

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

Revised February 2015



Electronic Filing

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Page 1 of 19

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		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/03/2026		Governor			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Joshua		MI	Last Elliott		Suffix
9. TYPE OF REPORT					
Second Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
07/22/2026 thru 07/28/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Carol Hazen		07/30/2026 9:45:30PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Josh for CT	Second Weekly Supplemental Filing Primary - Original	
	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	\$2,167,167.82	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$371,161.74
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$335.00	\$3,757,196.13
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)	\$335.00	\$4,128,357.87
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$2,167,502.82	\$4,128,357.87
20. Expenses Paid by Committee (Section N)	\$982,172.02	\$2,943,027.07
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$1,185,330.80	\$1,185,330.80
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)	\$0.00	\$2,253.23
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)	\$0.00	\$163,479.82
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				Second Weekly Supplemental Filing Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	
If yes, list Event #	No	Cash Personal Check Money Order Credit/Debit Card		Aggregate Contributions	
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				Second Weekly Supplemental Filing Primary - Original	
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
City		State	Zip Code	Date Received	Aggregate Contributions
		If yes, list Event #		Amount of Contribution	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Josh for CT				Second Weekly Supplemental Filing Primary - Original	
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				Second Weekly Supplemental Filing Primary - Original	
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	Second Weekly Supplemental Filing Primary - Original

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Josh for CT	Second Weekly Supplemental Filing Primary - Original

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	Second Weekly Supplemental Filing Primary - Original

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				Second Weekly Supplemental Filing Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name Sophie Velez			Date of Transaction 07/24/2026		Amount Received \$185.00
Street Address 19 Lincoln Ave	City Norwalk	State CT	Zip Code 06854		
Description Refund check returned					
Name Sarah Keller-McFarlane			Date of Transaction 07/24/2026		Amount Received \$100.00
Street Address 8 Essex St	City Fairfield	State CT	Zip Code 06825		
Description Refund check returned					
Name Lawrence Furnival			Date of Transaction 07/24/2026		Amount Received \$50.00
Street Address 978 Ridge Rd	City Hamden	State CT	Zip Code 06517		
Description Refund check returned					
Total of Section I					\$335.00

II. EVENT ACTIVITY (Sections J1 - J4)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT
Josh for CT				Second Weekly Supplemental Filing Primary - Original
J1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code
Was this event hosted at a personal residence?		Yes	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.	
		No		
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	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		No		
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	(If yes, enter Total Receipts here.)	
		No		
Total of Section J1				

II. EVENT ACTIVITY (Sections J1 - J4)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT
Josh for CT				Second Weekly Supplemental Filing Primary - Original
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	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				
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	Second Weekly Supplemental Filing Primary - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host		Is this event supporting more than one candidate?	
		Yes	No
		If yes, complete Itemization in Addendum J4	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Second Weekly Supplemental Filing Primary - Original

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes	Description of In-Kind Contribution	
	No		
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?	Yes
	No	If yes, indicate which branch or branches of government the contract is with:	No
		Executive	Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual	Committee		
	Sole Proprietorship		

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	Second Weekly Supplemental Filing Primary - Original
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			Amount of Deposit
Street Address	City	State	
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	Second Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Brandon Daley		Date of Payment 07/22/2026	Method of Payment ☒ Check # <u>QBP1ZW4Q</u> ☐ Debit Card ☐ EFT	
Street Address 64 Foote St		City Hamden	State CT	Zip Code 06517
Purpose of Expendit CNSLT	Description			Amount \$720.00
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 Canva US Inc		Date of Payment 07/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3212 E Cesar Chavez St		City Austin	State TX	Zip Code 78702
Purpose of Expendit OFFICE	Description			Amount \$121.20
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 #	

Name of Payee Key Bank Basic Business Checking		Date of Payment 07/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2856 Whitney Ave		City Hamden	State CT	Zip Code 06518
Purpose of Expendit BNK	Description Wire transfer fee			Amount \$30.00
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	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee LC Media LLC		Date of Payment 07/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1604 Fawn Ln		City Huntingdon Valley	State PA	Zip Code 19006
Purpose of Expendit A-TV	Description			Amount \$771,459.00
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 Lauren Garrett		Date of Payment 07/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 47 Andover Rd		City Hamden	State CT	Zip Code 06518
Purpose of Expendit CNSLT	Description			Amount \$518.75
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 CC MURRAY LLC		Date of Payment 07/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expendit A-DM	Description mailer and walk cards (Inv #26434)			Amount \$150,000.00
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee CC MURRAY LLC		Date of Payment 07/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford		State CT
Zip Code 06119				
Purpose of Expendit A-DM	Description mailer and walk cards (Inv #26434)			Amount \$26,700.00
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 Madeline Farrell		Date of Payment 07/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 231 Willard Ave		City Westbrook		State CT
Zip Code 06498				
Purpose of Expendit RMB	Description Zoom			Amount \$18.07
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 Christina Diaz		Date of Payment 07/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 114 New Britain Ave		City Plainville		State CT
Zip Code 06062				
Purpose of Expendit CNSLT	Description			Amount \$2,605.00
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	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee EO & CO		Date of Payment 07/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 219 Division St		City Saratogo Springs	State NY	Zip Code 12866
Purpose of Expendit CNSLT	Description Social/earned media			Amount \$30,000.00
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 #	

Total of Section N**\$982,172.02****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Second Weekly Supplemental Filing Primary - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No	
Street Address	City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	Event #		

Total of Section O

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Josh for CT				Second Weekly Supplemental Filing Primary - Original	
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				Second Weekly Supplemental Filing Primary - Original	
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	Second Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Farrell	First Madeline	MI	Date of Payment to Vendor 07/23/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Zoom				
Street Address of Vendor 55 Almaden Blvd		City San Jose		State CA Zip Code 95113
Purpose of Expenditure (by code) OFFICE	Description Zoom account			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$18.07

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/24/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Grow Progress Inc				
Street Address of Vendor 1325 G St NW		City Washington		State DC Zip Code 20005
Purpose of Expenditure (by code) A-TV	Description Subcontractor payment from LC Media LLC (ad testing platform)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$4,800.00

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Josh for CT

Second Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/27/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Evolve Media				
Street Address of Vendor 1725 Interstate Street Ste 300		City Washington	State DC	Zip Code 20036
Purpose of Expenditure (by code) A-OTH	Description Subcontractor for LC Media (digital)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$99,880.00

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/28/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Schwartz and Sons LLC				
Street Address of Vendor 181 Front St		City New York	State NY	Zip Code 10038-3501
Purpose of Expenditure (by code) A-TV	Description Subcontractor of LC Media (production)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$111,023.84

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Second Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Stern	First Eric	MI	Date of Payment to Vendor 07/28/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☒ EFT
Name of Vendor Paid by Committee Worker/Consultant Yangaroo				
Street Address of Vendor 700 Kinderkamack Rd		City Oradell	State NJ	Zip Code 07649
Purpose of Expenditure (by code) A-TV	Description Subcontractor of LC Media (production)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$2,585.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Total of Section R**\$218,306.91****IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Josh for CT	Second Weekly Supplemental Filing Primary - Original

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