Street Address 20 Senator Dr		City Cromwell		State CT	Zip Code 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	
Is this contribution associated with an 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	\$150.00

Last Name Gigantino		First Thomas		MI	Contribution ID # 0007
Residential Street Address 119 Stonewall Dr .		City Hamden		State CT	Zip Code 10604
Principal Occupation Asst. General Manager		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Lepore		First Jennifer		MI	Contribution ID # 0012
Residential Street Address 20 Senator Dr		City Cromwell		State CT	Zip Code 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	
Is this contribution associated with an 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	\$150.00

Last Name Carter		First Kip		MI	Contribution ID # 0018
Residential Street Address 547 Under Mountain Rd		City Salisbury		State CT	Zip Code 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	
Is this contribution associated with an 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	\$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 Gabriele		First Amanda		MI	Contribution ID # 0010
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$150.00

Last Name Foote		First Doug		MI	Contribution ID # 0015
Residential Street Address 112 Southfield Ave		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an 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	\$5.00

Last Name Donald		First Romney		MI	Contribution ID # 0016
Residential Street Address 45 Stuart Ave		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an 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	\$5.00

Last Name Velez		First Sophia		MI	Contribution ID # 0019
Residential Street Address 19 Lincoln Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Attorney		Name of Employer NYS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 07/31/2025	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carter		First Kip		MI	Contribution ID # 0018
Residential Street Address 547 Under Mountain Rd		City Salisbury		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$25.00-

Last Name Hazen		First Carol		MI	Contribution ID # 0017
Residential Street Address 62 Mountain View Ter		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an 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	\$320.00

Last Name Donald		First Romney		MI	Contribution ID # 0016
Residential Street Address 45 Stuart Ave		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$5.00-

Last Name Foote		First Doug		MI	Contribution ID # 0015
Residential Street Address 112 Southfield Ave		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$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 Haynes		First Laura		MI	Contribution ID # 0014
Residential Street Address 39 Fawnbrook Ln		City Simsbury		State CT	Zip Code 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	
Is this contribution associated with an 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	\$25.00

Last Name Caizzi		First Vincent		MI	Contribution ID # 0013
Residential Street Address 34 Chelsea St		City Stratford		State CT	Zip Code 06615
Principal Occupation Machine Repair Tech/Shop Steward		Name of Employer 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	
Is this contribution associated with an 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	\$5.00

Last Name Lepore		First Jenn		MI	Contribution ID # 0012
Residential Street Address 20 Senator Dr		City Cromwell		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$150.00-

Last Name Niedzielski-Eichner		First Nora		MI	Contribution ID # 0011
Residential Street Address 7 Outer Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an 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	\$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 Gabriele		First Amanda		MI	Contribution ID # 0010
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an 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-	\$150.00-

Last Name Kawa		First Alex		MI	Contribution ID # 0009
Residential Street Address 105 Winding Ln		City Avon		State CT	Zip Code 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	
Is this contribution associated with an 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	\$30.00

Last Name Kane		First Peter		MI	Contribution ID # 0020
Residential Street Address 22 Dawes Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Psychotherapist		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Bhandary Alexander		First James		MI	Contribution ID # 0027
Residential Street Address 72 Alder		City New Haven		State CT	Zip Code 06515
Principal Occupation Teacher		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/03/2025	Aggregate Contributions \$50.00-	\$25.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Robert		First Nixon		MI	Contribution ID # 0026
Residential Street Address 97 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/03/2025	Aggregate Contributions \$150.00-	\$75.00-

Last Name Blatteau		First Leslie		MI	Contribution ID # 0025
Residential Street Address 410 Greenwich Ave		City New Haven		State CT	Zip Code 06519
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Baker		First Joe		MI	Contribution ID # 0024
Residential Street Address 14 Maplewood Dr		City New Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Bajorek		First Laurie		MI	Contribution ID # 0023
Residential Street Address 60 Patricia Dr		City Vernon		State CT	Zip Code 06066
Principal Occupation Office Administrator		Name of Employer CT Federation of School Administrators			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/03/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Anwar		First Saud		MI	Contribution ID # 0022
Residential Street Address 93 Rockledge Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Physician		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Angelico-Stetson		First JoAnn		MI	Contribution ID # 0021
Residential Street Address 188 Stony MI Ln		City East Berlin		State CT	Zip Code 06023
Principal Occupation Paralegal		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Baker		First Joe		MI	Contribution ID # 0024
Residential Street Address 14 Maplewood Dr		City New Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Bhandary-Alexander		First James		MI	Contribution ID # 0027
Residential Street Address 72 Alden Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation Teacher		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/03/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Robert		First Nixon		MI	Contribution ID # 0026
Residential Street Address 97 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/03/2025	Aggregate Contributions \$75.00	
					\$75.00

Last Name Biggs		First Melissa		MI	Contribution ID # 0028
Residential Street Address 562 Litchfield Ave		City Dayville		State CT	Zip Code 06241
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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	
					\$100.00

Last Name Embree Ku		First Michelle		MI	Contribution ID # 0036
Residential Street Address 28 Platts Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Regulatory Submissions Scientist		Name of Employer Atrium			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/04/2025	Aggregate Contributions \$50.00	
					\$50.00

Last Name Embree Ku		First Michelle		MI	Contribution ID # 0036
Residential Street Address 28 Platts Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Regulatory Submissions Scientist		Name of Employer Atrium			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/04/2025	Aggregate Contributions \$100.00	
					\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lombardi		First Antonia		MI	Contribution ID # 0035
Residential Street Address 195 Meadowside Rd		City Milford		State CT	Zip Code 06460
Principal Occupation Secretary		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Ryden		First Barbara		MI	Contribution ID # 0034
Residential Street Address 88 Notch Hill Rd		City North Branford		State CT	Zip Code 06471
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/04/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Stearman		First Maryellen		MI	Contribution ID # 0033
Residential Street Address 36 Union St		City Guilford		State CT	Zip Code 06437
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/04/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Gulyas		First Ashley		MI	Contribution ID # 0032
Residential Street Address 5 Cliffview Dr		City Norwalk		State CT	Zip Code 06850
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/04/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Atchley		First Chris		MI	Contribution ID # 0031
Residential Street Address 31 Colony St		City Hamden		State CT	Zip Code 06518
Principal Occupation Client Technologies Administrator		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/04/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Bonneau		First Larry		MI	Contribution ID # 0030
Residential Street Address 3711 Whiteny Ave		City Hamden		State CT	Zip Code 06518-1554
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/04/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Markham		First Eli		MI	Contribution ID # 0029
Residential Street Address 73 Allen Avenue Ext		City Falmouth		State ME	Zip Code 04105
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Biggs		First Melissa		MI	Contribution ID # 0028
Residential Street Address 562 Litchfield Ave		City Dayville		State CT	Zip Code 06241
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Lary		First Douglas		MI	Contribution ID # 0048
Residential Street Address 183 Summit St		City Willimantic		State CT	Zip Code 06226
Principal Occupation Regional Election Advisor		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Smith		First Deborah		MI	Contribution ID # 0047
Residential Street Address 87 E Gate Ln		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Jahad		First Leonard		MI	Contribution ID # 0046
Residential Street Address 5 Judwin Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation CEO		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Rasmussen-Tuller		First Andrew		MI	Contribution ID # 0045
Residential Street Address 75 Sturbridge Ct		City Bristol		State CT	Zip Code 06010
Principal Occupation Broker		Name of Employer AR Tuller Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/05/2025	Aggregate Contributions \$300.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Highsmith		First Brian		MI	Contribution ID # 0044
Residential Street Address 7 Maple Ave		City Cambridge		State MA	Zip Code 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	
Is this contribution associated with an event 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-	\$150.00-

Last Name Waleska		First Hayley		MI	Contribution ID # 0043
Residential Street Address 1400 20th St NW		City Washington		State DC	Zip Code 20036
Principal Occupation Product Manager		Name of Employer Alarm.com			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/05/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Riley		First Shannon		MI	Contribution ID # 0042
Residential Street Address 11 Deer Run Rd		City Brookfield		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Boudria		First Cornel		MI	Contribution ID # 0041
Residential Street Address 115 Skinner Rd		City Berlin		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Bornhorst		First Nicole		MI	Contribution ID # 0040
Residential Street Address 92 Hublard Dr		City Vernon		State CT	Zip Code 06066
Principal Occupation Resident Recreation Assistant		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Stone		First Kathleen		MI	Contribution ID # 0039
Residential Street Address 560 Silver Sands Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/05/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Stone		First Thomas		MI	Contribution ID # 0038
Residential Street Address 560 Silver Sands Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/05/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Digby		First Tom		MI	Contribution ID # 0037
Residential Street Address 202 Santa Fe Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/05/2025	Aggregate Contributions \$640.00	\$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Digby		First Tom		MI	Contribution ID # 0037
Residential Street Address 202 Santa Fe Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Reitred		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Highsmith		First Brian		MI	Contribution ID # 0044
Residential Street Address 7 Maple Ave		City Cambridge		State MA	Zip Code 02139
Principal Occupation Assistant Professor		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Rasmussen-Tuller		First Andrew		MI	Contribution ID # 0045
Residential Street Address 7 Douglas Cir		City West Hartford		State CT	Zip Code 06110
Principal Occupation Broker		Name of Employer AR Tuller Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/05/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Millar		First Ron		MI	Contribution ID # 0050
Residential Street Address 1104 N Quincy St		City Arlington		State VA	Zip Code 22201
Principal Occupation Political and PAC Manager		Name of Employer Center for Freethought Equality			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hansen		First Fritz		MI	Contribution ID # 0057
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Graphic Designer		Name of Employer Fritz Hansen Graphic Design			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Franchini		First Robert		MI	Contribution ID # 0345
Residential Street Address 1 Merwin Avenue		City Milford		State CT	Zip Code 06460
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Harrigan		First Anne		MI	Contribution ID # 0059
Residential Street Address 720 Ward Ln		City Cheshire		State CT	Zip Code 06410
Principal Occupation Faculty		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Chancio		First Shannon		MI	Contribution ID # 0053
Residential Street Address 3 Equinox Ave		City Wolcott		State CT	Zip Code 06716
Principal Occupation Bookkeeper		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Rosenblum		First Michael		MI	Contribution ID # 0058
Residential Street Address 4275 Whitney Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Dans		First Tom		MI	Contribution ID # 0342
Residential Street Address 285 Evergreen Ave		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event 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 \$10.00	\$10.00

Last Name Bromley		First Sarah		MI	Contribution ID # 0063
Residential Street Address 27 Norway St		City Milford		State CT	Zip Code 06461
Principal Occupation Preschool Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Lewis		First Stephen		MI	Contribution ID # 0062
Residential Street Address 276 Scott Dr		City South Windsor		State CT	Zip Code 06074
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$300.00	\$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 Tylek		First Bianca		MI	Contribution ID # 0061
Residential Street Address 408 W 57th St		City New York		State NY	Zip Code 10019
Principal Occupation Executive Director		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Angelopoulos		First Maria		MI	Contribution ID # 0060
Residential Street Address 26 Parkland Dr		City Woodbury		State CT	Zip Code 06798
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Harrigan		First Anne		MI	Contribution ID # 0059
Residential Street Address 70 Ward Ln		City Cheshire		State CT	Zip Code 06410
Principal Occupation Faculty		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$200.00-	\$100.00-

Last Name R6		First Michael		MI	Contribution ID # 0058
Residential Street Address 4275 Whitney Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$150.00-	\$75.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hansen		First Fritz		MI	Contribution ID # 0057
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Graphic Designer		Name of Employer Fritz Hansen Graphic Design			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Fox		First Larry		MI	Contribution ID # 0056
Residential Street Address 60 Mountain View Dr		City West Hartford		State CT	Zip Code 06117
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Dyer		First Matt		MI	Contribution ID # 0055
Residential Street Address 405 Hunter Dr		City Litchfield		State CT	Zip Code 06759
Principal Occupation Attorney		Name of Employer Furey, Donovan, Cooney & Dyer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$150.00	\$150.00

Last Name McManus		First Joan		MI	Contribution ID # 0054
Residential Street Address 5 Broadview Rd		City Brookfield		State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Chancio		First Shannon		MI	Contribution ID # 0053
Residential Street Address 3 Equinox Ave		City Wolcott		State CT	Zip Code 06716
Principal Occupation Bookkeeper		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Wells		First Galen		MI	Contribution ID # 0052
Residential Street Address 224 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Wormser		First Andrew		MI	Contribution ID # 0051
Residential Street Address 85 Bedford Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation MD		Name of Employer 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	
Is this contribution associated with an event 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	\$250.00

Last Name Miller		First Ron		MI	Contribution ID # 0050
Residential Street Address 1104 N Quincy St		City Arlington		State VA	Zip Code 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	
Is this contribution associated with an event 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-	\$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 LeVan		First Molly		MI	Contribution ID # 0049
Residential Street Address 115 Millbrook Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Boraey		First Essam		MI	Contribution ID # 0347
Residential Street Address 407 Lake St		City Ithaca		State NY	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name McFadden		First Laurie		MI	Contribution ID # 0346
Residential Street Address 484 Long Hill Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Franchini		First R		MI	Contribution ID # 0345
Residential Street Address 1 Merwin Avenue		City Milford		State CT	Zip Code 06460
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$200.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Friedman		First Scott		MI	Contribution ID # 0344
Residential Street Address 17 Cooper Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Data Analysis		Name of Employer Scott D Friedman Consulting LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/06/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Cella		First Alida		MI	Contribution ID # 0343
Residential Street Address 172 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Managr Project Funding		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Dans		First Tom		MI	Contribution ID # 0342
Residential Street Address 285 Evergreen Ave		City Hamden		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event 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-	\$10.00-

Last Name Garrett		First Daniel		MI	Contribution ID # 0074
Residential Street Address 106 Sherman Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Property Manager		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$50.00-	\$25.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cunningham		First Brendan		MI	Contribution ID # 0073
Residential Street Address 90 Columbus Ave		City Niantic		State CT	Zip Code 06357
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Laudano		First Sal		MI	Contribution ID # 0072
Residential Street Address 1520 Dixwell Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Carpenter		Name of Employer Laudano Building & Remodeling, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$100.00	\$50.00

Last Name Case		First James		MI	Contribution ID # 0071
Residential Street Address 139 Apple HI		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Brown		First Michael		MI	Contribution ID # 0070
Residential Street Address street78 Olive		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$640.00	\$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carrington		First Michael		MI	Contribution ID # 0069
Residential Street Address 76 Reservoir Rd		City Southbury		State CT	Zip Code 06488
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Weikart		First John		MI	Contribution ID # 0068
Residential Street Address 78 Lynn Rd		City Ivoryton		State CT	Zip Code 06442
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Rosado Burch		First Lea		MI	Contribution ID # 0067
Residential Street Address 20 Baldwin Ave		City Meriden		State CT	Zip Code 06450
Principal Occupation Legislative Coordinator		Name of Employer CT Education Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$144.00-	\$72.00-

Last Name Budai		First Jen		MI	Contribution ID # 0066
Residential Street Address 173 Woodcrest Ave		City Stratford		State CT	Zip Code 06614
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$10.00-	\$5.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fortuna		First Thomas		MI	Contribution ID # 0065
Residential Street Address 205 Gilbert Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Lamping		First Joseph		MI	Contribution ID # 0064
Residential Street Address 5363 Northbend Xing		City Cincinnati		State OH	Zip Code 45247
Principal Occupation Personal Shopper		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Budai		First Jennifer		MI	Contribution ID # 0066
Residential Street Address 173 Woodcrest Ave		City Stratford		State CT	Zip Code 06614
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Rosado Burch		First Louis		MI	Contribution ID # 0067
Residential Street Address 20 Baldwin Ave		City Meriden		State CT	Zip Code 06450
Principal Occupation Legislative Coordinator		Name of Employer CT Education Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$72.00	\$72.00

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 Laudano		First Salvatore		MI	Contribution ID # 0072
Residential Street Address 1520 Dixwell Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Carpenter		Name of Employer Laudano Building & Remodeling, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Garrett		First Daniel		MI	Contribution ID # 0074
Residential Street Address 106 Sherman Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Property Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Brown		First Michael		MI	Contribution ID # 0070
Residential Street Address 78 Oluve St		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/07/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Fortuna Sr		First Thomas		MI M	Contribution ID # 0065
Residential Street Address 205 Gilbert Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Covett		First Katie		MI	Contribution ID # 0081
Residential Street Address 1188 Trout Brook Dr		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Christmas		First Carol		MI	Contribution ID # 0077
Residential Street Address 72 Woodbine St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/08/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Zerzan		First Barbara		MI	Contribution ID # 0083
Residential Street Address 36 Splitrock Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Student Supervisor		Name of Employer Lehman College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/08/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Zerzan		First Barbara		MI	Contribution ID # 0083
Residential Street Address 36 Splitrock Rd		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Heimer		First Win		MI	Contribution ID # 0082
Residential Street Address 799 Prospect Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/08/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Covett		First Katie		MI	Contribution ID # 0081
Residential Street Address 1188 Trout Brook Dr		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Fabiani		First Nick		MI	Contribution ID # 0080
Residential Street Address 530 Yale Ave		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Clark		First Judy		MI	Contribution ID # 0079
Residential Street Address 888 Ridge Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/08/2025	Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

Last Name Christmas		First Carol		MI	Contribution ID # 0077
Residential Street Address 72 Woodbine St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event 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 Orsini		First Katrina		MI	Contribution ID # 0076
Residential Street Address 1439 Euclid St NW		City Wahington		State DC	Zip Code 20009
Principal Occupation Textile Historian			Name of Employer George Washington 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 08/08/2025	
				Aggregate Contributions \$25.00	

Last Name Cardwell		First Sean		MI	Contribution ID # 0075
Residential Street Address 47 Amherst St		City Hamden		State CT	Zip Code 06518
Principal Occupation Civil Engineer			Name of Employer Town of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event 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 Fischer		First Alice		MI	Contribution ID # 0086
Residential Street Address 80 Killdeer Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Moore		First Leland		MI	Contribution ID # 0085
Residential Street Address 189 Concord St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Gabriele		First Timothy		MI	Contribution ID # 0084
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Giddings		First Joanna		MI	Contribution ID # 0096
Residential Street Address 503 Oak Ridge Dr		City Cheshire		State CT	Zip Code 06410
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/10/2025	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Nag		First Dhrupad		MI	Contribution ID # 0095
Residential Street Address 1439 Euclid St NW		City Washington		State DC	Zip Code 20009-4525
Principal Occupation Foreign Affairs Officer		Name of Employer Department of State			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/10/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Stiltner		First Ann		MI	Contribution ID # 0094
Residential Street Address 128 Mather St		City Hamden		State CT	Zip Code 06517
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Dietch		First Jody		MI	Contribution ID # 0093
Residential Street Address 601 Harborview Rd		City Orange		State CT	Zip Code 06477
Principal Occupation Executive Director		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Casolino		First Kathleen		MI	Contribution ID # 0092
Residential Street Address 44 Maher Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/10/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Zimmer		First Aaron		MI	Contribution ID # 0091
Residential Street Address 50 Obtuse Hill Rd		City Brookfield		State CT	Zip Code 06804
Principal Occupation Online Retailer		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Michaud		First Travis		MI	Contribution ID # 0090
Residential Street Address 16 Glenwood Dr		City Marlborough		State CT	Zip Code 06447
Principal Occupation Business Analyst		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Gooney		First Suzanne		MI	Contribution ID # 0089
Residential Street Address 35 Filbert St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/10/2025	Aggregate Contributions \$300.00-	\$150.00-

Last Name Kantor		First Nicholas		MI	Contribution ID # 0088
Residential Street Address 25 Hawthorne Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/10/2025	Aggregate Contributions \$100.00-	\$50.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rice		First Andrew		MI	Contribution ID # 0087
Residential Street Address 35 Quaker Pl		City Milford		State CT	Zip Code 06460
Principal Occupation Project Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Kantor		First Nicholas		MI	Contribution ID # 0088
Residential Street Address 25 Hawthorne Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Program Director		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Cooney		First Suzanne		MI	Contribution ID # 0089
Residential Street Address 35 Filbert St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/10/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Soto		First Chirs		MI	Contribution ID # 0098
Residential Street Address 519 Florida Ave NE		City Washington		State DC	Zip Code 20002
Principal Occupation Consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Cardillo		First Chad		MI	Contribution ID # 0097
Residential Street Address 158 Hillcrest Ter		City Meriden		State CT	Zip Code 06451
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Rao		First Prerna		MI	Contribution ID # 0104
Residential Street Address 26 Palestine Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Lawyer		Name of Employer Omninia Law, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/11/2025	Aggregate Contributions \$250.00	\$250.00

Last Name Duffy		First Sean		MI	Contribution ID # 0103
Residential Street Address 827 Whitney Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation Professor		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/11/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Duran		First Alex		MI	Contribution ID # 0102
Residential Street Address 300 Broad St		City Stamford		State CT	Zip Code 06901
Principal Occupation Program Director		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Desideraggio		First Hillary		MI	Contribution ID # 0101
Residential Street Address 88 Simsbury Rd		City West Granby		State CT	Zip Code 06090
Principal Occupation Field Organizer		Name of Employer The Connecticut Project			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/11/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Borgia Drake		First Carina		MI	Contribution ID # 0100
Residential Street Address 16 Bayberry Hill Rd		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Pediatric RN		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Cohen		First David		MI	Contribution ID # 0099
Residential Street Address 55 Tokeneke Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Soto		First Chirs		MI	Contribution ID # 0098
Residential Street Address 519 Florida Ave NE		City Washington		State DC	Zip Code 20002
Principal Occupation Consultant		Name of Employer Self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/11/2025	Aggregate Contributions \$500.00	\$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 Cardillo		First Chad		MI	Contribution ID # 0097
Residential Street Address 51 Surrey Dr		City Meriden		State CT	Zip Code 06451
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Gadkar-Wilcox		First Wynn		MI	Contribution ID # 0109
Residential Street Address 36 Overlook Pl		City Trumbull		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Downing		First Jackie		MI	Contribution ID # 0108
Residential Street Address 41 Hideaway Ln		City Hamden		State CT	Zip Code 06518
Principal Occupation Nonprofit Administration		Name of Employer The Community 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	
Is this contribution associated with an event 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-	\$150.00-

Last Name Fortier		First Mary		MI	Contribution ID # 0107
Residential Street Address 163 Goodwin St		City Bristol		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Garibay		First Jane		MI	Contribution ID # 0106
Residential Street Address 409 Broad St		City Windsor		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Fontaine		First Daniel		MI	Contribution ID # 0105
Residential Street Address 2 Martin Trl		City Wallingford		State CT	Zip Code 06492
Principal Occupation Software Developer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Downing		First Jacqueline		MI	Contribution ID # 0108
Residential Street Address 41 Hideaway Ln		City Hamden		State CT	Zip Code 06518
Principal Occupation Nonprofit Administration		Name of Employer The Commuinity 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	
Is this contribution associated with an event 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	\$150.00

Last Name Tracy		First Sam		MI	Contribution ID # 0123
Residential Street Address 148 Noyes St		City Portland		State ME	Zip Code 04103
Principal Occupation Director of Legislative Affairs and Business Devel		Name of Employer 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	
Is this contribution associated with an event 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	\$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 White		First Marissa		MI	Contribution ID # 0122
Residential Street Address 19 Susan Ln		City Southington		State CT	Zip Code 06489
Principal Occupation Mental health consultant		Name of Employer Self-employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/13/2025	Aggregate Contributions \$150.00-	\$75.00-

Last Name Phillips		First Jeanie		MI	Contribution ID # 0121
Residential Street Address 50 Appletree Dr		City East Hartford		State CT	Zip Code 06118
Principal Occupation Legislative Aide		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/13/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Parnass		First John		MI	Contribution ID # 0120
Residential Street Address 44 Wheeler Rd		City Simsbury		State CT	Zip Code 06070
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/13/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Beitel		First Jeremy		MI	Contribution ID # 0119
Residential Street Address 760 Rustic Ln		City Cheshire		State CT	Zip Code 06410
Principal Occupation Financial Advisor		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Dolan		First Kristin		MI	Contribution ID # 0118
Residential Street Address 100 Adla Dr		City Hamden		State CT	Zip Code 06514
Principal Occupation Accountant		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/13/2025	Aggregate Contributions \$250.00	\$250.00

Last Name Ghio		First Sean		MI	Contribution ID # 0117
Residential Street Address 1025 Amherst Pl		City Cheshire		State CT	Zip Code 06410
Principal Occupation Policy Director		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Gauthier		First Nicholas		MI	Contribution ID # 0116
Residential Street Address 38 Norman St		City Waterford		State CT	Zip Code 06385
Principal Occupation State Representative		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name Gartland		First Daniel		MI	Contribution ID # 0115
Residential Street Address 26 Laurel St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Journalist		Name of Employer Sports Illustrated			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/13/2025	Aggregate Contributions \$40.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Angerame		First Eleanor		MI	Contribution ID # 0114
Residential Street Address 79 Mechanic St		City Bridgeport		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Banach		First Paul		MI	Contribution ID # 0113
Residential Street Address 57 Geneva Ave		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Dubois		First Meghan		MI	Contribution ID # 0112
Residential Street Address 493 Winthrop St		City Torrington		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Veneziano		First Amanda		MI	Contribution ID # 0111
Residential Street Address 52 Terry Rd		City Gales Ferry		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Dagostino		First Kate		MI	Contribution ID # 0110
Residential Street Address 575 Ridge Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$250.00

Last Name Angerame		First Eleanor		MI	Contribution ID # 0114
Residential Street Address 79 Mechanic St		City Bridgeport		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name White		First Marissa		MI	Contribution ID # 0122
Residential Street Address 19 Susan Ln		City Southington		State CT	Zip Code 06489
Principal Occupation Mental Health Consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$75.00

Last Name Gartland		First Daniel		MI	Contribution ID # 0115
Residential Street Address 26 Laurel St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Journalist		Name of Employer Sports Illustrated			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/13/2025	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Granelli		First Emily		MI	Contribution ID # 0134
Residential Street Address 1 Pentway Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Business Development		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Koth		First Michelle		MI	Contribution ID # 0133
Residential Street Address 40 Ralston Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/14/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Perloe		First Jonathan		MI	Contribution ID # 0132
Residential Street Address 34 Bridge St		City Great Barrington		State MA	Zip Code 01230
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/14/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Green		First Christopher		MI	Contribution ID # 0131
Residential Street Address 550 Housatonic Ave		City Stratford		State CT	Zip Code 06615
Principal Occupation Financial Advisor		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Foster		First Aaron		MI	Contribution ID # 0130
Residential Street Address 28 Abbott Rd		City Ellington		State CT	Zip Code 06029
Principal Occupation Civil Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Larsson		First Alex		MI	Contribution ID # 0129
Residential Street Address 118B Limewood Rd		City Branford		State CT	Zip Code 06405
Principal Occupation N/A		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Graham		First Alan		MI	Contribution ID # 0128
Residential Street Address 212 Blake Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/14/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Gottlieb		First Andrew		MI	Contribution ID # 0127
Residential Street Address 680 Tanner Marsh Rd		City Guilford		State CT	Zip Code 06437
Principal Occupation Researcher		Name of Employer 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	
Is this contribution associated with an event 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	\$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 King		First Eliza		MI	Contribution ID # 0126
Residential Street Address 7 Wooster Pl		City New Haven		State CT	Zip Code 06511
Principal Occupation Fundraiser		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/14/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Gifford		First Steve		MI	Contribution ID # 0125
Residential Street Address 230 Clintonville Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation HR Director		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Patterson		First Bettina		MI	Contribution ID # 0124
Residential Street Address 88 Notch Hill Rd		City North Branford		State CT	Zip Code 06471
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/14/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Davidson		First John		MI	Contribution ID # 0143
Residential Street Address 53 Santa Fe Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Schoolnick		First Jesse		MI	Contribution ID # 0142
Residential Street Address 246 Tunnel Rd		City Vernon		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Doringer		First Lauren		MI	Contribution ID # 0141
Residential Street Address 130 Lincoln St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Kleppner		First Caleb		MI	Contribution ID # 0140
Residential Street Address 175 Linden St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Santana		First Francis		MI	Contribution ID # 0139
Residential Street Address 1081 New Haven Rd		City Naugatuck		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Langhorne		First Elizabeth		MI	Contribution ID # 0138
Residential Street Address 16 Morris St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/15/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Strong		First Julien		MI	Contribution ID # 0137
Residential Street Address 55 Belmont St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Bruce		First Lori		MI	Contribution ID # 0136
Residential Street Address 34 Deepwood Dr		City Hamden		State CT	Zip Code 06517
Principal Occupation Associate Director		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/15/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Dorchak		First Christine		MI	Contribution ID # 0135
Residential Street Address 11A Lakeview St		City Arlington		State MA	Zip Code 02476
Principal Occupation Lawyer		Name of Employer Self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/15/2025	Aggregate Contributions \$200.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dorchak		First Christine		MI	Contribution ID # 0135
Residential Street Address 11A Lakeview St		City Arlington		State MA	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Fitzmaurice		First Daniel		MI	Contribution ID # 0349
Residential Street Address 831 College Rd		City Orange		State CT	Zip Code 06477
Principal Occupation Public policy Advocate		Name of Employer United Way of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/15/2025	Aggregate Contributions \$175.00	\$100.00

Last Name Popp		First Cathy		MI	Contribution ID # 0348
Residential Street Address 69 Belden Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/15/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Fitzmaurice		First Daniel		MI	Contribution ID # 0349
Residential Street Address 831 College Rd		City Orange		State CT	Zip Code 06477
Principal Occupation Public policy Advocate		Name of Employer United Way of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/15/2025	Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Heimer		First Alyson		MI	Contribution ID # 0144
Residential Street Address 6 Everit St		City New Haven		State CT	Zip Code 06519
Principal Occupation Realtor		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Garrett		First Lauren		MI A	Contribution ID # 0146
Residential Street Address 47 Andover Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Mayor		Name of Employer Town of Hamden			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/16/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Irwin		First Shelby		MI	Contribution ID # 0150
Residential Street Address 206 W Todd St		City Hamden		State CT	Zip Code 06518
Principal Occupation Educator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/16/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Goldberg-Honig		First Diane		MI	Contribution ID # 0149
Residential Street Address 71 Town Line Rd		City Harwinton		State CT	Zip Code 06791
Principal Occupation Personall Fitness Trainer		Name of Employer 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	
Is this contribution associated with an event 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	\$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 White		First Stephen		MI	Contribution ID # 0148
Residential Street Address 131 Thornton St		City Hamden		State CT	Zip Code 06517
Principal Occupation Engineer		Name of Employer Town of Hamden			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/16/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Cotton		First Dominic		MI	Contribution ID # 0147
Residential Street Address 60 Corona Dr		City Milford		State CT	Zip Code 06460
Principal Occupation Brain Injury Rehab		Name of Employer Life Skills Unlimited			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/16/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Hayes		First Christine		MI	Contribution ID # 0145
Residential Street Address 61 Carmalt Rd		City Hamden		State CT	Zip Code 06517-1902
Principal Occupation Professor		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/16/2025	Aggregate Contributions \$300.00	\$300.00

Last Name Heimer		First Alyson		MI	Contribution ID # 0144
Residential Street Address 54 Sea St		City New Haven		State CT	Zip Code 06519
Principal Occupation Realtor		Name of Employer 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	
Is this contribution associated with an event 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 \$200.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pezzini		First Norma		MI	Contribution ID # 0158
Residential Street Address 59 Hubbard Pl		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/17/2025	Aggregate Contributions \$10.00	\$10.00

Last Name Kenney		First Catherine		MI	Contribution ID # 0157
Residential Street Address 580 Cherry Brook Rd		City Canton		State CT	Zip Code 06019
Principal Occupation Farmer		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Ucich		First Christine		MI	Contribution ID # 0156
Residential Street Address 967 N High St		City East Haven		State CT	Zip Code 06512
Principal Occupation Coffee Shop Owner		Name of Employer Self-employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/17/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Blau		First Greta		MI	Contribution ID # 0155
Residential Street Address 63 Kaye Vue Dr		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$20.00

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 DeLucia		First Pat		MI	Contribution ID # 0154
Residential Street Address 7 Shepard Hill Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/17/2025	Aggregate Contributions \$200.00-	\$100.00-

Last Name Andrasko		First Joseph		MI	Contribution ID # 0153
Residential Street Address 28 Dock Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Banking		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/17/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Lepore		First Jenn		MI	Contribution ID # 0152
Residential Street Address 20 Senator Dr		City Cromwell		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$20.00-

Last Name Hosten		First Colin		MI	Contribution ID # 0151
Residential Street Address 28 Dock Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Lecturer		Name of Employer 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	
Is this contribution associated with an event 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	\$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 DeLucia		First Pasquale		MI	Contribution ID # 0154
Residential Street Address 7 Shepard Hill Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/17/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Lepore		First Jennifer		MI	Contribution ID # 0152
Residential Street Address 20 Senator Dr		City Cromwell		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$20.00

Last Name Sharnick		First Rachel		MI	Contribution ID # 0168
Residential Street Address 167 Maple St		City Branford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Horton		First Barnaby		MI	Contribution ID # 0169
Residential Street Address 97 Westerly Ter		City Hartford		State CT	Zip Code 06105
Principal Occupation Financial Advisor		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Sharnick		First Rachel		MI	Contribution ID # 0168
Residential Street Address 167 Maple St		City Branford		State CT	Zip Code 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	
Is this contribution associated with an event 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- \$5.00-	

Last Name King		First Daniel		MI	Contribution ID # 0167
Residential Street Address 7 Wooster Pl		City New Haven		State CT	Zip Code 06511
Principal Occupation Software Engineer		Name of Employer 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	
Is this contribution associated with an event 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 \$150.00	

Last Name Clay		First Amanda		MI	Contribution ID # 0166
Residential Street Address 133 Cottage St		City New Haven		State CT	Zip Code 06511
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/18/2025	Aggregate Contributions \$50.00 \$50.00	

Last Name Kingstorf		First Klaus		MI	Contribution ID # 0165
Residential Street Address 74 Talcott Ave		City Vernon		State CT	Zip Code 06066
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/18/2025	Aggregate Contributions \$25.00 \$25.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Karnes		First Nathan		MI	Contribution ID # 0164
Residential Street Address 4 Juniper Rd		City Windsor		State CT	Zip Code 06095-1853
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/18/2025	Aggregate Contributions \$40.00	\$40.00

Last Name Bowens		First Tracy		MI	Contribution ID # 0163
Residential Street Address 152 Country Hills Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Fox		First Ben		MI	Contribution ID # 0162
Residential Street Address 55 Overbrook Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Firefighter		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Grace		First Dahlia		MI	Contribution ID # 0161
Residential Street Address 852 Wintergreen Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation 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	
Is this contribution associated with an event 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	\$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 Hughes		First Sean		MI	Contribution ID # 0160
Residential Street Address 48 Daniels Ave		City Waterford		State CT	Zip Code 06385
Principal Occupation Communicater Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Goeler		First Jody		MI	Contribution ID # 0159
Residential Street Address 6 Greenwich Ln		City Avon		State CT	Zip Code 06001
Principal Occupation Policy Director		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Conte		First Giancarlo		MI	Contribution ID # 0177
Residential Street Address 128 Ponus Ave		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Edelberg		First Paul		MI	Contribution ID # 0176
Residential Street Address 426 Pepper Ridge Rd		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Coassin		First Maxwell		MI	Contribution ID # 0175
Residential Street Address 119 Nejako Dr		City Middletown		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Rice		First Jessica		MI	Contribution ID # 0174
Residential Street Address 119 Nejako Dr		City Middletown		State CT	Zip Code 06457
Principal Occupation Marketing		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Skoggard		First Ian		MI	Contribution ID # 0173
Residential Street Address 42 Cleveland Rd		City New Haven		State CT	Zip Code 06515
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/19/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Suisman		First Richard		MI	Contribution ID # 0172
Residential Street Address 2100 Massachusetts Ave NW		City Washington		State DC	Zip Code 20008
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/19/2025	Aggregate Contributions \$640.00	\$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Heilmann		First Callie		MI	Contribution ID # 0171
Residential Street Address 89 Grovers Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Co-director		Name of Employer Bridgeport Generation Now			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/19/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Cohen		First Kim		MI	Contribution ID # 0170
Residential Street Address 55 Tokeneke Dr		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Conte		First Giancarlo		MI	Contribution ID # 0177
Residential Street Address 128 Ponus Ave		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Cohen		First Kim		MI	Contribution ID # 0170
Residential Street Address 55 Tokeneke Dr		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Suisman		First Richard		MI	Contribution ID # 0172
Residential Street Address 2100 Massachussetts Ave NW		City Washington		State DC	Zip Code 20008
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/19/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Singh Lemar		First Anika		MI	Contribution ID # 0186
Residential Street Address 552 Chapel St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Kupson		First Jonathan		MI	Contribution ID # 0178
Residential Street Address 90 Macarthur Dr		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/20/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Lopes		First Richard		MI	Contribution ID # 0188
Residential Street Address 208 S Mountain Dr		City New Britain		State CT	Zip Code 06052
Principal Occupation Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Eaton		First Merryl		MI	Contribution ID # 0187
Residential Street Address 14 Ash Dr		City Hamden		State CT	Zip Code 06518
Principal Occupation Advocacy director		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Lemar		First Anika		MI	Contribution ID # 0186
Residential Street Address 552 Chapel St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Lemar		First Roland		MI	Contribution ID # 0185
Residential Street Address 552 Chapel St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$200.00

Last Name Levin		First John		MI	Contribution ID # 0184
Residential Street Address 249 Chestnut Hill Rd		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$110.00

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 Leeper		First Karen		MI	Contribution ID # 0183
Residential Street Address 214 Washington Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Lentini		First Jerald		MI	Contribution ID # 0182
Residential Street Address 524 Birch Mountain Rd		City Manchester		State CT	Zip Code 06040
Principal Occupation Human Rights Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$200.00

Last Name Vono		First Angelina		MI	Contribution ID # 0181
Residential Street Address 21 N Maple St		City Enfield		State CT	Zip Code 06082
Principal Occupation Key Holder		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Lambert		First Ross		MI	Contribution ID # 0180
Residential Street Address 25 Trumbull Pl		City North Haven		State CT	Zip Code 06473
Principal Occupation Instructional Technologist		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/20/2025	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wishart		First Raychel		MI	Contribution ID # 0179
Residential Street Address 6 Cold Spg Driven		City Vernon		State CT	Zip Code 06066
Principal Occupation Executive Assistant		Name of Employer New Enghnad 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	
Is this contribution associated with an event 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	\$25.00

Last Name Witusz		First Philip		MI	Contribution ID # 0197
Residential Street Address 54 Normandy Rd		City Trumbull		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Berger-Girvalo		First Aimee		MI	Contribution ID # 0196
Residential Street Address 389 Bennetts Farm Rd		City Ridgefield		State CT	Zip Code 06877
Principal Occupation ADA Coordinator		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Irvin		First Paula		MI	Contribution ID # 0195
Residential Street Address 32 Hampshire Dr		City Hamden		State CT	Zip Code 06518
Principal Occupation Account Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$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 LaFrance		First Frances		MI	Contribution ID # 0194
Residential Street Address 14 Jackson Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/21/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Kavros DeGraw		First Eleni		MI	Contribution ID # 0193
Residential Street Address 112 Westland Rd		City Avon		State CT	Zip Code 06001
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	
Is this contribution associated with an event 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	\$250.00

Last Name Teitleman		First Alan		MI	Contribution ID # 0192
Residential Street Address 408 Whitney Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation Professor		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/21/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Katz		First Elin		MI	Contribution ID # 0191
Residential Street Address 12 Forest Hills Ln		City West Hartford		State CT	Zip Code 06117
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/21/2025	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Levin		First John		MI	Contribution ID # 0618
Residential Street Address 249 Chestnut Hill Rd		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$210.00

Last Name Wilusz		First Philip		MI	Contribution ID # 0197
Residential Street Address 54 Normandy Rd		City Trumbull		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Khan-Bureau		First Diba		MI A	Contribution ID # 0200
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Khan-Bureau		First Diba		MI A	Contribution ID # 0200
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Keitt		First Sarah		MI	Contribution ID # 0199
Residential Street Address 538 Winnepog Dr		City Fairfield		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Ahern		First Kieran		MI	Contribution ID # 0198
Residential Street Address 23 George St		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name St.Cyr-Bellisle		First Cheryl		MI	Contribution ID # 0228
Residential Street Address 170 Mountain Rd		City Suffield		State CT	Zip Code 06078
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Russo		First Marie		MI	Contribution ID # 0227
Residential Street Address 88 Highland Ave		City Danbury		State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hadlock		First Kevin		MI	Contribution ID # 0226
Residential Street Address 305 Goose Ln		City Orange		State CT	Zip Code 06477
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$10.00	\$10.00

Last Name Russek		First T		MI	Contribution ID # 0225
Residential Street Address 5 Governors Row		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Buhler		First William		MI	Contribution ID # 0224
Residential Street Address 8 Winchester Way		City Cromwell		State CT	Zip Code 06416
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Khan-Bureau		First Diba		MI	Contribution ID # 0223
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Campbell		First Donna		MI	Contribution ID # 0222
Residential Street Address 2122 Avalon Dr W		City New Canaan		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Paddock		First Troy		MI	Contribution ID # 0221
Residential Street Address 65 Dawes Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Professor		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Cummings		First Patrick		MI	Contribution ID # 0220
Residential Street Address 25 Forest St		City Stamford		State CT	Zip Code 06901
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Lombardo		First Wayne		MI	Contribution ID # 0219
Residential Street Address 571 Town St		City Moodus		State CT	Zip Code 06469
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Edelberg		First Jennifer		MI	Contribution ID # 0218
Residential Street Address 39 Fifth St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Executive		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Erard		First Amanda		MI	Contribution ID # 0217
Residential Street Address 27 Greenway St		City Hamden		State CT	Zip Code 06517
Principal Occupation Researcher		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Powell		First Christopher		MI	Contribution ID # 0216
Residential Street Address 5 Chestnut St		City Trumbull		State CT	Zip Code 06611
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$10.00	\$10.00

Last Name Olson		First Karen		MI	Contribution ID # 0215
Residential Street Address 309 Wellsville Ave		City New Milford		State CT	Zip Code 06776
Principal Occupation School bus driver		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pillsbury		First Charlie		MI	Contribution ID # 0214
Residential Street Address 247 Saint Ronan St		City New Haven		State CT	Zip Code 06511
Principal Occupation Law Professor		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Grossman		First Donna		MI	Contribution ID # 0213
Residential Street Address 781 Kennedy Rd		City Windsor		State CT	Zip Code 06095
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Muguerza		First Renato		MI	Contribution ID # 0212
Residential Street Address 27 Ellington St		City Hartford		State CT	Zip Code 06106
Principal Occupation Legislative aide		Name of Employer City of hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Burgio		First Anne		MI	Contribution ID # 0211
Residential Street Address 554 Toby Hill Rd		City Westbrook		State CT	Zip Code 06498
Principal Occupation North Regional Sales Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Grewal		First Elena		MI	Contribution ID # 0210
Residential Street Address 130 Edgehill Rd		City New Haven		State CT	Zip Code 06511
Principal Occupation Data science		Name of Employer Elenas on Orange owner, Data science consultant, I			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$150.00

Last Name fortune		First thomas		MI	Contribution ID # 0209
Residential Street Address 205 Gilbert Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Durao		First Rachel		MI	Contribution ID # 0208
Residential Street Address 24 Hayes Ave		City Ellington		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Durao		First Keith		MI	Contribution ID # 0207
Residential Street Address 24 Hayes Ave		City Ellington		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Lumbantobing		First Rotua		MI	Contribution ID # 0206
Residential Street Address 802 Federal Rd		City Brookfield		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Freiser		First Jeffrey		MI	Contribution ID # 0205
Residential Street Address 247 Natchaug Dr		City Meriden		State CT	Zip Code 06450
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Bograd		First Barbara		MI	Contribution ID # 0204
Residential Street Address 18 Canterbury Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Catalbasoglu		First Hacibey		MI	Contribution ID # 0203
Residential Street Address 1410 Dunbar Hill Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Clerk		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Freeman		First Seth		MI	Contribution ID # 0202
Residential Street Address 42 Fuller Dr		City West Hartford		State CT	Zip Code 06117
Principal Occupation Professor		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Jinks		First Jim		MI	Contribution ID # 0201
Residential Street Address 244 Academy Rd		City Cheshire		State CT	Zip Code 06410
Principal Occupation marketing		Name of Employer Mediabids			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Khalsa		First Kuljit		MI S	Contribution ID # 0249
Residential Street Address 94 Navratil Rd		City Willington		State CT	Zip Code 06279
Principal Occupation Transportation		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name McCleary		First Rita		MI W	Contribution ID # 0235
Residential Street Address 926 Ridge Rd		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Khan-Bureau		First Diba		MI A	Contribution ID # 0223
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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	
					\$50.00

Last Name Williamson		First Sue		MI	Contribution ID # 0248
Residential Street Address 105 Boston Post Rd		City Waterford		State CT	Zip Code 06385
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$10.00	
					\$10.00

Last Name Kiely		First Kathleen		MI	Contribution ID # 0247
Residential Street Address 69 Augur St		City Hamden		State CT	Zip Code 06517
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	
					\$25.00

Last Name ROMANO		First PATRICIA		MI	Contribution ID # 0246
Residential Street Address 107 Sunrise Hill Cir		City Orange		State CT	Zip Code 06477
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$5.00	
					\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Doerr		First Kristi		MI	Contribution ID # 0245
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation AVP Tax		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Spollett		First Geralyn		MI	Contribution ID # 0244
Residential Street Address 201 Kyles Way		City Shelton		State CT	Zip Code 06484
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$15.00	\$15.00

Last Name Marx		First Martha		MI	Contribution ID # 0243
Residential Street Address 4 Harbor Ln		City New London		State CT	Zip Code 06320
Principal Occupation RN		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Taborsak		First Julia		MI	Contribution ID # 0242
Residential Street Address 2 Docs Way		City New Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Bratten		First Cecilia		MI	Contribution ID # 0241
Residential Street Address 60 Featherbed Ln		City Branford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$15.00

Last Name Rugh		First Lynn		MI	Contribution ID # 0240
Residential Street Address 41 Prospect St		City Terryville		State CT	Zip Code 06786
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Conroy		First Bruce		MI	Contribution ID # 0239
Residential Street Address 13 Burke Heights Dr		City Wallingford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Muller		First Bonnie		MI	Contribution ID # 0238
Residential Street Address 25 Tuttle Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hoffman		First Diane		MI	Contribution ID # 0237
Residential Street Address 190 Wilmot Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Farrell		First Joanne		MI	Contribution ID # 0236
Residential Street Address 30 Brettonwood Dr		City Simsbury		State CT	Zip Code 06070
Principal Occupation Court Reporter		Name of Employer Veritext Legal Solutions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Morrissey		First Jessica		MI	Contribution ID # 0234
Residential Street Address 46 Broad St		City Stonington		State CT	Zip Code 06378
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Sanders		First Mary		MI	Contribution ID # 0233
Residential Street Address 18 Timber Ln		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Forman		First Sarah		MI	Contribution ID # 0232
Residential Street Address 5 Dawes Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Jones		First Sherryll		MI	Contribution ID # 0231
Residential Street Address 11 McGuire Ct		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$10.00	\$10.00

Last Name Guthrie		First Christopher		MI	Contribution ID # 0230
Residential Street Address 1 Ferguson Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Web Developer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Ewing		First Martin		MI	Contribution ID # 0229
Residential Street Address 88 Notch Hill Rd		City North Branford		State CT	Zip Code 06471
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fortuna Sr		First Thomas		MI M	Contribution ID # 0209
Residential Street Address 205 Gilbert Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	
					\$50.00

Last Name Freiser		First Jeffrey		MI CT	Contribution ID # 0205
Residential Street Address 247 Natchaug Dr		City Meriden		State CT	Zip Code 06450
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	
					\$25.00

Last Name Farrell		First Joanne		MI CT	Contribution ID # 0236
Residential Street Address 30 Brettonwood Dr		City Simsbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	
					\$25.00

Last Name Pillsbury		First Charles		MI A	Contribution ID # 0214
Residential Street Address 247 Saint Ronan St		City New Haven		State CT	Zip Code 06511
Principal Occupation Law Professor		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/23/2025	Aggregate Contributions \$25.00	
					\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Solomon		First Judith		MI	Contribution ID # 0250
Residential Street Address 71 Elihu St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Duryea		First Tina		MI	Contribution ID # 0257
Residential Street Address 6 Deane Ct		City Norwalk		State CT	Zip Code 06853
Principal Occupation Artist, Oil Painter		Name of Employer Tina Duryea			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/24/2025	Aggregate Contributions \$25.00	\$25.00

Last Name White		First Ann		MI	Contribution ID # 0259
Residential Street Address 122 Colony St		City Hamden		State CT	Zip Code 06518
Principal Occupation Teacher		Name of Employer Fairfield public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/24/2025	Aggregate Contributions \$25.00	\$25.00

Last Name McCabe		First Cameron		MI	Contribution ID # 0258
Residential Street Address 3845 Park Ave		City Fairfield		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Duryea		First Tina		MI	Contribution ID # 0257
Residential Street Address 6 Deane Ct		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Luxenberg		First Geoffrey		MI	Contribution ID # 0256
Residential Street Address 93 Plymouth Ln		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name McCabe		First Trevor		MI S	Contribution ID # 0255
Residential Street Address 3845 Park Ave		City Fairfield		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Gammon		First George		MI	Contribution ID # 0254
Residential Street Address 33 Edgehill Ter		City Hamden		State CT	Zip Code 06517
Principal Occupation Physician		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Ferraro		First Chiara		MI	Contribution ID # 0253
Residential Street Address 169 Auburn Rd		City West Hartford		State CT	Zip Code 06119
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☒ Money Order ☐ Credit/Debit Card		Date Received 08/24/2025	Aggregate Contributions \$15.00	\$15.00

Last Name van Beusekom		First Monica		MI	Contribution ID # 0252
Residential Street Address 98 Candide Ln		City Storrs		State CT	Zip Code 06268
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/24/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Shadford		First Jacqueline		MI	Contribution ID # 0251
Residential Street Address 149 Nepaug Rd		City Burlington		State CT	Zip Code 06013
Principal Occupation Driver		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Solomon		First Judith		MI	Contribution ID # 0250
Residential Street Address 71 Elihu St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Johnson		First Deborah		MI	Contribution ID # 0265
Residential Street Address 66 Thompson St		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/25/2025	Aggregate Contributions \$25.00	\$25.00

Last Name York		First Jason		MI	Contribution ID # 0264
Residential Street Address 150 Dowd St		City Newington		State CT	Zip Code 06111
Principal Occupation Digital Communications Manager		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/25/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Martin		First Terra		MI	Contribution ID # 0263
Residential Street Address 25 Smoke Hill Dr		City New Fairfield		State CT	Zip Code 06812
Principal Occupation Organizer		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Menapace		First Nick		MI	Contribution ID # 0262
Residential Street Address 38 Hope St		City Niantic		State CT	Zip Code 06357
Principal Occupation Teacher		Name of Employer New London public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/25/2025	Aggregate Contributions \$50.00-	\$25.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kovel		First Christy		MI	Contribution ID # 0261
Residential Street Address 221 Millbrook Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Director of Public Policy		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Carrington		First Nancy		MI	Contribution ID # 0260
Residential Street Address 25 Hamden Hills Dr		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/25/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Menapace		First Nicholas		MI	Contribution ID # 0262
Residential Street Address 38 Hope St		City Niantic		State CT	Zip Code 06357
Principal Occupation Teacher		Name of Employer New London public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/25/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Kovel		First Christy		MI	Contribution ID # 0261
Residential Street Address 221 Millbrook Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation State Government Relations Director		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Martin		First Terra		MI	Contribution ID # 0263
Residential Street Address 25 Smoke Hill Dr		City New Fairfield		State CT	Zip Code 06812
Principal Occupation Organizer		Name of Employer 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	
Is this contribution associated with an event 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	
					\$25.00

Last Name Mossberg		First Lori		MI	Contribution ID # 0277
Residential Street Address 310 Blue Trl		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/26/2025	Aggregate Contributions \$50.00	
					\$50.00

Last Name Hart		First Jefferey		MI P	Contribution ID # 0274
Residential Street Address 39 Georgiana St		City New London		State CT	Zip Code 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	
Is this contribution associated with an event 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	
					\$25.00

Last Name Cygan		First Mary		MI	Contribution ID # 0279
Residential Street Address 37 Barrett Ave		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an event 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	
					\$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 Drew		First Jill		MI	Contribution ID # 0278
Residential Street Address 10 Dakin Rd		City Sharon		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Mossberg		First Lori		MI	Contribution ID # 0277
Residential Street Address 310 Blue Trl		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/26/2025	Aggregate Contributions \$100.00-	\$50.00-

Last Name Greensmith		First Chloe		MI	Contribution ID # 0276
Residential Street Address 395 Pequot Ave		City New London		State CT	Zip Code 06320
Principal Occupation Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Harris		First Alex		MI	Contribution ID # 0275
Residential Street Address 37 Christopher Rd		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Executive		Name of Employer Archtop Fiber LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/26/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Friday		First Sandra		MI	Contribution ID # 0273
Residential Street Address 44 Gordon St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/26/2025	Aggregate Contributions \$20.00	\$20.00

Last Name Linkov		First Bruce		MI	Contribution ID # 0272
Residential Street Address 60 Deer Ln		City Guilford		State CT	Zip Code 06437
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/26/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Norkawich		First Peter		MI	Contribution ID # 0271
Residential Street Address 148 Hall St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Neitlich		First Susan		MI	Contribution ID # 0270
Residential Street Address 30 Spring Glen Ter		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/26/2025	Aggregate Contributions \$250.00	\$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 Doucette		First Jason		MI	Contribution ID # 0269
Residential Street Address 85 Stephanies Way		City Manchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Murphy		First Brian		MI	Contribution ID # 0268
Residential Street Address 1712 Whitney Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Malitsky		First William		MI	Contribution ID # 0267
Residential Street Address 98 Coleman Rd		City Glastonbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Mandato		First Brandi		MI	Contribution ID # 0266
Residential Street Address 56 South Ave		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Myers		First Peter		MI	Contribution ID # 0286
Residential Street Address 125 Mountain Rd		City North Granby		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Mahmood		First Aysha		MI	Contribution ID # 0285
Residential Street Address 109 Brookview Rd		City Windsor		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Orban		First Laura		MI	Contribution ID # 0284
Residential Street Address 95 Stony Hill Rd		City Brookfield		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name OBrien		First Timothy		MI	Contribution ID # 0283
Residential Street Address 46 High Ridge Dr .		City Pawcatuck		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Matus		First Laurel		MI E	Contribution ID # 0282
Residential Street Address 1 N Main St		City East Granby		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Moran		First Christopher		MI 	Contribution ID # 0281
Residential Street Address 68 Anthony Rd		City Tolland		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Kaiko		First Jacqueline		MI 	Contribution ID # 0280
Residential Street Address 310 Halliwell Dr		City Stamford		State CT	Zip Code 06902
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/27/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Mahmood		First Aysha		MI 	Contribution ID # 0285
Residential Street Address 109 Brookview Rd		City Windsor		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Summers		First Robert		MI	Contribution ID # 0298
Residential Street Address 237 Old Colony Rd		City Eastford		State CT	Zip Code 06242
Principal Occupation Retired		Name of Employer Na			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/28/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Tuhus		First Melinda		MI	Contribution ID # 0297
Residential Street Address 103 Carmat Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation hell-raiser		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$100.00

Last Name Dubois		First Meghan		MI	Contribution ID # 0296
Residential Street Address 493 Winthrop St		City Torrington		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Sweet		First Laurie		MI	Contribution ID # 0295
Residential Street Address 4 Prospect Ct		City Hamden		State CT	Zip Code 06517
Principal Occupation State Representative		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/28/2025	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Nugent		First Monika		MI	Contribution ID # 0294
Residential Street Address 84 Hope Cir		City Windsor		State CT	Zip Code 06095
Principal Occupation Manager of Public Policy and Advocacy			Name of Employer The Alliance		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/28/2025	
				Aggregate Contributions \$25.00	\$25.00

Last Name Chatterton		First Rose		MI	Contribution ID # 0293
Residential Street Address 39 Beecher Pl		City New Haven		State CT	Zip Code 06512
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/28/2025	
				Aggregate Contributions \$100.00	\$100.00

Last Name Brown		First Kevin		MI	Contribution ID # 0292
Residential Street Address 65 Valley View Ln		City Vernon		State CT	Zip Code 06066
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
Is this contribution associated with an event 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	\$50.00

Last Name Copp		First Alex		MI	Contribution ID # 0291
Residential Street Address 26 Palestine Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation Lawyer			Name of Employer 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
Is this contribution associated with an event 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	\$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 Nunez		First Paul		MI	Contribution ID # 0290
Residential Street Address 70 Marvel Rd		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Hoehne		First Keri		MI	Contribution ID # 0289
Residential Street Address 603 New Harwinton Rd		City Torrington		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Gilchrest		First Jillian		MI	Contribution ID # 0288
Residential Street Address 115 Maplewood Ave		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$75.00

Last Name Muir		First Renee		MI L	Contribution ID # 0287
Residential Street Address 256 Warsaw St		City Deep River		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Tuhus		First Melinda		MI	Contribution ID # 0297
Residential Street Address 103 Carmat Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/28/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Watson		First Gavin		MI	Contribution ID # 0303
Residential Street Address 70 Crescent Dr		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/29/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Leary		First Shannon		MI	Contribution ID # 0304
Residential Street Address 8 Kilbourn Rd		City Simsbury		State CT	Zip Code 06070
Principal Occupation Special Education Advocate		Name of Employer Shannon Knall, Special Education Advocate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/29/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Watson		First Gavin		MI	Contribution ID # 0303
Residential Street Address 70 Crescent Dr		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/29/2025	Aggregate Contributions \$150.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Graesser		First Christine		MI	Contribution ID # 0302
Residential Street Address 28 Lawrence Ave		City Avon		State CT	Zip Code 06001
Principal Occupation Retired librarian			Name of Employer CT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/29/2025	
				Aggregate Contributions \$154.00-	\$79.00-

Last Name Magaldi-Lewis		First Catherine		MI	Contribution ID # 0301
Residential Street Address 32 Oak Farms Rd		City Andover		State CT	Zip Code 06233
Principal Occupation retired			Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/29/2025	
				Aggregate Contributions \$100.00-	\$50.00-

Last Name Kohl		First Jason		MI	Contribution ID # 0300
Residential Street Address 18 Oswegatchie Rd		City Waterford		State CT	Zip Code 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
Is this contribution associated with an event 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-	\$5.00-

Last Name Vogel		First Michael		MI	Contribution ID # 0299
Residential Street Address 580 Cherry Brook Rd		City Canton		State CT	Zip Code 06019
Principal Occupation Attorney			Name of Employer Allegaert Berger & Vogel LLP		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/29/2025	
				Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Magaldi-Lewis		First Catherine		MI	Contribution ID # 0301
Residential Street Address 32 Oak Farms Rd		City Andover		State CT	Zip Code 06233
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/29/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Kohl		First Jason		MI	Contribution ID # 0300
Residential Street Address 18 Oswegatchie Rd		City Waterford		State CT	Zip Code 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		Amount of Contribution	
Is this contribution associated with an event 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 \$5.00	\$5.00

Last Name Graesser		First Christine		MI	Contribution ID # 0302
Residential Street Address 28 Lawrence Ave		City Avon		State CT	Zip Code 06001
Principal Occupation Retired librarian		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/29/2025	Aggregate Contributions \$75.00	\$75.00

Last Name DiRollo		First Mark		MI	Contribution ID # 0306
Residential Street Address 33 Millport Ave		City New Canaan		State CT	Zip Code 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	
Is this contribution associated with an event 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 \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Johnson		First Patrick		MI	Contribution ID # 0308
Residential Street Address 67 Sunbright Dr S		City Meriden		State CT	Zip Code 06450
Principal Occupation Business Controllwr			Name of Employer Sectra		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/30/2025	
				Aggregate Contributions \$50.00	\$50.00

Last Name Adams		First Amelia		MI	Contribution ID # 0307
Residential Street Address 69 Rutland Rd		City Brooklyn		State NY	Zip Code 11225
Principal Occupation Consulting			Name of Employer 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
Is this contribution associated with an event 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	\$100.00

Last Name DiRelle		First Mark		MI	Contribution ID # 0306
Residential Street Address 33 Millport Ave		City New Canaan		State CT	Zip Code 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
Is this contribution associated with an event 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	\$25.00

Last Name Nolan		First Lucy		MI	Contribution ID # 0305
Residential Street Address 10 Carnoustie Cir		City Bloomfield		State CT	Zip Code 06002
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 08/30/2025	
				Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pitzer		First Virginia		MI	Contribution ID # 0314
Residential Street Address 49 Ardmore St		City Hamden		State CT	Zip Code 06517
Principal Occupation Professor		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/01/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Salls		First Tucker		MI	Contribution ID # 0313
Residential Street Address 11 Tunxis Pl		City Simsbury		State CT	Zip Code 06081
Principal Occupation Government		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Phelps		First David		MI	Contribution ID # 0312
Residential Street Address 32 Leatherman Trl		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/01/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Shea		First Mike		MI	Contribution ID # 0311
Residential Street Address 291 Townsend Ave		City New Haven		State CT	Zip Code 06512
Principal Occupation Professor		Name of Employer Southern Connecticut State University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$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 Barrington		First Candace		MI	Contribution ID # 0310
Residential Street Address 291 Townsend Ave		City New Haven		State CT	Zip Code 06512
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Jones		First Philip		MI	Contribution ID # 0309
Residential Street Address 605 Walnut Tree Hill Rd		City Shelton		State CT	Zip Code 06484
Principal Occupation farmer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Jarecki		First Andrew		MI	Contribution ID # 0316
Residential Street Address 685 Post Rd		City Darien		State CT	Zip Code 06820
Principal Occupation Filmmaker		Name of Employer 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	
Is this contribution associated with an event 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-	\$320.00-

Last Name Cella		First David		MI	Contribution ID # 0315
Residential Street Address 172 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation General Contractor		Name of Employer 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	
Is this contribution associated with an event 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	\$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 O'Connor		First Carol		MI	Contribution ID # 0317
Residential Street Address 174 Centerbrook Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Social worker		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Jarecki		First Andrew		MI	Contribution ID # 0316
Residential Street Address 685 Post Rd		City Darien		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$320.00

Last Name Snyder		First Jill		MI	Contribution ID # 0319
Residential Street Address 39 Eaton Woods Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/03/2025	Aggregate Contributions \$25.00	\$25.00

Last Name OBrien		First Cory		MI	Contribution ID # 0318
Residential Street Address 124 Haverford St		City Hamden		State CT	Zip Code 06517
Principal Occupation Service Director		Name of Employer Phillips 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	
Is this contribution associated with an event 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	\$315.00

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 Severance		First Gwenith		MI	Contribution ID # 0323
Residential Street Address 24 King St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Shanley		First Ryan		MI	Contribution ID # 0322
Residential Street Address 138 Monroe St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Greenberg		First Samuel		MI	Contribution ID # 0320
Residential Street Address 206 Elm St		City New Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Tatro		First Dyjuan		MI	Contribution ID # 0321
Residential Street Address 10 K St SE		City Washington		State CT	Zip Code 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	
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	\$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 Strong		First Julien		MI	Contribution ID # 0480
Residential Street Address 55 Belmont St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Severance		First Gwenith		MI H	Contribution ID # 0323
Residential Street Address 24 King St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Schulman		First Molly		MI	Contribution ID # 0335
Residential Street Address 632 11th St		City Brooklyn		State NY	Zip Code 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	
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	\$150.00

Last Name Dunston		First Kiki		MI	Contribution ID # 0332
Residential Street Address 217 N Highland Ave		City Ossining		State NY	Zip Code 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	
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	\$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 Dixon		First Anthony		MI	Contribution ID # 0337
Residential Street Address 194 Sterling St		City Brooklyn		State NY	Zip Code 11225
Principal Occupation Deputy Director		Name of Employer Parole Preparation 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	
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	\$320.00

Last Name Bourne		First Andrew		MI	Contribution ID # 0333
Residential Street Address 385 6th Ave		City Brooklyn		State NY	Zip Code 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	
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	\$100.00

Last Name Lynch		First Stacy		MI	Contribution ID # 0340
Residential Street Address 41 Convent Ave		City New York		State NY	Zip Code 10027
Principal Occupation Consultant		Name of Employer NY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09062025A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/06/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Bartley		First Lawrence		MI	Contribution ID # 0339
Residential Street Address 57 Kent Ln		City Trumbull		State CT	Zip Code 06611
Principal Occupation Employed at non profit		Name of Employer No			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09062025A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/06/2025	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Peterson		First Marlon		MI	Contribution ID # 0338
Residential Street Address 44 Kent St Apt		City Brooklyn		State NY	Zip Code 11222
Principal Occupation Executive Director		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09062025A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/06/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Fernandez		First Robert		MI	Contribution ID # 0336
Residential Street Address 11703 Sutter Ave		City South Ozone Park		State NY	Zip Code 11420
Principal Occupation Nonprofit director		Name of Employer 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	
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	\$50.00

Last Name Schulman		First Molly		MI	Contribution ID # 0335
Residential Street Address 632 11th St		City Brooklyn		State NY	Zip Code 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	
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-	\$150.00-

Last Name Bourne		First Andrew		MI	Contribution ID # 0333
Residential Street Address 385 6th Ave		City Brooklyn		State NY	Zip Code 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	
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-	\$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 Dunston		First Kiki		MI	Contribution ID # 0332
Residential Street Address 217 N Highland Ave		City Ossining		State NY	Zip Code 10562
Principal Occupation Consultant		Name of Employer NY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09062025A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/06/2025	Aggregate Contributions \$300.00-	\$150.00-

Last Name Hughes		First Kenyatta		MI	Contribution ID # 0331
Residential Street Address 6 Haight Dr		City New Windsor		State NY	Zip Code 12553
Principal Occupation Artist		Name of Employer New York			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09062025A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/06/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Jones		First Chad		MI	Contribution ID # 0330
Residential Street Address 3201 Victoria Dr		City Mount Kisco		State NY	Zip Code 10549
Principal Occupation Real Estate Development		Name of Employer New York			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09062025A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/06/2025	Aggregate Contributions \$100.00	\$100.00

Last Name MacFarlane		First Jerrold		MI	Contribution ID # 0329
Residential Street Address 35 Claver Pl		City Brooklyn		State NY	Zip Code 11238
Principal Occupation Development		Name of Employer 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	
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	\$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 Absolam		First Colin		MI	Contribution ID # 0328
Residential Street Address 3024 Colden Ave		City Bronx		State NY	Zip Code 10469
Principal Occupation Community Linkage Specialist			Name of Employer 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
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	\$25.00

Last Name Dixon		First Anthony		MI	Contribution ID # 0337
Residential Street Address 194 Sterling St		City Brooklyn		State NY	Zip Code 11225
Principal Occupation No			Name of Employer NY		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09062025A		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/06/2025	
				Aggregate Contributions \$640.00	\$320.00

Last Name Lynch		First William		MI	Contribution ID # 0341
Residential Street Address 41 Hamilton Ter		City New York		State NY	Zip Code 10031
Principal Occupation Manager			Name of Employer 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
Is this contribution associated with an event 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	\$150.00

Last Name Bartley		First Ronnine		MI	Contribution ID # 0334
Residential Street Address 57 Kent Ln		City Trumbull		State CT	Zip Code 06611
Principal Occupation Educator			Name of Employer 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
Is this contribution associated with an event 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	\$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 Peña		First Dario		MI	Contribution ID # 0327
Residential Street Address 3216 Bronx Blvd		City Bronx		State NY	Zip Code 10467
Principal Occupation Recruitment and Community Partnerships Manager			Name of Employer 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	

Last Name Eke		First Therese		MI	Contribution ID # 0326
Residential Street Address 47 Point Beach Dr		City Milford		State CT	Zip Code 06460
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$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 Comey		First Robin		MI	Contribution ID # 0325
Residential Street Address 109 Shore Dr		City Branford		State CT	Zip Code 06405
Principal Occupation State Representative			Name of Employer 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 Messore		First Angelo		MI	Contribution ID # 0352
Residential Street Address 193 Haverford St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event 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	

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 Robinson		First Catherine		MI	Contribution ID # 0351
Residential Street Address 47 Four Mile Rd		City West Hartford		State CT	Zip Code 06107
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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 \$200.00-	\$100.00-

Last Name Rose		First Caitlin		MI	Contribution ID # 0350
Residential Street Address 2390 State St		City Hamden		State CT	Zip Code 06517
Principal Occupation CEO		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Robinson		First Catherine		MI	Contribution ID # 0351
Residential Street Address 47 Four Mile Rd		City West Hartford		State CT	Zip Code 06107
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Rosati		First Thomas		MI	Contribution ID # 0354
Residential Street Address 14 Colony St		City Hamden		State CT	Zip Code 06518
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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-	\$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 Ryus		First Caitlin		MI	Contribution ID # 0353
Residential Street Address 31 Brookwood Dr		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Physician		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/08/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Rosati		First Thomas		MI M	Contribution ID # 0354
Residential Street Address 14 Colony St		City Hamden		State CT	Zip Code 06518
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$15.00

Last Name Franchini		First Robert		MI	Contribution ID # 0612
Residential Street Address 1 Merwin Avenue		City Milford		State CT	Zip Code 06460
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/09/2025	Aggregate Contributions \$200.00	\$100.00

Last Name Williams		First Rebecca		MI	Contribution ID # 0365
Residential Street Address 133 Robin Hill Rd		City Meriden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Franchini		First R		MI	Contribution ID # 0612
Residential Street Address 1 Merwin Avenue		City Milford		State CT	Zip Code 06460
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/09/2025	Aggregate Contributions \$400.00-	\$100.00-

Last Name Langhorne		First Elizabeth		MI	Contribution ID # 0460
Residential Street Address 16 Morris St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/09/2025	Aggregate Contributions \$150.00	\$75.00

Last Name Kyler		First Sean		MI	Contribution ID # 0359
Residential Street Address 534 W 152nd St Apt 62		City New York		State NY	Zip Code 10031
Principal Occupation Associate Director		Name of Employer 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	
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	\$25.00

Last Name Garthwaite		First Laura		MI	Contribution ID # 0368
Residential Street Address 4275 Whitney Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Disabled		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/09/2025	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Glick		First Kenneth		MI	Contribution ID # 0367
Residential Street Address 75 Washington Ave # 3-306		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/09/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Williams		First Rebecca		MI	Contribution ID # 0365
Residential Street Address 133 Robin Hill Rd		City Meriden		State CT	Zip Code 06460
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	
Is this contribution associated with an event 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	\$150.00

Last Name Siegel-Miles		First Alyssa		MI	Contribution ID # 0364
Residential Street Address 712 Colonel Ledyard Hwy		City Ledyard		State CT	Zip Code 06339
Principal Occupation Program Aide		Name of Employer 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	
Is this contribution associated with an event 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	\$40.00

Last Name Cardozo		First Americo		MI	Contribution ID # 0363
Residential Street Address 30 Spring Valley Rd		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Government Employee		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/09/2025	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Minor		First Craig		MI	Contribution ID # 0361
Residential Street Address 755 Quinnipiac Ln # A		City Stratford		State CT	Zip Code 06614
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/09/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Burns		First Meghan		MI	Contribution ID # 0360
Residential Street Address 43 Lansdowne Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/09/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Marquez		First Stephanie		MI	Contribution ID # 0358
Residential Street Address 27 Ellington St		City Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Klein		First Martha		MI	Contribution ID # 0356
Residential Street Address 88 Doolittle Dr		City Norfolk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 O'Brien-Weber		First Judith		MI	Contribution ID # 0355
Residential Street Address 1850 Harte St		City Baldwin		State NY	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name DiRollo		First Mark		MI	Contribution ID # 0454
Residential Street Address 33 Millport Ave Apt 124		City New Canaan		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name DiRollo		First Mark		MI	Contribution ID # 0454
Residential Street Address 33 Millport Ave Apt 124		City New Canaan		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Klein		First Martha		MI	Contribution ID # 0356
Residential Street Address 88 Doolittle Dr		City Norfolk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Schramm		First Michael		MI	Contribution ID # 0369
Residential Street Address 28 Cricket Knl		City Wethersfield		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$20.00

Last Name Murray		First Melissa		MI	Contribution ID # 0371
Residential Street Address 8 Norden Pl Apt 222		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Swyden		First Monica		MI	Contribution ID # 0370
Residential Street Address 10 Vicki Ln		City Colchester		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Finnegan		First Mary		MI	Contribution ID # 0375
Residential Street Address 33 Fenway Rd		City Branford		State CT	Zip Code 06405
Principal Occupation Artist		Name of Employer 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	
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	\$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 Sexton		First Alice		MI	Contribution ID # 0377
Residential Street Address 45 Hardin Ln		City Glastonbury		State CT	Zip Code 06033
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	
Is this contribution associated with an event 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	\$75.00

Last Name Sims		First Samuel		MI	Contribution ID # 0376
Residential Street Address 10 Green Valley Lakes Rd		City East Lyme		State CT	Zip Code 06333
Principal Occupation Committee Clerk		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Seavy		First Charmaine		MI	Contribution ID # 0374
Residential Street Address 18 Quarry Rd		City Simsbury		State CT	Zip Code 06070
Principal Occupation Advertising		Name of Employer CV Media, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/12/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Redman		First Jim		MI	Contribution ID # 0373
Residential Street Address 47 Pool Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/12/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Brady		First John		MI	Contribution ID # 0372
Residential Street Address 159 Snake Meadow Hill Rd		City Sterling		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Anderson		First Erik		MI	Contribution ID # 0392
Residential Street Address 23 Avenue C Apt 2		City Norwalk		State CT	Zip Code 06854
Principal Occupation Account Manager Partnerships		Name of Employer JobTarget			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/13/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Underwood		First Janis		MI	Contribution ID # 0391
Residential Street Address 73 Woodside Ter		City New Haven		State CT	Zip Code 06515
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/13/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Trama		First Tim		MI	Contribution ID # 0390
Residential Street Address 36 Spring Garden St		City Hamden		State CT	Zip Code 06517
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Thorpe		First Tayler		MI	Contribution ID # 0389
Residential Street Address 29 Jackson Ave		City West Hartford		State CT	Zip Code 06110
Principal Occupation Project Manager		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/13/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Trombly		First Christopher		MI	Contribution ID # 0388
Residential Street Address 1834 Ella Grasso Blvd		City New Haven		State CT	Zip Code 06511
Principal Occupation College Administrator		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Tomassi		First Alexa		MI	Contribution ID # 0387
Residential Street Address 49 Colonial Ct		City Plainville		State CT	Zip Code 06062
Principal Occupation Communications Officer		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/13/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Sidebottom		First Gavin		MI	Contribution ID # 0385
Residential Street Address 5493 Franklin Ave		City Saint Paul		State MN	Zip Code 55110
Principal Occupation IT Consultant		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Smith		First Frank		MI	Contribution ID # 0383
Residential Street Address 232 2nd Ave		City Milford		State CT	Zip Code 06460
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	
Is this contribution associated with an event 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	\$50.00

Last Name Taubes		First Alexander		MI	Contribution ID # 0382
Residential Street Address 360 State St Apt 1622		City New Haven		State CT	Zip Code 06513
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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 \$640.00	\$320.00

Last Name Stumbaugh		First Dominique		MI	Contribution ID # 0381
Residential Street Address 1549 Second St		City Duarte		State CA	Zip Code 91010
Principal Occupation Graduate Student		Name of Employer UCLA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$25.00

Last Name Stretch		First Cynthia		MI	Contribution ID # 0380
Residential Street Address 200 Alden Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event 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 \$100.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Swartz		First Kyle		MI	Contribution ID # 0379
Residential Street Address 64 Erika Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Editor		Name of Employer EPG Media			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/13/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Stewart		First Eben		MI	Contribution ID # 0378
Residential Street Address 32 Woodland Ave		City Hamden		State CT	Zip Code 06514
Principal Occupation Software Engineer		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Meyers		First Jack		MI	Contribution ID # 0393
Residential Street Address 131 Washington St # 304		City Norwalk		State CT	Zip Code 06854
Principal Occupation Software Engineer		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>09132025B</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/13/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Glickson		First Marion		MI	Contribution ID # 0386
Residential Street Address 71 Aiken St # A7		City Norwalk		State CT	Zip Code 06851
Principal Occupation Property Management		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>09132025B</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/13/2025	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Thompson		First Tanner		MI	Contribution ID # 0384
Residential Street Address 16 Hillside St # K5		City Norwalk		State CT	Zip Code 06854
Principal Occupation Software Engineer		Name of Employer Google			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
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	\$25.00

Last Name Stretch		First Cynthia		MI	Contribution ID # 0380
Residential Street Address 200 Alden Ave		City New Haven		State CT	Zip Code 06515
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Taubes		First Alexander		MI	Contribution ID # 0382
Residential Street Address 360 State St Apt 1622		City New Haven		State CT	Zip Code 06513
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$320.00

Last Name Toubman		First Sheldon		MI	Contribution ID # 0397
Residential Street Address 94 Quonnipaug Hill Rd		City Guilford		State CT	Zip Code 06437
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Teeling		First Nick		MI	Contribution ID # 0396
Residential Street Address 29 Elm Dr		City West Hartford		State CT	Zip Code 06110
Principal Occupation Director		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Stevens		First Theodore		MI	Contribution ID # 0395
Residential Street Address 61 Westminster St		City Hamden		State CT	Zip Code 06518
Principal Occupation Transportation Planner		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Siegelbaum		First Beth		MI	Contribution ID # 0394
Residential Street Address 57 Russell St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Volunteer		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$25.00

Last Name Khan-Bureau		First Diba		MI	Contribution ID # 0406
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Jacklin		First Michele		MI	Contribution ID # 0405
Residential Street Address 31 Adenas Walk		City Glastonbury		State CT	Zip Code 06033
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Winkler		First Michelle		MI	Contribution ID # 0404
Residential Street Address 47 Indian Hill Rd		City Canton		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name O'Brien		First Tom		MI	Contribution ID # 0403
Residential Street Address 134 Wellsville Ave		City New Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Eke		First Therese		MI	Contribution ID # 0402
Residential Street Address 47 Point Beach Dr		City Milford		State CT	Zip Code 06460
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Adams		First Nathan		MI	Contribution ID # 0401
Residential Street Address 26 Stanton St		City Pawcatuck		State CT	Zip Code 06379
Principal Occupation Shipwright		Name of Employer Mystic Seaport Museum			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Blatteau		First Leslie		MI	Contribution ID # 0398
Residential Street Address 410 Greenwich Ave		City New Haven		State CT	Zip Code 06519
Principal Occupation Teacher		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Heimer		First Win		MI	Contribution ID # 0456
Residential Street Address 799 Prospect Ave Apt 2		City West Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$30.00	\$5.00

Last Name Khan-Bureau		First Diba		MI A	Contribution ID # 0406
Residential Street Address 40 Hill Top Trl		City Salem		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Blau		First Greta		MI	Contribution ID # 0450
Residential Street Address 63 Kaye Vue Dr Apt B		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Popp		First Cathy		MI	Contribution ID # 0409
Residential Street Address 69 Belden Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$35.00	\$10.00

Last Name Pezzini		First Norma		MI	Contribution ID # 5971
Residential Street Address 59 Hubbard Pl		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$30.00	\$20.00

Last Name Sacco		First Jennifer		MI	Contribution ID # 5970
Residential Street Address 54 Thompson St		City Hamden		State CT	Zip Code 06518
Principal Occupation Professor		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lombardi		First Antonia		MI	Contribution ID # 5969
Residential Street Address 195 Meadowside Rd		City Milford		State CT	Zip Code 06460
Principal Occupation Secretary		Name of Employer Milford Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/15/2025	Aggregate Contributions \$300.00	\$150.00

Last Name Leavitt-Smith		First Erin		MI	Contribution ID # 0411
Residential Street Address 7 Wintergreen Ln		City West Simsbury		State CT	Zip Code 06092
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/16/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Marquis		First Tessa		MI	Contribution ID # 0408
Residential Street Address 78 Olive St Apt 519		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/16/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Maitland		First Michelle		MI	Contribution ID # 0407
Residential Street Address 6 Acorn Dr		City Niantic		State CT	Zip Code 06357
Principal Occupation Project Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Murray		First Melissa		MI	Contribution ID # 0412
Residential Street Address 8 Norden Pl Apt 222		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$170.00

Last Name Leavitt-Smith		First Erin		MI	Contribution ID # 0411
Residential Street Address 7 Wintergreen Ln		City West Simsbury		State CT	Zip Code 06092
Principal Occupation Director		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/16/2025	Aggregate Contributions \$100.00	\$50.00

Last Name Yaccarino		First David		MI	Contribution ID # 0410
Residential Street Address 56 Robert Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Scientist		Name of Employer Thermo Fisher Scientific			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/16/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Hardy		First Travis		MI	Contribution ID # 0424
Residential Street Address 7 Homer St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Consultant		Name of Employer Classroom Champions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sudduth		First Jessie		MI	Contribution ID # 0423
Residential Street Address 300 S Duval St Unit 1001		City Tallahassee		State FL	Zip Code 32301
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$10.00	\$10.00

Last Name Smith		First Deborah		MI	Contribution ID # 0422
Residential Street Address 87 E Gate Ln		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Atchley		First Jennifer		MI	Contribution ID # 0421
Residential Street Address 31 Colony St		City Hamden		State CT	Zip Code 06518
Principal Occupation Student Registrar		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Atchley		First Chris		MI	Contribution ID # 0420
Residential Street Address 31 Colony St		City Hamden		State CT	Zip Code 06518
Principal Occupation Client Technologies Administrator		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$100.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lancaster		First Ronny		MI	Contribution ID # 0417
Residential Street Address 822 Capital Square Pl SW		City Washington		State DC	Zip Code 20024
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Karlinsky		First Martin		MI	Contribution ID # 0416
Residential Street Address 103 Mountain Rd		City Cornwall On Hudson		State NY	Zip Code 12520
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Zartman		First Justin		MI	Contribution ID # 0415
Residential Street Address 51 Surrey Dr		City Meriden		State CT	Zip Code 06451
Principal Occupation Lawyer		Name of Employer CT Education Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Cramer		First Jay		MI	Contribution ID # 0414
Residential Street Address 37 Iroquois Rd		City Bristol		State CT	Zip Code 06010
Principal Occupation Owner		Name of Employer CT Building Collaborative			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$150.00-	\$75.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McManus		First Joan		MI	Contribution ID # 0413
Residential Street Address 5 Broadview Rd		City Brookfield		State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$40.00	\$15.00

Last Name Cramer		First Jay		MI	Contribution ID # 0414
Residential Street Address 37 Iroquois Rd		City Bristol		State CT	Zip Code 06010
Principal Occupation Building Contractor		Name of Employer CT Building Collaborative			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Suisman		First Richard		MI	Contribution ID # 0528
Residential Street Address 2100 Massachusetts Ave NW		City Washington		State DC	Zip Code 20008
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$1,280.00	\$320.00

Last Name Hogan		First Eileen		MI	Contribution ID # 0419
Residential Street Address 330 Sharpless St		City West Chester		State PA	Zip Code 19382
Principal Occupation Admin Assistant		Name of Employer 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	
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	\$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 Jacobs		First Sam		MI	Contribution ID # 0418
Residential Street Address 114 W 17th St # 4R		City New York		State NY	Zip Code 10011
Principal Occupation Partner		Name of Employer 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	
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	\$320.00

Last Name Gallagher		First Madeleine		MI	Contribution ID # 5962
Residential Street Address 247 Natchaug Dr		City Meriden		State CT	Zip Code 06450
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$100.00	\$50.00

Last Name Karlinsky		First Martin		MI	Contribution ID # 0416
Residential Street Address 103 Mountain Rd		City Cornwall On Hudson		State NY	Zip Code 12520
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Suisman		First Richard		MI	Contribution ID # 0528
Residential Street Address 2100 Massachussetts Ave NW		City Washington		State DC	Zip Code 20008
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$640.00	\$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gallagher		First Madeleine		MI	Contribution ID # 5962
Residential Street Address 247 Natchaug Dr		City Meriden		State CT	Zip Code 06450
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Huizenga		First Susan		MI A	Contribution ID # 5634
Residential Street Address 36 Surrey Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/17/2025	Aggregate Contributions \$100.00	\$100.00

Last Name London		First Julia		MI	Contribution ID # 5972
Residential Street Address 2506 Prince St		City Berkeley		State CA	Zip Code 94705
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/18/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Sutton		First Jaimasan		MI	Contribution ID # 0426
Residential Street Address 47 Cedar St # 18		City Norwalk		State CT	Zip Code 06854
Principal Occupation Teacher		Name of Employer 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	
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	\$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 Braver		First Rachel		MI	Contribution ID # 0427
Residential Street Address 418 Poenisch Dr		City Corpus Christi		State TX	Zip Code 78412
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Bartlett		First Shana		MI	Contribution ID # 0432
Residential Street Address 560 Main St Apt 615		City Willimantic		State CT	Zip Code
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	
Is this contribution associated with an event 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	\$5.00

Last Name Smith		First Debra		MI	Contribution ID # 0431
Residential Street Address 1139 New Haven Ave		City Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Gorden		First Gay		MI	Contribution ID # 0430
Residential Street Address 2832 18th Ave SE		City Olympia		State WA	Zip Code 98501
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/18/2025	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Boudreau		First Curtis		MI	Contribution ID # 0429
Residential Street Address 110 Woodside St		City Putnam		State CT	Zip Code 06260
Principal Occupation Retail Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name McFadden		First Laurie		MI	Contribution ID # 0428
Residential Street Address 484 Long Hill Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/18/2025	Aggregate Contributions \$100.00	\$50.00

Last Name Braver		First Rachel		MI	Contribution ID # 0427
Residential Street Address 418 Poenisch Dr		City Corpus Christi		State TX	Zip Code 78412
Principal Occupation Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Henderson		First Christopher		MI	Contribution ID # 0425
Residential Street Address 69 Johnson Pond Ln		City Westbrook		State CT	Zip Code 06498
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Mower		First Gabriel		MI	Contribution ID # 0441
Residential Street Address 16 Route 164		City Preston		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$150.00

Last Name Walsh		First Nancy		MI	Contribution ID # 0440
Residential Street Address 7 N Main St # 712		City Old Saybrook		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$10.00

Last Name Seitz		First Vicki		MI	Contribution ID # 0439
Residential Street Address 194 Haverford St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/19/2025	Aggregate Contributions \$25.00	\$25.00

Last Name McDonald		First Ivar		MI	Contribution ID # 0438
Residential Street Address 510 Dugg Hill Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Pharmaceutical Research		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Watson		First Gavin		MI	Contribution ID # 0437
Residential Street Address 70 Crescent Dr		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/19/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Shaddox		First Colleen		MI	Contribution ID # 0436
Residential Street Address 22 Warner Rd		City East Haddam		State CT	Zip Code 06423
Principal Occupation Writer		Name of Employer 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	
Is this contribution associated with an event 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	\$200.00

Last Name Gianquinto		First Christine		MI	Contribution ID # 0435
Residential Street Address 2 Binney Rd		City Old Lyme		State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/19/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Gabriele		First Timothy		MI	Contribution ID # 0434
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Watson		First Gavin		MI	Contribution ID # 0437
Residential Street Address 70 Crescent Dr		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/19/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Oatis		First Victoria		MI	Contribution ID # 0433
Residential Street Address 12 Fairfield Ter		City Norwalk		State CT	Zip Code 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	
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	\$40.00

Last Name Buhler		First William		MI	Contribution ID # 0446
Residential Street Address 8 Winchester Way		City Cromwell		State CT	Zip Code 06416
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/20/2025	Aggregate Contributions \$100.00	\$50.00

Last Name Hansen		First Michael		MI	Contribution ID # 0445
Residential Street Address 44 Grandview Ave		City Old Lyme		State CT	Zip Code 06371
Principal Occupation Communications Supervisor		Name of Employer Amtrak			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/20/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Elliott		First Billy		MI	Contribution ID # 0444
Residential Street Address 116 Battis Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Flight Attendant		Name of Employer 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	
Is this contribution associated with an event 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-	\$5.00-

Last Name Resch		First Paula		MI	Contribution ID # 0443
Residential Street Address 95 Broadfield Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/20/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Mantel		First Stacy		MI	Contribution ID # 0442
Residential Street Address 61 Perrys Corner Rd		City Amenia		State NY	Zip Code 12501
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/20/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Elliott		First William		MI	Contribution ID # 0444
Residential Street Address 116 Battis Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Flight Attendant		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Barrett		First Winthrop		MI	Contribution ID # 0448
Residential Street Address 50 Old Marlboro Rd		City Maynard		State MA	Zip Code 01754
Principal Occupation Arborist		Name of Employer 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	
Is this contribution associated with an event 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	
					\$5.00

Last Name Papacoda		First Karolyn		MI R	Contribution ID # 0449
Residential Street Address 29 Veranda Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Attorney		Name of Employer Karolyn Ryan Papacoda, Attorney at Law, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/21/2025	Aggregate Contributions \$50.00	
					\$50.00

Last Name Barrett		First Winthrop		MI	Contribution ID # 0448
Residential Street Address 50 Old Marlboro Rd		City Maynard		State MA	Zip Code 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	
Is this contribution associated with an event 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	
					\$5.00

Last Name Marra		First Jennifer		MI	Contribution ID # 0447
Residential Street Address 75 Redwood Dr Unit 408		City East Haven		State CT	Zip Code 06513
Principal Occupation Project Manager		Name of Employer Merck			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/21/2025	Aggregate Contributions \$25.00	
					\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Blau		First Greta		MI	Contribution ID # 0451
Residential Street Address 63 Kaye Vue Dr Apt B		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Robichaud		First Renee		MI	Contribution ID # 0479
Residential Street Address 71 Temple St		City Waterbury		State CT	Zip Code 06706
Principal Occupation Administration		Name of Employer Webster Bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Gauthier		First Nicholas		MI	Contribution ID # 0483
Residential Street Address 38 Norman St		City Waterford		State CT	Zip Code 06385
Principal Occupation State Representative		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name Chavira		First Jeanette		MI	Contribution ID # 0482
Residential Street Address 182 Dessa Dr		City Hamden		State CT	Zip Code 06517
Principal Occupation Administration		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Strong		First Julien		MI	Contribution ID # 0481
Residential Street Address 55 Belmont St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$27.00-

Last Name Doerr		First Brian		MI	Contribution ID # 0468
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Villani		First Jason		MI	Contribution ID # 0478
Residential Street Address 47 Parker Farms Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Librarian		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Ciano		First Joan		MI	Contribution ID # 0477
Residential Street Address 365 Mather St		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rosenthal		First Judy		MI S	Contribution ID # 0476
Residential Street Address 70 Brookside Dr		City Hamden		State CT	Zip Code 06517
Principal Occupation Photographer		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name Leckman		First Hannah		MI CT	Contribution ID # 0475
Residential Street Address 125 Spring Glen Ter		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$100.00

Last Name Firla		First Mark		MI CT	Contribution ID # 0474
Residential Street Address 32 Chambers St		City New Haven		State CT	Zip Code 06513
Principal Occupation Administrative Assistant		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Foote		First Doug		MI CT	Contribution ID # 0473
Residential Street Address 112 Southfield Ave Apt 525		City Stamford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Cohen		First Debra		MI	Contribution ID # 0472
Residential Street Address 73 Church St		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Sokolovic		First Joseph		MI	Contribution ID # 0471
Residential Street Address 334 Burnsford Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Carrington		First Nancy		MI	Contribution ID # 0470
Residential Street Address 25 Hamden Hills Dr Unit 42		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$32.00	\$27.00

Last Name Picarello		First Bradford		MI	Contribution ID # 0469
Residential Street Address 2405 Whitney Ave Apt 505		City Hamden		State CT	Zip Code 06518
Principal Occupation Behavioral Technician		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Deerr		First Brian		MI	Contribution ID # 0468
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$5.00-

Last Name Shannon		First Michael		MI	Contribution ID # 0467
Residential Street Address 33 Foran Rd Apt 11		City Milford		State CT	Zip Code 06460
Principal Occupation Development Specialist		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Silver-Bonito		First Timothy		MI	Contribution ID # 0466
Residential Street Address 9 Rae Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Consultant		Name of Employer TSB Executive Search LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Elia		First Cathy		MI	Contribution ID # 0465
Residential Street Address 164 Dorrance St		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cenotti		First Marleen		MI	Contribution ID # 0464
Residential Street Address 21 Helen Rd		City Branford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Caffrey		First Karen		MI	Contribution ID # 0463
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 06040
Principal Occupation Psychotherapist		Name of Employer 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	
Is this contribution associated with an event 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-	\$40.00-

Last Name March		First Eric		MI	Contribution ID # 0462
Residential Street Address 253 Willow St		City New Haven		State CT	Zip Code 06511
Principal Occupation Teacher		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Langhorne		First Elizabeth		MI	Contribution ID # 0461
Residential Street Address 16 Morris St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$470.00	\$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DiRolle		First Mark		MI	Contribution ID # 0455
Residential Street Address 33 Millport Ave Apt 124		City New Canaan		State CT	Zip Code 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
Is this contribution associated with an event 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-	\$100.00-

Last Name DiRolle		First Mark		MI	Contribution ID # 0454
Residential Street Address 33 Millport Ave Apt 124		City New Canaan		State CT	Zip Code 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
Is this contribution associated with an event 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-	\$100.00-

Last Name Finn		First Emily		MI	Contribution ID # 0453
Residential Street Address 18 W Elm St		City New Haven		State CT	Zip Code 06515
Principal Occupation Research			Name of Employer Yale		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	
				Aggregate Contributions \$5.00	\$5.00

Last Name Martucci		First Mick		MI	Contribution ID # 0452
Residential Street Address 720 Mt Carmel Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	
				Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Covett		First Katie		MI	Contribution ID # 0459
Residential Street Address 1188 Trout Brook Dr		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Hinds		First Katherine		MI	Contribution ID # 0458
Residential Street Address 55 Fernwood Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Heimer		First Win		MI	Contribution ID # 0457
Residential Street Address 799 Prospect Ave Apt 2		City West Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Caffrey		First Karen		MI	Contribution ID # 0463
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 06040
Principal Occupation Psychotherapist		Name of Employer Karen Caffrey LPC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/23/2025	Aggregate Contributions \$40.00	\$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 Strong		First Julien		MI	Contribution ID # 0481
Residential Street Address 55 Belmont St		City Hamden		State CT	Zip Code 06517
Principal Occupation Assistant Professor of English		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name Covett		First Katie		MI	Contribution ID # 0459
Residential Street Address 1188 Trout Brook Dr		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name DiRollo		First Mark		MI	Contribution ID # 0455
Residential Street Address 33 Millport Ave Apt 124		City New Canaan		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Shumway		First Michael		MI	Contribution ID # 0488
Residential Street Address 8735 E 23rd Ave		City Denver		State CO	Zip Code 80238
Principal Occupation Accountant		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Cella		First Gabriel		MI	Contribution ID # 0487
Residential Street Address 172 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/24/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Simon		First Al		MI	Contribution ID # 0486
Residential Street Address 49 Ford Xing		City Northampton		State MA	Zip Code 01060
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/24/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Chinnock		First Randal		MI	Contribution ID # 0485
Residential Street Address 47 Kenerson Reservoir Rd		City Ashford		State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/24/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Brown		First Debra		MI	Contribution ID # 0484
Residential Street Address 157 Santamaria Dr		City Torrington		State CT	Zip Code 06790
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/24/2025	Aggregate Contributions \$300.00	\$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 McDonough		First Donna		MI	Contribution ID # 0491
Residential Street Address 154 Haverford St		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Gibson		First Katie		MI	Contribution ID # 0490
Residential Street Address 200 Arch Rd		City Avon		State CT	Zip Code 06001
Principal Occupation Retail		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Wilson		First Kimberlee		MI	Contribution ID # 0489
Residential Street Address 115 Bellevue Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Teacher		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/25/2025	Aggregate Contributions \$27.00	\$27.00

Last Name Blyth		First Thomas		MI	Contribution ID # 0492
Residential Street Address 94 East Ave Unit 2A		City Norwalk		State CT	Zip Code 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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>09132025B</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/25/2025	Aggregate Contributions \$320.00	\$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Garlock		First Wayne		MI	Contribution ID # 0496
Residential Street Address 34 Florence Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Shipping and handling management			Name of Employer 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
Is this contribution associated with an event 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	\$20.00

Last Name Garlock		First Alice		MI	Contribution ID # 0495
Residential Street Address 34 Florence Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Unemployed			Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/26/2025	
				Aggregate Contributions \$5.00	\$5.00

Last Name Adair		First Stephen		MI	Contribution ID # 0494
Residential Street Address 510 Bloomfield Ave		City Bloomfield		State CT	Zip Code 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
Is this contribution associated with an event 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	\$75.00

Last Name Jones		First Ralph		MI	Contribution ID # 0493
Residential Street Address 73 Mulberry HI		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/26/2025	
				Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McLean		First Scott		MI	Contribution ID # 0499
Residential Street Address 162 Willard St		City New Haven		State CT	Zip Code 06515
Principal Occupation Professor		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/27/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Congdon		First Bob		MI	Contribution ID # 0497
Residential Street Address 20 Meadowbrook Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/27/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Hanpeter		First Benjamin		MI	Contribution ID # 0498
Residential Street Address 14 Haviland St # B4		City Norwalk		State CT	Zip Code 06854
Principal Occupation Mechanical Engineer		Name of Employer ASML			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09132025B	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/27/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Fox		First Paul		MI	Contribution ID # 0535
Residential Street Address 11 Hanford Pl Fl 1		City Norwalk		State CT	Zip Code 06854
Principal Occupation Engineer		Name of Employer ASML			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 09132025B	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Niedzielski-Eichner		First Nora		MI	Contribution ID # 0542
Residential Street Address 7 Outer Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Attorney		Name of Employer 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	
Is this contribution associated with an event 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	\$295.00

Last Name Millian		First Nancy		MI	Contribution ID # 0541
Residential Street Address 500 Boulder Pass # 230		City Oxford		State CT	Zip Code 06478
Principal Occupation Psychologist		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Calabrese		First Christopher		MI	Contribution ID # 0540
Residential Street Address 61 Loomis Rd		City Colchester		State CT	Zip Code 06514
Principal Occupation Policy Analyst		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Spencer		First Jocelyn		MI G	Contribution ID # 0539
Residential Street Address 167 Treadwell St		City Hamden		State CT	Zip Code 06517
Principal Occupation CClergy/community organizer		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Besette		First Michael		MI	Contribution ID # 0538
Residential Street Address 360 Abbe Rd		City South Windsor		State CT	Zip Code 06074-1608
Principal Occupation Financial Examiner		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Cunningham		First Peter		MI	Contribution ID # 0537
Residential Street Address 81 N Lake Dr		City Hamden		State CT	Zip Code 06517
Principal Occupation Editor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Avenia		First Jennifer		MI	Contribution ID # 0536
Residential Street Address 34 Dyer Ave		City Collinsville		State CT	Zip Code 06019
Principal Occupation 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	
Is this contribution associated with an event 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	\$5.00

Last Name Rutledge		First Peyton		MI	Contribution ID # 0534
Residential Street Address 9 Alexis Dr		City Bolton		State CT	Zip Code 06043
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Feigenbaum		First Jacob		MI	Contribution ID # 0533
Residential Street Address 200 Edgehill Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Laskowitz		First Jonathan		MI	Contribution ID # 0532
Residential Street Address 316 Ithaca Rd		City Ithaca		State NY	Zip Code 14850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Martin		First Lori		MI	Contribution ID # 0531
Residential Street Address 24 Sherland Ave		City New Haven		State CT	Zip Code 06513
Principal Occupation Executive Director		Name of Employer Haven's Harvest			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Francese		First James		MI	Contribution ID # 0530
Residential Street Address 68 Wickham Rd		City Haddam		State CT	Zip Code 06423
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kosty		First Kevin		MI	Contribution ID # 0529
Residential Street Address 79 Cedarcrest Ct		City Shelton		State CT	Zip Code 06484
Principal Occupation Senior Technical Support Specialist			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 \$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 Padowicz		First Nadine		MI	Contribution ID # 0527
Residential Street Address 34 Anderson Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Social Worker			Name of Employer Nadine Padowicz, LCSW		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event 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 Coville		First Lynn		MI	Contribution ID # 0526
Residential Street Address 164 Hammock Rd N Unit 14		City Westbrook		State CT	Zip Code 06498
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$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 Kaziey		First Janet		MI	Contribution ID # 0525
Residential Street Address 32 Fern St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
Is this contribution associated with an event 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	

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 Vaughan		First Lois Anne		MI	Contribution ID # 0524
Residential Street Address 609 Trails End Rd		City Manchester		State CT	Zip Code 06042
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$10.00- \$5.00-	

Last Name Sharnick		First Michelle		MI	Contribution ID # 0523
Residential Street Address 3 Roller Ter		City Milford		State CT	Zip Code 06461
Principal Occupation Marketing		Name of Employer 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	
Is this contribution associated with an event 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 \$25.00	

Last Name Guillet		First Nicole		MI	Contribution ID # 0522
Residential Street Address 1 Freestone Ave		City Cromwell		State CT	Zip Code 06416
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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 \$5.00	

Last Name Ferraro		First Chiara		MI	Contribution ID # 0521
Residential Street Address 169 Auburn Rd		City West Hartford		State CT	Zip Code 06119
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$40.00 \$25.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Chafee		First Brandon		MI	Contribution ID # 0520
Residential Street Address 73 Ten Acre Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Engineer		Name of Employer Eversource			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Paro		First K		MI	Contribution ID # 0519
Residential Street Address 9 Circle Dr		City Stonington		State CT	Zip Code 06378
Principal Occupation Artist		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Veit		First Jennifer		MI	Contribution ID # 0518
Residential Street Address 56 Goose Ln		City Tolland		State CT	Zip Code 06084
Principal Occupation Chiropractor		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Ferguson		First Roderick		MI	Contribution ID # 0517
Residential Street Address 980 Prospect St		City Hamden		State CT	Zip Code 06517
Principal Occupation Professor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lopez		First Erin		MI	Contribution ID # 0516
Residential Street Address 77 Patricia Cir		City Fairfield		State CT	Zip Code 06825
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$27.00	\$27.00

Last Name Sligh		First Martha		MI	Contribution ID # 0515
Residential Street Address 1106 North Rd		City Groton		State CT	Zip Code 06430-3217
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Brown		First Diane		MI	Contribution ID # 0514
Residential Street Address 24 Topstone Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Medical Administrator		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Michel		First David		MI	Contribution ID # 0513
Residential Street Address 4 Rockledge Dr		City Stamford		State CT	Zip Code 06902
Principal Occupation Wholesale Consultant		Name of Employer Eyes of Steel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DeChello		First John		MI	Contribution ID # 0512
Residential Street Address 65 Jackson Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Executive		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Cabrera		First Jorge		MI	Contribution ID # 0511
Residential Street Address 57 Dunbar Ln		City Hamden		State CT	Zip Code 06514
Principal Occupation Business Development		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Purtell		First Ariana		MI	Contribution ID # 0510
Residential Street Address 130 Highland Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation RN		Name of Employer 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	
Is this contribution associated with an event 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	\$27.00

Last Name Winter		First Steve		MI	Contribution ID # 0509
Residential Street Address 459 Dixwell Ave Apt 3		City New Haven		State CT	Zip Code 06511
Principal Occupation Executive Director, Climate and Sustainability		Name of Employer City of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Grzadko		First Krzysztof		MI	Contribution ID # 0508
Residential Street Address 11 Sunnyside Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation IT		Name of Employer Amazon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$27.00	\$27.00

Last Name Haynes		First Laura		MI	Contribution ID # 0507
Residential Street Address 39 Fawnbrook Ln		City Simsbury		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Gehlker		First Marion		MI	Contribution ID # 0506
Residential Street Address 19 Timberwood Trl		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Cash		First William		MI	Contribution ID # 0505
Residential Street Address 586 Opening Hill Rd		City Madison		State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dick		First Leslie		MI	Contribution ID # 0504
Residential Street Address 230 Ridgewood Ave		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Henderson		First Jennifer		MI M	Contribution ID # 0503
Residential Street Address 58 Brookside Dr		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Langhorne		First Elizabeth		MI	Contribution ID # 0502
Residential Street Address 16 Morris St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$570.00	\$100.00

Last Name Drechsler-Martell		First Jospeh		MI	Contribution ID # 0501
Residential Street Address 73 Washington St Apt C2		City New London		State CT	Zip Code 06320
Principal Occupation CAD Drafter		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Burgio		First Anne		MI	Contribution ID # 0500
Residential Street Address 554 Toby Hill Rd		City Westbrook		State CT	Zip Code 06498
Principal Occupation Sales		Name of Employer Knights Bridge Winery			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$100.00	\$75.00

Last Name Vaughan		First Lois		MI A	Contribution ID # 0524
Residential Street Address 609 Trails End Rd		City Manchester		State CT	Zip Code 06042
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/28/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Gehlker		First Marion		MI	Contribution ID # 0506
Residential Street Address 19 Timberwood Trl		City Hamden		State CT	Zip Code 06514
Principal Occupation Lecturer		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Avenia		First Jennifer		MI	Contribution ID # 0536
Residential Street Address 34 Dyer Ave		City Canton		State CT	Zip Code 06019
Principal Occupation Director of Immigration Practice Lawyer		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Torgerson		First Susan		MI	Contribution ID # 0544
Residential Street Address 19 Park Ln # 1		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Associate		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$5.00	
					\$5.00

Last Name Martinez		First Theodore		MI	Contribution ID # 0558
Residential Street Address 91 Lovell Ave		City Windsor		State CT	Zip Code 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	
Is this contribution associated with an event 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	
					\$25.00

Last Name Klein		First Martha		MI	Contribution ID # 0543
Residential Street Address 88 Doolittle Dr		City Norfolk		State CT	Zip Code 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	
Is this contribution associated with an event 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	
					\$100.00

Last Name Turchi		First Maria		MI	Contribution ID # 0552
Residential Street Address 21 Brentford Berwick		City Ledyard		State CT	Zip Code 06339
Principal Occupation Accountant		Name of Employer 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	
Is this contribution associated with an event 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	
					\$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 Tredwell		First Janet		MI	Contribution ID # 0563
Residential Street Address 151 Gillies Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Shomaker		First Kathleen		MI	Contribution ID # 0562
Residential Street Address 37 Hepburn Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Aldrich		First Sarah		MI	Contribution ID # 0561
Residential Street Address 45 Filbert St		City Hamden		State CT	Zip Code 06517
Principal Occupation Rehab Aide		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Guiliano		First Samantha		MI	Contribution ID # 0560
Residential Street Address 151 Four Mile Rd		City West Hartford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Ebersole		First Garrett		MI	Contribution ID # 0559
Residential Street Address 113 Central Ave		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$27.00

Last Name Martinez		First Theodore		MI	Contribution ID # 0558
Residential Street Address 91 Lovell Ave		City Windsor		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Hinton		First Elizabeth		MI	Contribution ID # 0557
Residential Street Address 445 St Ronan St		City New Haven		State CT	Zip Code 06511
Principal Occupation Professor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$320.00	\$320.00

Last Name Conte		First Delinda		MI	Contribution ID # 0556
Residential Street Address 100 Cannon St		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lombardo		First Wayne		MI	Contribution ID # 0555
Residential Street Address 571 Town St		City Moodus		State CT	Zip Code 06469
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$10.00	\$5.00

Last Name Solomon		First Adam		MI	Contribution ID # 0554
Residential Street Address 35 Underhill Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Teacher		Name of Employer Teacher			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$27.00	\$27.00

Last Name Smith		First Debra		MI	Contribution ID # 0553
Residential Street Address 1139 New Haven Ave		City Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$5.00

Last Name Turchi		First Maria		MI	Contribution ID # 0552
Residential Street Address 21 Brentford Berwick		City Ledyard		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Powell		First Christopher		MI	Contribution ID # 0551
Residential Street Address 5 Chestnut St		City Trumbull		State CT	Zip Code 06611
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$20.00	\$10.00

Last Name Bonnnett		First Lynne		MI	Contribution ID # 0550
Residential Street Address 675 Townsend Ave		City New Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Schweitzer		First Chris		MI	Contribution ID # 0549
Residential Street Address 361 Elm St		City New Haven		State CT	Zip Code 06511
Principal Occupation Director		Name of Employer New Haven Leon SCP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$27.00	\$27.00

Last Name Gibbons		First Jonathan		MI	Contribution ID # 0548
Residential Street Address 21 Crescent Pl		City Monroe		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$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 Rabon		First Pierce		MI	Contribution ID # 0547
Residential Street Address 1476 Chicago Blvd		City Detroit		State MI	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Pisani		First Kim		MI	Contribution ID # 0546
Residential Street Address 41 Osprey Cir		City Okatie		State SC	Zip Code 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	
Is this contribution associated with an event 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	\$100.00

Last Name Galssman		First Kimberly		MI	Contribution ID # 0545
Residential Street Address 324 Old Mill Rd		City Middletown		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$50.00

Last Name Forgerson		First Susan		MI	Contribution ID # 0544
Residential Street Address 19 Park Ln # 1		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Associate		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/29/2025	Aggregate Contributions \$10.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Klein		First Martha		MI	Contribution ID # 0543
Residential Street Address 88 Doolittle Dr		City Norfolk		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$100.00-

Last Name Tuhus		First Melinda		MI	Contribution ID # 0576
Residential Street Address 103 Carmat Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$125.00	\$25.00

Last Name Huizenga		First Curt		MI	Contribution ID # 0617
Residential Street Address 36 Surrey Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$15.00	\$15.00

Last Name Deutsch		First Barry		MI	Contribution ID # 0616
Residential Street Address 2 Frey Rd		City Canton		State CT	Zip Code 06019
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Barry		First Michael		MI	Contribution ID # 0615
Residential Street Address 77 Boulder Rd		City Manchester		State CT	Zip Code 06040
Principal Occupation Director		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Marinone		First Nichole		MI	Contribution ID # 0614
Residential Street Address 63 Howard Ave Apt 2		City New Haven		State CT	Zip Code 06519
Principal Occupation Operations		Name of Employer 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	
Is this contribution associated with an event 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	\$50.00

Last Name Franchini		First R		MI	Contribution ID # 0613
Residential Street Address 1 Merwin Avenue		City Milford		State CT	Zip Code 06460
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$520.00	\$120.00

Last Name Swibold		First Gretchen		MI	Contribution ID # 0597
Residential Street Address 731 Cherry Brook Rd		City Canton		State CT	Zip Code 06019
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Devin		First Nichole		MI	Contribution ID # 0595
Residential Street Address 397 Main St		City Terryville		State CT	Zip Code 06786
Principal Occupation Echosonographer		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Byrne		First Emily		MI	Contribution ID # 0586
Residential Street Address 275 Winchester Ave # 115		City New Haven		State CT	Zip Code 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 ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event 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	\$50.00

Last Name Coassin		First Sophie		MI	Contribution ID # 0602
Residential Street Address 33 Westerly Dr		City Hamden		State CT	Zip Code 06518
Principal Occupation Student		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name DeLucia		First Pasquale		MI	Contribution ID # 0582
Residential Street Address 7 Shepard Hill Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$150.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Zammiello		First Jason		MI	Contribution ID # 0611
Residential Street Address 24 Honeysuckle Ln		City Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Knight		First Jason		MI	Contribution ID # 0609
Residential Street Address 93 South St Apt 3		City Vernon		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Austin		First Kyle		MI	Contribution ID # 0608
Residential Street Address 21 Washington St		City Trumansburg		State NY	Zip Code 14886
Principal Occupation Fire Protection		Name of Employer Cornell University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$12.72	\$12.72

Last Name Care		First Jen		MI	Contribution ID # 0607
Residential Street Address 169 Russo Dr		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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-	\$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 Fucci		First Laura		MI	Contribution ID # 0606
Residential Street Address 418 Anderson Ave		City Milford		State CT	Zip Code 06460-3705
Principal Occupation Deputy Registrar of Voters		Name of Employer 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	
Is this contribution associated with an event 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	\$10.00

Last Name Austin		First Courtney		MI	Contribution ID # 0605
Residential Street Address 21 Washington St		City Trumansburg		State NY	Zip Code 14886
Principal Occupation Credentialing Specialist		Name of Employer 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	
Is this contribution associated with an event 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	\$12.28

Last Name Zukauskas		First Crystal		MI	Contribution ID # 0604
Residential Street Address 110 Wakefield St		City Hamden		State CT	Zip Code 06517
Principal Occupation Sales		Name of Employer 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	
Is this contribution associated with an event 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	\$250.00

Last Name Popp		First Cathy		MI	Contribution ID # 0603
Residential Street Address 69 Belden Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$50.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Coassin		First Sophie		MI	Contribution ID # 0602
Residential Street Address 33 Westerly Dr		City Hamden		State CT	Zip Code 06518
Principal Occupation Student		Name of Employer 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	
Is this contribution associated with an event 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-	\$100.00-

Last Name Brunson		First Jeremiah		MI	Contribution ID # 0601
Residential Street Address 57 First St		City Hamden		State CT	Zip Code 06514
Principal Occupation Legal Assistant		Name of Employer 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	
Is this contribution associated with an event 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-	\$25.00-

Last Name Palmer		First Aidan		MI	Contribution ID # 0600
Residential Street Address 385 Mountain Rd		City Cheshire		State CT	Zip Code 06410
Principal Occupation Student worker		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Bush		First Charneil		MI	Contribution ID # 0599
Residential Street Address 40 John St		City Waterbury		State CT	Zip Code 06708
Principal Occupation School Counselor		Name of Employer 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	
Is this contribution associated with an event 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	\$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 Welander		First Maary		MI	Contribution ID # 0598
Residential Street Address 377 Dogwood Rd		City Orange		State CT	Zip Code 06477
Principal Occupation State Representative		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Swibold		First Gretchen		MI	Contribution ID # 0597
Residential Street Address 731 Cherry Brook Rd		City Canton		State CT	Zip Code 06019
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$50.00-	\$25.00-

Last Name Goulart		First Jeanne		MI	Contribution ID # 0596
Residential Street Address 35 Bishop Rd		City Bozrah		State CT	Zip Code 06334
Principal Occupation Teacher		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Devin		First Nichole		MI	Contribution ID # 0595
Residential Street Address 397 Main St		City Terryville		State CT	Zip Code 06786
Principal Occupation Echsonographer		Name of Employer 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	
Is this contribution associated with an event 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-	\$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 Keegan		First Thomas		MI	Contribution ID # 0594
Residential Street Address 29 Filbert St		City Hamden		State CT	Zip Code 06517
Principal Occupation Nonprofit Executive		Name of Employer Liberty Community Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Fiftal		First Leon		MI	Contribution ID # 0593
Residential Street Address 80 Briarcliff Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$5.00	\$5.00

Last Name Linehan		First Liz		MI	Contribution ID # 0592
Residential Street Address 405 Sycamore Ln		City Cheshire		State CT	Zip Code 06410
Principal Occupation Legislator		Name of Employer 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	
Is this contribution associated with an event 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	\$100.00

Last Name Davis		First Gemeem		MI	Contribution ID # 0591
Residential Street Address 33 Cottage Pl		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Co-Director		Name of Employer Bridgeport Generation Now			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name de Smet		First Jean		MI	Contribution ID # 0590
Residential Street Address 39 Davis St		City Willimantic		State CT	Zip Code 06226
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Koleva		First Radostina		MI	Contribution ID # 0589
Residential Street Address 25 Fernwood Rd		City Avon		State CT	Zip Code 06001
Principal Occupation Analyst		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Friday		First Sandra		MI	Contribution ID # 0588
Residential Street Address 44 Gordon St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$45.00	\$25.00

Last Name Meade		First Thomas		MI	Contribution ID # 0587
Residential Street Address 245 Hillfield Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Byrne		First Emily		MI	Contribution ID # 0586
Residential Street Address 275 Winchester Ave # 115		City New Haven		State CT	Zip Code 06511
Principal Occupation Executive Director		Name of Employer 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	
Is this contribution associated with an event 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-	\$50.00-

Last Name Westphal		First Max		MI	Contribution ID # 0585
Residential Street Address 219 High St		City Milford		State CT	Zip Code 06460
Principal Occupation Scientist		Name of Employer 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	
Is this contribution associated with an event 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	\$5.00

Last Name Rosenthal		First Judy		MI S	Contribution ID # 0583
Residential Street Address 70 Brookside Dr		City Hamden		State CT	Zip Code 06517
Principal Occupation Photographer		Name of Employer 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	
Is this contribution associated with an event 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	\$15.00

Last Name DeLucia		First Pat		MI	Contribution ID # 0582
Residential Street Address 7 Shepard Hill Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$300.00-	\$50.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Osmanu		First Abdul		MI	Contribution ID # 0581
Residential Street Address 91 N Street 2		City Hamden		State CT	Zip Code 06514
Principal Occupation Assoc. for Professional and Instructional Engageme		Name of Employer CT Education Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$10.00-	\$5.00-

Last Name Kim		First Christine		MI	Contribution ID # 0580
Residential Street Address 406 Humphrey St		City New Haven		State CT	Zip Code 06511
Principal Occupation unemployed		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Hughes		First Anne		MI	Contribution ID # 0579
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612
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	
Is this contribution associated with an event 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	\$150.00

Last Name Zacks		First Michelle		MI	Contribution ID # 0578
Residential Street Address 453 Whitney Ave # 1		City New Haven		State CT	Zip Code 06511
Principal Occupation Academic Administrator		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Joy		First Brian		MI	Contribution ID # 0577
Residential Street Address 655 Talcottville Rd # 142		City Vernon		State CT	Zip Code 06066
Principal Occupation Associate Analyst		Name of Employer Eversource			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$10.00	\$10.00

Last Name Tuhus		First Melinda		MI	Contribution ID # 0576
Residential Street Address 103 Carmat Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$250.00	\$25.00

Last Name Bartlett		First Shana		MI	Contribution ID # 0575
Residential Street Address 560 Main St Apt 615		City Willimantic		State CT	Zip Code
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	
Is this contribution associated with an event 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	\$5.00

Last Name Hansen		First Michael		MI	Contribution ID # 0572
Residential Street Address 44 Grandview Ave		City Old Lyme		State CT	Zip Code 06371
Principal Occupation Communications Supervisor		Name of Employer Amtrak			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$50.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lhamon		First Judy		MI	Contribution ID # 0571
Residential Street Address 24 King St		City Hamden		State CT	Zip Code 06517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Mayne		First Stephanie		MI	Contribution ID # 0570
Residential Street Address 135 Meadowlawn Rd		City Stratford		State CT	Zip Code 06514
Principal Occupation International Payroll Manager		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Kiely		First Kathleen (Katie)		MI	Contribution ID # 0569
Residential Street Address 69 Augur St		City Hamden		State CT	Zip Code 06517
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an event 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	\$25.00

Last Name Cunningham		First Alison		MI	Contribution ID # 0568
Residential Street Address 19 Wilkins St		City Hamden		State CT	Zip Code 06517
Principal Occupation Higher Ed		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Oliveri		First Steven		MI	Contribution ID # 0567
Residential Street Address 266 Florida Rd		City Ridgefield		State CT	Zip Code 06877
Principal Occupation Teacher		Name of Employer Norwalk Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Kenney		First Catherine		MI	Contribution ID # 0566
Residential Street Address 580 Cherry Brook Rd		City Canton		State CT	Zip Code 06019
Principal Occupation Farmer		Name of Employer 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	
Is this contribution associated with an event 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	\$150.00

Last Name Pope		First Jennifer		MI	Contribution ID # 0565
Residential Street Address 37 Woodstock Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Clinical Research manager		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Etheridge		First Justin		MI	Contribution ID # 0564
Residential Street Address 900 248RC Chapel St		City New Haven		State CT	Zip Code 06510
Principal Occupation Research Analyst		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$100.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Zammiello		First Jason		MI	Contribution ID # 0611
Residential Street Address 24 Honeysuckle Ln		City Milford		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Ryan		First Patricia		MI L	Contribution ID # 0610
Residential Street Address 26 Melbourne Rd		City Norwalk		State CT	Zip Code 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	
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 \$25.00	\$25.00

Last Name Stoll		First Rebecca		MI	Contribution ID # 0574
Residential Street Address 26 Emerson St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Audio Stagehand		Name of Employer 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	
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	\$320.00

Last Name Ryan		First Tricia		MI	Contribution ID # 0610
Residential Street Address 26 Melbourne Rd		City Norwalk		State CT	Zip Code 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	
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	\$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 Stell		First Rebecca		MI	Contribution ID # 0574
Residential Street Address 26 Emerson St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Theatrical Stagehand		Name of Employer 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	
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-	\$320.00-

Last Name Carpio		First Diana		MI	Contribution ID # 0573
Residential Street Address 8 Fourth St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Accounts Payable Specialist		Name of Employer 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	
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	\$5.00

Last Name Caro		First Jen		MI	Contribution ID # 0607
Residential Street Address 169 Russo Dr		City Hamden		State CT	Zip Code 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	
Is this contribution associated with an event 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	\$25.00

Last Name Etheridge		First Justin		MI	Contribution ID # 0564
Residential Street Address 900 Chapel St		City New Haven		State CT	Zip Code 06510
Principal Occupation Research Analyst		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 09/30/2025	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Brunson		First Jeremiah		MI	Contribution ID # 0601
Residential Street Address 57 First St		City Hamden		State CT	Zip Code 06514
Principal Occupation Legal Assistant			Name of Employer 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 \$25.00	

Last Name Osmanu		First Abdul		MI	Contribution ID # 0581
Residential Street Address 91 N Street 2		City Hamden		State CT	Zip Code 06514
Principal Occupation Assoc. for Professional and Instructional Engageme			Name of Employer CT Education Association		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution \$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 McCleary		First Rita		MI W	Contribution ID # 0584
Residential Street Address 926 Ridge Rd		City Hamden		State CT	Zip Code 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 \$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	

Total of Section B				\$45,485.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)				\$45,485.00

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:				Date of Receipt	
		Bank	Candidate	Individual	Other		
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?		
					Yes No		
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City	Stat	Zip Code			
Total of Section D							

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	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	☒ 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 Richard Suisman			Date of Transaction 09/28/2025		Amount Received \$320.00	
Street Address 2100 Massachussetts Ave NW		City Washington		State DC		Zip Code 20008
Description Refund						
Name Elizabeth Langhorne			Date of Transaction 09/28/2025		Amount Received \$250.00	
Street Address 16 Morris St		City Hamden		State CT		Zip Code 06517
Description Refund						
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? ☒ 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?		☒ Yes ☐ No if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☐ No If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No (If yes, enter Total Receipts here.) \$0.00	
Event # Date of Event 09/13/2025	Letter B	Description Meet and Greet Event	Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 7 River St		City Norwalk	State CT Zip Code 06850
Was this event hosted at a personal residence?		☐ Yes ☒ No if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No (If yes, enter Total Receipts here.) \$0.00	
Total of Section J1			\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Josh for CT

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 Biana Tylek, Sam Jacobs, Lawrence Bartley, Arielle		Is this event supporting more than one candidate? ☐ Yes ☒ No If yes, complete Itemization in Addendum J4	
Street Address 114 W 17th St # 4R		City New York	State NY
		Zip Code 10011	
Description of Donation Food and beverage			Fair Market Value of Donation \$424.48
Event # 09062025A	Aggregate value of this Event - all hosts \$424.48	Aggregate value of all Events - this host/candidate \$424.48	

Name of Host Tina Duryea, Melissa Mirray, Nora Niedzielski-Eich		Is this event supporting more than one candidate? ☐ Yes ☒ No If yes, complete Itemization in Addendum J4	
Street Address 7 River St		City Norwalk	State CT
		Zip Code 06850	
Description of Donation Food and beverage			Fair Market Value of Donation \$470.40
Event # 09132025B	Aggregate value of this Event - all hosts \$470.40	Aggregate value of all Events - this host/candidate \$470.40	

Total of Section J4	\$894.88
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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

Description of In-Kind Contribution

If yes, list Event#

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

Yes

No

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

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

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

TYPE OF REPORT

Josh for CT

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 Devon Weber		Date of Payment 08/19/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 4801 2E Ave # 500		City Montreal	State YT	Zip Code
Purpose of Expendit CNSLT	Description Chief Strategist			Amount \$1,883.65
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Brendan Regan		Date of Payment 08/19/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 39 N Riverside Ave		City Croton On Hudson	State NY	Zip Code 10520
Purpose of Expendit CNSLT	Description Social Media Consultant			Amount \$250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sophie Coassin		Date of Payment 08/19/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 33 Westerly Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit CNSLT	Description Social Media			Amount \$250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

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 mbm weddings		Date of Payment 08/19/2025	Method of Payment ☒ Check # <u>UBR19I48</u> ☐ Debit Card ☐ EFT	
Street Address 41 Brighton Dr		City East Granby	State CT	Zip Code 06026
Purpose of Expendit Misc *	Description head shots			Amount \$159.53
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Grassroots Analytics, Inc		Date of Payment 08/29/2025	Method of Payment ☒ Check # <u>LBS1RIFJ</u> ☐ Debit Card ☐ EFT	
Street Address 806 7th St NW Ste 3		City Washington	State DC	Zip Code 20001
Purpose of Expendit CNSLT	Description Text Messaging			Amount \$3,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sophie Coassin		Date of Payment 09/08/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 33 Westerly Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit CNSLT	Description social media			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Brendan Regan		Date of Payment 09/08/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 39 N Riverside Ave		City Croton On Hudson	State NY	Zip Code 10520
Purpose of Expendit CNSLT	Description social media			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Devon Weber		Date of Payment 09/08/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 4801 2E Ave # 500		City Montreal	State YT	Zip Code
Purpose of Expendit CNSLT	Description Chief Strategist			Amount \$4,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 09/10/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Online ACH Origination Fee			Amount \$1.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Key Bank Basic Business Checking		Date of Payment 09/10/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description ACH Monthly Fee			Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee USPS PO Boxes Online		Date of Payment 09/22/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address n/a		City Washington	State DC	Zip Code
Purpose of Expendit OVHD	Description PO Box			Amount \$67.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Grassroots Analytics, Inc		Date of Payment 09/26/2025	Method of Payment ☒ Check # <u>MBR1Q8LF</u> ☐ Debit Card ☐ EFT	
Street Address 806 7th St NW Ste 3		City Washington	State DC	Zip Code 20001
Purpose of Expendit CNSLT	Description Text Messaging			Amount \$1,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

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 Josh Elliott		Date of Payment 09/29/2025	Method of Payment ☒ Check # <u>HB2178PG</u> ☐ Debit Card ☐ EFT	
Street Address 28 Cobblestone Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit OVHD	Description Action Network (email platform)			Amount \$184.33
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Elizabeth Langhorne		Date of Payment 09/29/2025	Method of Payment ☒ Check # <u>4B21K8XG</u> ☐ Debit Card ☐ EFT	
Street Address 16 Morris St		City Hamden	State CT	Zip Code 06517
Purpose of Expendit REF	Description			Amount \$250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Richard Suisman		Date of Payment 09/29/2025	Method of Payment ☒ Check # <u>GB11H8XG</u> ☐ Debit Card ☐ EFT	
Street Address 2100 Massachusetts Ave NW		City Washington	State DC	Zip Code 20008
Purpose of Expendit REF	Description			Amount \$320.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 09/30/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description Processing Fees (July 1 - September 30, 2025)			Amount \$2,004.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Total of Section N**\$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) Action Network		Date of Payment 09/03/2025	Is Reimbursement Claimed? ☒ Yes ☐ No	
Street Address 1310 L St NW Ste 500		City Washington	State DC	Zip Code 20005
Purpose of Expenditure (by code) OVHD	Description		Event #	Amount \$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		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	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	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
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