Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

evised January 2015

Do Not Mark in This Space For Official Use Only

Page 1 of 17

#### **COVER PAGE**

. "		VER TAGE			
1. NAME OF COMMITTEE					
Josh for Hartford					
2. TREASURER NAME					
First	МІ	Last			Suffix
Camryn		Kessler			
3. TREASURER ADDRESS					
Street Address		City		State CT	Zip Code
73 Imlay St		Hartford			06105
	5. OFFICE SOUGHT (Complex	te only if Candidate Commit	(ee)		6. DISTRICT NUMBER (if applicable)
(mm/dd/yyyy) 11/07/2023	City Council				(у аррилине)
7. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Committee)				
First	MI	Last			Suffix
Joshua		Michtom			Poly
8. TYPE OF REPORT (Check One Box)				1º °	<u> </u>
O January 10 filing	O7th day preceding primar	y 7th day pre	eceding referendum	OInitial Con	tribution or Disbursement
OApril 10 filing O30 days following		y 045 days following referendum		O Amendmer	<b>a</b> 442
July 10 filing	O7th day preceding election	n O Deficit		Type of Rep	oort:
October 10 filing	O12th day preceding elections (State Central Committees Only		<b>O</b> Termination		**************************************
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election ot held in November			The state of the s	CA CA
9. PERIOD COVERED					
	Beginning Date	I	Ending Date		
J -	uly 1, 2023	thru Septe	mber 30, 2023		
10. CERTIFICATION					
I hereby certify and state, under per Disclosure Statement for the per TREASURER OR DEPUTY TREASURER	iod covered is true, accur	that all of the informate and complete.  A NYO PRINT NAME OF SIGN	Lister	nis Itemized Can	mpaign Finance /0/10/2023  DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
12 / January Complete Finner as Augment on Print 1 (ling Repositor ry		
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	10,054.80	
13. Contributions Received from Individuals (Sections A and B)	1,045.00	11,423.69
14. Receipts from Other Committees (Sections C1 and C2)		250
15. Other Monetary Receipts (Sections D through K)		<u> </u>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1,045.00	11,673.69
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	11,099.80	11,673.99
19. Expenses Paid by Committee (Section P)	1,803.04	2,376.93
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	9,296.76	9,296.76
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	75.00	75.00
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	41.46	419.10
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		
	·	And the second s

## I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)		TYPE OF REPORT				
Josh for Hartford			Oct 10			
A. Total Contributions from Small Contributors-Recognition of Small Contributor)		eriod ONLY L SECTION A	\$			
B. Itemized (	Contributio	ns from Indivi	duals			
Last Name Holloway	First Georg	giana			MI	
Residential Street Address	City			State	Zip Code	
14 Fairmount St	Hartford			CT	06120	
Principal Occupation		ne of Employer				
retired	ret	ired		_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				y, Amou \$50	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of If yes, indicate which I of government the con	branch or branc	hes	e contractor? Yes No			
Method of Contribution:	<del></del>	Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order 9/	15/23	\$50			
Last Name	First	·			MI	
Dubois	Jaime					
Residential Street Address	City			State	Zip Code	
36 Pierremount Ave	New Brita	in		СТ	06053	
Principal Occupation	Nam	ne of Employer				
Paralegal	Sta	te of CT				
		o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality  Yes  No  \$25			nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Section L1?   Is contributor a principal of the section L1?   If yes, indicate which of government the contributor of government the contributor approach of government the government of government the government of government the government of governmen	branch or branc	hes	e contractor? Yes No Legislative			
Method of Contribution:		Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order 9/9	9/23	\$25			
Last Name DiZoglio	First Josep	h			MI	
Residential Street Address	City			State	Zip Code	
94 Huntington St	Hartford			CT	06105	
Principal Occupation	Nam	e of Employer		L		
Physician	Trir	nity Health of Ne	w England			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special Properties of \$4 does contributor or business he/s valued at more than \$5,000?				, Amoui	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Ves No	oranch or brancl tract is with:	hes Executive	OLegislative 6No			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	1	Received 2/23	Aggregate Contributions \$100			
		ction B — This	\$175			
		onal Section B P	The state of the s			
	And the second s		A STATE OF THE STATE OF T	·		
TOTAL OF ALL CONTRIBUTIONS FRO		UALS (Sections A of Summary Page 1				

## I. MONETARY RECEIPTS (Sections A—K)

		olete Name as Registered v	vith Filing Repos	tory)			TYPE OF REPORT		
Josh for Hartford	d						October 10		
		Ci. C	Contributio	ns from	Other Co	mmittees			
Name of Committee					Name of 7	the second of th			
Address				Is this co	ontribution asso	ciated with an	Yes <b>O</b> No	Amount e	f Contribution
				event rep	oorted in Sectio	n L1?			
or.		1.0	1			es, list Event		<u> </u>	
City		State	Zip Code	Date I	Received	Aggreg	ate Contributions		
Name of Committee					Name of T	racesser			
ranc or committee					I valie of 1	reasure)			
Address				Je this co	ntribution acco	ciated with an	Yes ONo	Amount	f Contribution
				event re	orted in Section	n L1?	163 (2)110		
					If ye	es, list Event f		.	
City		State	Zip Code	Date I	Received	Aggrega	nte Contributions		
				- 1					
Name of Committee					Name of T	reasurer			
Address									4.0 4.2 4
Address				Is this co	ntribution asso orted in Section	ciated with an	Yes No	Amount	f Contribution
				event te		es, list Event #	#		i
City		State	Zip Code	Date F	leceived		ate Contributions	·	
			1						
								i	
	62	Reimbursemen	ts or Surni	ne Diefr	ibutions fr	om other	Committees		
Name of Committee		<u> </u>		·······	Name of T				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					1,44,110 0, 1	Toubleon			
Address		***************************************		City	***************************************			State	Zip Code
								ļ	
	T 20								
Date Received	Expenditure # (if applicable)	Payment Type						Amoun	t of Receipt
		Reimbursem	ent for shared e	xpense (	<b>)</b> Surplus Distr	ibution			
Description									
2 1001.p.1.u.1									
		<u></u>		<u>-</u> -					
Name of Committee					Name of T	reasurer			
Address		, man, 1.12		City	<u> </u>			State	Zip Code
7 4441035				City					
								İ	
Date Received	Expenditure # (if applicable)	Payment Type	***************************************			,		Ameun	of Receipt
	(із аррпскілс)	Reimburse	ment for shared	l expense	O Surplus Dis	stribution			·
				- expense	O outplus Di	Sui lo dulo li			Ì
Description									
1, 27, 11, 12, 11, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14			**************************************		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			SUBTO	TAL Sec	tion C — T	his Page			
				Part Land					
			IUIAL	oi additio	nal Section	C Pages			
		FALL COMMIT							
		ns C1 + <u>C2)</u> (Enter t					<u></u>		
					<u> </u>				
	-								

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)		TYPEO	F REPORT			
Josh for Hartford					October 10			
D	. Loans	Receiv	ed this Period					
Name of Lender			Source of Loan:  OBank O Cand	lidate 🔘 Individu	nal Other Committee	Date of Receipt		
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No		
Name of Cosigner/Guarantor (if upplicable)						Amount Received		
Street Address	City	.,		State	Zip Code			
Name of Lender	<u> </u>		Source of Loan:  Bank Cand	idate 🔘 Individu	al Other	Date of Receipt		
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No		
Name of Cosigner/Guarantor (if applicable)						Amount Received		
Street Address	City			State	Zip Code			
Name of Lender	<u> </u>		Source of Loan:  OBank O Cand	idate 🔘 Individu	al Other Committee	Date of Receipt		
Street Address	City	,		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No		
Name of Cosigner/Guarantor (if applicable)		,,,,,,,				Amount Received		
Street Address	City			State	Zip Code			
			TOTAL SECTI	OND Section 1				
E. Receipts from Entities other tha	n Indiv	iduals o	or Other Comm	nittees <i>(Refere</i>	ndum Committe	es ONLY)		
Name of Entity								
Street Address	-			Date Received		Amount Received		
City		State	Zip Code	Aggregate Contri	butions			
Name of Entity	,							
Street Address				Date Received		Amount Received		
City		State	Zip Code	Aggregate Contri	butions	<u> </u>		
Name of Entity								
Street Address				Date Received		Amount Received		
City		State	Zip Code	Aggregate Contri	butions			
	**************************************		TOTAL SECTION	ONE				

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTE  Josh for Hartford	E (Provide Complete Name as Registe	red with Filing Repository)		TYPE OF REPORT October 10	Company of the Compan
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date of Receipt		The state of the s	A state of the sta	ness Entity Committees ONLY)	And the second s
Date of Receipt	Is this transaction associate event reported in Section		, list Event#	Amount	
Date of Receipt	Is this transaction associatevent reported in Section		, list Event #	Amount	
Date of Receipt	Is this transaction associate event reported in Section		, list Event #	Amount	
Date of Receipt	Is this transaction associate event reported in Section		, list Event#	Amount	
			TOTAL SECTION	V Financia	
				A CONTRACTOR OF THE CONTRACTOR	
G. Amount T	ransferred from Affiliat	ed Labor Union or Oth	er Organization	Treasury (Organization Committees ONI	LY)
Date of Receipt		Date of Receipt		Date of Receipt	
A	Amount	Amount		Amount	
		P	OTAL SECTION 6	The state of the s	,
	H. Personal Funds of (	the Candidate Received	this Period <i>(Can</i>	ndidate Committees ONLY)	
Date of Receipt	Method of payment:			Amount	
	<b>O</b> Cash	Personal Check	Credit/Debit C	Card	
Date of Receipt	Method of payment:			Amount	
	Cash	Personal Check	Credit/Debit C	Card	
Date of Receipt	Method of payment:			Amount	
	Cash	O Personal Check	Credit/Debit C	Card	
Date of Receipt	Method of payment:			Amount	
	Cash	O Personal Check	Credit/Debit C	Card	
			TOTAL SECTIO	DN H	
<u> </u>				And Control of the Co	
		I. Anonymous Cor	tributions		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Per Public Act 11-48	Anonymous Contribut	ions may no lone	ger be deposited in <i>any</i>	
am	ount. If a committee r	eceives an anonymous	contribution, the	e campaign treasurer shall	
	immediately remit the	contribution to the Sto	to Floations Enf	orcement Commission	

for deposit in the General Fund.

Restred January 1015	1. MONETART RECEIPTS	Sections A—	N)	1 1150 / 1111
NAME OF COMMITTEE (Provide Complete No	une as Registered with Filing Repository)		E OF REPORT	
Josh for Hartford		Oct	ober 10	
	J. Interest from Deposits in Author	rized Accounts		
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
	TOI	AL SECTION J		
K. Mis	scellaneous Monetary Receipts not Co	onsidered Contri	butions	
Name			Date of Transaction	Amount Received
				Amount Received
Street Address	City	Sta	te Zip Code	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	_
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	_
Description				
	TOTALS	ECTION K		
SUMMAR	Y OF OTHER MONETARY RECEI	PTS (Sections D	through K)	
Total Loans Received this Period (Section	on D)			
Total Receipts from Entities other than I	ndividuals or Other Committees (Section E)	+		
Total Amount Transferred from Affiliat	ed Business Treasury (Section F)	+		
Total Amount Transferred from Affiliat	ed Labor Union or Other Organization Treas	ury (Section G) +		
Total Amount of Personal Funds of the G	Candidate Received this Period (Section H)	+	_	
Total Amount of Interest from Deposits	in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Receipts	not Considered Contributions (Section K)	+		
(Add Se	Total of Othe ctions D through K) (Enter total on Line 15, Colum	er Monetary Rec mn A of Summary Page	\$100 m 100 m 100 m 100 m	

	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT							
Josh for Hartford			October 10					
	L1. Even	t Information	A CONTROL OF THE PROPERTY OF T					
Event # Date of Event Letter 081323A	Description House Party			Was this a fu	ndraising event?			
Location: Street Address		City		State	Zip Code			
27 Ellington St		Hartford		СТ	06106			
Subpart 1: (All Committee Was this event hosted at a	a personal residence?	<ul> <li>Yes (If yes, go to Section L5 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.)     </li> </ul>						
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L and complete required No	information.)	iot Considered	Contributions			
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Rec O No	eipts here.)	\$				
Subpart 2: (Party Comm Were there purchases of a sign associated with this t	ittees, Municipal Candidates and Political Come dvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.			Program Book			
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$				
Event # Date of Event Letter	Description			Was this a fur ②Yes	ndraising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committee Was this event hosted at a	-	Yes (If yes, go to Section L5  Associated with a Hou purchases made by host	ise Party and complete	required infor				
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered	Contributions			
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$				
Subpart 2: (Party Comm. Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a fundraiser?	nittees other than Exploratory  Yes (If yes, go to Section L3  or on a Sign and comp	Purchases of Advertis		Program Book			
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	sipts here.)	\$				
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —'	This Page					
		ion L1—Subpart3 (Town Commit ipts from Food Purchases — '						
		TOTAL of additional Section	E1 Pages					
		IPTS FROM SMALL PUF						

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Josh for Hartford October 10 L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Business Entity Other OIndividual/Sole Proprietorship Zip Code Street Address City State Aggregate Purchases for All Events Date Received Event # Amount of Program Ad Purchase Amount of Sign Purchase Purchase Made By: Name of Purchaser Business Entity Other O Individual/Sole Proprietorship Zip Code Street Address City Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: Business Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code Amount of Program Ad Purchase Date Received Event # Aggregate Purchases for All Events Amount of Sign Purchase Purchase Made By: Name of Purchaser Business Entity Other Individual/Sole Proprietorship Street Address City Zip Code Event # Aggregate Purchases for All Events Date Received Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: Business Entity Other O Individual/Sole Proprietorship Zip Code Street Address City State Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK OF ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

NAME OF COMMITTE	BE (Provide Complete Name a	is Registered with Filing Repo	sitory)		YPE OF REPOR		The second secon	
Josh for Hartford				- Oc	ctober 10			
	T <sub>4</sub>	In-Kind Donatio	ns Not Cons	sidered Contribution	ons		The state of the s	
Name of Donor		And the second s	The state of the s		American Company of American Company (Company)	A Company of the Comp	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Awahamahan awawa Awaran 1922-1923
Street Address			City		<u> </u>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	State	Zip Code
Donation Given By:	Description of Donation					Fair N	Aarket Val	ue of Donation
OBusiness Entity OIndividual						_		
O Sole Proprietorship	Date Received	Event #	Event # Aggregate Value for this Event					
Name of Donor								
Street Address			City			,,	State	Zip Code
Donation Given By:  Business Entity								ue of Donation
OIndividual	Date Received Event # Aggregate Value for this Event							
O Sole Proprietorship								
Name of Donor		N						
Street Address			City				State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair M	Aarket Val	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event #	***************************************	Aggregate Value for thi	is Event			
Name of Donor						<u></u>		<u> </u>
	····							
Street Address			City				State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair M	Iarket Valu	Lue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for this	s Event			
		SI	JBTOTAL Sec	tion L4 — This Page				
		ТО	TAL of additio	onal Section L4 Pages				
тот	TAL OF ALL IN-KIND	DONATIONS NOT C (Enter total on Line 2)				·	·	
Transmitted to the control of the co		LIBERT WILL SITE SHEET STATES	TORUME A U	AMMINISTER SECTION OF THE SECTION OF				<u> </u>
I								i

NAME OF COMMITTEE (P)	rovide Complete Name as Registered with Filing Rep	pository)			TYPE OF RE	PORT	
Josh for Hartford					October 10	)	
L5.	In-Kind Donations Not Conside	ered (	Contributions Associa	ted with a l	House Part	y	
Name of Host Wildaliz Bermudez				committee?	supporting mo Yes Nomplete Itemiza	0	ne candidate or dendum L5
Street Address			City			State	Zip Code
27 Ellington St			Hartford			СТ	06106
Description of Donation					Fair Mar	ket Value o	of Donation
food and drink					\$75		
Event # 081323A	Aggregate Value of this Event—ull hosts	Ag \$7	ggregate Value of all Events— <i>this h</i> a 75	ost/candidate			
Name of Host				committee?	supporting mo Yes No mplete Itemiza	0	ne candidate or Iendum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Denation
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate	<u> </u>		
Name of Host		<u>'</u>		committee?	supporting mo Yes No mplete Itemiza	)	ne candidate or lendum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ha	st/candidate			
Name of Host		-		committee?	supporting mo • Yes ONo mplete Itemiza	)	e candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	st/candidate			
		SUB	TOTAL Section L5 — 1	This Page	\$75		
	<b>1</b>	ГОТА	L of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on )		ONSIDERED CONTRIE 2, Column A of Summary F	and the second of the second o	\$75		

#### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Josh for Hartford	Name as Re	gistered with	Filing Repositor	y)	Theory on a control of the control o		TYPE O		RT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the state of t
posmor naraora	Aggregation of the control of the co		M. In-K	ind Con	(ri)		рсторе			and the second of the second o	and the state of t
Name				ine com	LIIL			- Tana ( )		Company of the compan	
Street Address	······				City					State	Zíp Code
Type of contributor: Committee	Date Recei	ved	Aggregate Con	tributions	П	Description of In-Kind	Contributio	n			
OIndividual / Sole Proprietorship OOther	ĺ										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						Aarket Value Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	<b>6</b>   1									
Name	-								•		
Street Address	<u>.</u>			(	City					State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Com	tributions	П	Description of In-Kind	Contributio	n			
OIndividual / Sole Proprietorship OOther											
13 volutioutoi a loudyist, spouse, (17 103)								Market Value Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #											
Name											
Street Address				C	City					State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Receiv	ved	Aggregate Cont	ributions		Description of In-Kind	Contributio	n	·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh		ed w	for a chief executive with have a contract we Yes No					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	If yes, i	tor a principal of indicate which rument the con	branch or b	ntrac	tor or prospective sta	_		8Yes No		
			SUE	TOTALS	Secti	ion M — This Pa	ze				
						al Section M Pag					
TOTAL OF ALL IN-KIND CON	TRIBU1	IONS Œ				Constitution of the second of					
	N.	Refund	lable Deno	sit to Te	ler	hone Compan	and the system		100 100 100 100 100 100 100 100 100 100	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Last Name of Individual	11 (11 (11 (11 (11 (11 (11 (11 (11 (11			First			1. (2) (1. (2)		MI	Date Deposit	Made
Residential Street Address			City				State	Zip Co	de		Amount of Deposit
Name of Telephone Company	<del></del>							<u> </u>	***************************************	$\dashv$	
											:
Street Address			City				State	Zip Co	de		
TOTAL SE	CTION	N (Enter t	otal on Line 2	4, Column 2	1 of	Summary Page Tota	(18)	1			

#### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT Josh for Hartford	TEE (Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT October 10					
	P. Expenses	Paid by Committee	}					
Name of Payee Google Suite			Date of Payment Var	Payment Method of Pay O Check # O Debit Ca				
Street Address		City		State	it Card OEFT Zip Code			
1600 Amphithea	tre Parkway	Mountain View		CA	94043			
Purpose of Expenditure (by code) WEB	Description Email hosting (\$7.66 in July, Aug, Sept)		Event #	\$22.9	Amount \$22.98			
Expenditure # (if applicable)								
Name of Payee Joel Cintron			Date of Payment 8/31/23					
Street Address	<u> </u>	City		State	Zip Code			
52 Clifford St, Apt	13	Hartford		СТ	06114			
Purpose of Expenditure (by code) MISC	Description Videography	\$240	Amount					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) <b>O</b> Independ						
Name of Payee			Date of Payment	Method o	f Payment:			
CV Media, Inc.			9/8/23	O Chec				
Street Address		City	<u>, , , , , , , , , , , , , , , , , , , </u>	State	Zip Code			
18 Quarry Rd		Simsbury	Simsbury					
Purpose of Expenditure (by code) A-WEB	Description Digital advertising		Event #	\$500	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind continuous)	пс) 🚺 Indeper		0				
Name of Payce Katlynn Watson			Date of Payment 9/8/23	Method of Chec				
Street Address 26 Racebrook Dr		City East Hartford		State CT	Zip Code 06108			
Purpose of Expenditure (by code) WAGE	Description Canvasser pay		Event #	\$120	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) <b>Q</b> Independ						
		SUBTOTAL Section P —	-This Page \$882.98					
	ТО	TAL of additional Section	on P Pages \$920.06					
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COM						

## IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered will	Filling Repositoral	TYPE OF REPORT		
Josh for Hartford	12D (Fromie Comprese Hame as Register tu wei	17 lung Repository)	October 10		
	A Co	npaign Expenses Paid b			
Name of Pavec (Name of	Vendor, Person or Entity who candidate paid direc		Date of Payment	To reit	nbursement claimed?
	, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	Daily di l'aying	1	_
					Yes O No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of	l Vendor, Person or Entity who candidate paid direct	f(y)	Date of Payment	Is rein	nbursement claimed?
	•	•		_	Yes O No
Street Address		10%.			
Silect Addition		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Payee (Name of	1 Vendor, Person or Entity who candidate paid direct	tly)	Date of Payment	Is reir	nbursement claimed?
				0	Yes No
Street Address	11.00	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of	1 Vendor, Person or Entity who candidate paid direct	(ly)	Date of Payment	Is rein	nbursement claimed?
				0	Yes O No
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Paves (Name of	/endor, Person or Entity who candidate paid direct	(In)	Date of Payment	To rain	nbursement claimed?
Tunno of Layou (Limino oy )	omin, reson or Lamy who chammac plan aneci	<b>4</b> )	Due of Laymon	- 1	Yes O No
Street Address		City		State	Zip Code
					,
Purpose of Expenditure	Description		Event #		Amount
(by code)					
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid direct	(y)	Date of Payment	Is rein	nbursement claimed?
				0	Yes O No
Street Address		City	<u> </u>	State	Zîp Code
Purpose of Expenditure (by code)	Description		Event #		Amount
		SUBTOTAL Sec	ction Q — This Page		
		TOTAL of additio	nal Section Q Pages		
	TOTAL O	F ALL EXPENSES PAID			
		nter total on Line 26, Column A o			

#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TBE (Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REPO October 10	DRT
	R- Expens	es Incurred on Committee C	redit Card	
Name of Issuing Inst		Type of Credit Card:		
_	·	O Visa O Maste	er Card O Discover O	American Express OOther:
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	ht (joint expenditure) O Ind	ependent	O D
Name of Vendor, Person of	or Entity			Date of Transaction
Street Address	And de Prince	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	ht (joint expenditure)	w" is checked) ependent anization: 🔼 🔘 B 🔘 C	O D
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendard None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	ht (joint expenditure)	ependent	Ор
		SUBTOTAL Section R -	-This Page	
		TOTAL of additional Section	on R Pages	
ТО	TAL OF ALL EXPENSES INCUI (Ente	RRED ON COMMITTEE CRE or total on Line 27, Column A of Summa		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with	h Filino Repository)	TYPE OF REPORT	
Josh for Hartford			October 10	And the second s
	S. Expenses Incuri	red by Committee but Not	Paid During this Period	
Name of Creditor				Date Incurred
Street Address		City	en e	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden None of the below Coordinated with reimbursement so Coordinated without reimbursement	ught (joint expenditure)	below" is checked) Independent Organization: OA OB OC (	) p
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden  None of the below Coordinated with reimbursement sou Coordinated without reimbursement	aght (joint expenditure)	below" is checked) Independent Organization: OA OB OC	) D
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
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		SUBTOTAL S	ection S-This Page	
		TOTAL of addition	nal Section S Pages	
TOTAL OF ALL	EXPENSES INCURRED BY COMM	NTTEE DURING THIS PERIO (Enter total on Line 28, Column A of		
	Previously	v reported Expenses Unpaid and	still Outstanding	
		S INCURRED BY COMMITTE Enter total on Line 28a, Column A of		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposito	ry)				PE OF RI			
Josh for Hartford						tober 10	)		
The state of the s	T. Itemization of Reim	1		and Seco	ndary Pa	yees			
Last Name of Worker/Cos	sultant	Fi	rst				MI		Payment to Vendor, or Entity
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant						to Reimburse n Section P:	Committee	Worker/Consultant as
						Che	ck #	_ <b>Q</b> D	ebit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
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Last Name of Worker/Con	sultant	Fi	rst				МІ	Date of Person o	Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			n Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		Cîty					State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
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Last Name of Worker/Con	sultant	Fi	rst				МІ	Date of Person o	Payment to Vendor, or Entity
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Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		·	10		State	Zip Code
Purpose of Expenditure (by code)	Description		Į.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Event #				Amount
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		\$	SUBTOTA	L Section T	— This Pa <sub>i</sub>	Section 1			
		T(	OTAL of ac	lditional Sec	tion T Pag	es.			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VС	RKERS.	AND CON	SULTAN	rs			

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# Section B ADDITIONAL PAGE 1 or

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Renderial Steed Address 67 Bainbridge Rd	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	Repository)			TYPE OF REPORT	**************************************			
Be intermentation for defaultion of Small Comertained  B. Itemized Contributions from Individuals  B. Itemized Contributions from Individuals  B. Itemized Contributions from Individuals	Josh for Hartford				October 10	October 10			
Copy					\$				
Scheinskie   Emily   State   President	B. Item	iized Con	itribi	utions from Indivi	duals				
Resideatial Stever Address 67 Bain-bridge Rd Paragraft Coorgalization Retail Associate  Retail Associa			1				MI		
Security	Oshinskie		En	nily 					
Principal Occupation   Rectal   Associate   Security		1	-		<del></del>	1	I -		
Retail Associate    It contribution a beloying spouse, or dependent child of a lobbysit?   No   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?   No   If contribution associated with an event reported in Section 1.17   No   If yes, indicates which branch or branches of government the contract is with.   No   If yes, indicates which branch or branches of government the contract is with.   No   If yes, indicates which branch or branches of government the contract is with.   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Carely   No   If yes, indicates which branch or branches of Yes   No   If yes, indicates which branch or branches of Yes   No   If yes, indicates which branch or branches of yes   No   If yes, indicates which branch or branches of yes   No   If yes, indicates which branch or branches of yes   No   If yes, indicates which branch or branches   If yes, indicates which branch or branches   If yes, indicates which branch or bran			West			CI	06119		
does contributor or business hedse is associated with have a contract with add amnicipality when a contribution associated with an event reported in Section L1?  If yes, list Event # 081323A  Name of Employer  Carey  State  Ca				I					
It this contribution associated with an event reported in Section 1.17  #/yex, list Event # 081323A  ## West of Contribution	or dependent child of a lobbyist?   O No does contributor or busing	iness he/she i:		iated with have a contract			unt of Contribution		
Method of Countibutions:  Octash OPersonal Check Occedit/Debit Card OPayroll Deduction Money Order S/13/23 S20  MI  State Carey  Mi  Mi  Manne of Employer Praticipal Occupation Rectified is constributor a lobbyist, spouse, or dependent child of a lobbyist?  No value at intere than \$5,000?  Yes  Octash OPersonal Check Octedit/Debit Card OPayroll Deduction Money Order  Method of Contribution associated with an event reported in Section L1?  Mi  Amount of Contribution or business he/she is associated with:  Money of a state contractor or prospective state contractor?  Method of Combination:  Date Received  No State CT 06106  Amount of Contribution State CT, O6106  Amount of Contribution State CT, O6109  Amount of Contribution State CT, O6109  Amount of Contribution State CT, O6109  Mi  Mi  Mi  Mi  Mi  Mi  Mi  Mi  Mi  M	Is this contribution associated with an event reported in Section L1?  Yes Is contributor a pring the section L1?  No If yes, indicate	incipal of a st	ch or b	ntractor or prospective state	<b>⊙</b> No				
Care			Ī	Date Received	Aggregate Contributions				
Residential Street Address 7 Columbia St Redired Retired Recent a contribution associated with an expendent with said municipality, above a contribution associated with an expendent of the Retired R	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	ı OMoney (	Order	8/13/23	\$20				
Residential Street Address 7 Columbia St 8 Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?			Firs	it			MI		
Principal Occupation   Name of Employer   retired   Security   S	Shea		Ca	irey			_		
Principal Occupation Retired    Name of Employer retired   Return	Residential Street Address						· ·		
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, is Event # 0.81323A  Wethod of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address  279 Fox Hill Rd  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contractor?  Pate Received Residential Street Address  279 Fox Hill Rd  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of the contractor of			-lartto			CT	06106		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, descentibution associated with an event reported in Section L1?  If yes, list Event # 081323A  No  If contribution associated with an event reported in Section L1?  If yes, list Event # 081323A  No  If yes, indicate which for anch or branches of government the contract is with:  Cash Opersonal Check Occedit/Debit Card Operation  Authority  Caty  Wethersfield  Name of Employer  Center for Children's Advocacy  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of the second of government the contract is with:  Caty  Wethersfield  Name of Employer  Center for Children's Advocacy  Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, specially specially specially specially specially specia	Principal Occupation		1	l					
or dependent child of a lobbyist?  No   does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?    Yes   No   Milst Event # 081323A   State   No   Milst Event # 081323A   Method of Contributions   Money Order   Milst Event # 081323A   Method of Contributions   No   Milst Event # 081323A   Method of Contributions   Money Order   Milst Event # 081323A   Method of Contributions   Money Order   Milst Event # 081323A   Method of Contributions   Money Order   Milst Event # 081323A   Method of Contributions   Milst Event # 081323A   Method of Contributions   Money Order   Milst Event # 081323A   Method of Contribution   Money Order   Milst Event # 081323A   Milst Even									
event reported in Section L1?    Pyes, list Event # 081323A	or dependent child of a lobbyist?    No does contributor or busin	ness he/she is		iated with have a contract					
Ccash Personal Check Credit/Debit Card Payroll Deduction Money Order 8/13/23 \$250  Last Name Scheinberg Kathryn  Residential Street Address 279 Fox Hill Rd Wethersfield CT 06109  Principal Occupation Attorney Center for Children's Advocacy  Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lace contributor or business he/she is associated with have a contract with said municipality, valued at more than \$5,000? Yes No list contribution associated with an event reported in Section L1? If yes, list Event # Yes, list Event # Pyes, indicate which branch or branches of government the contract is with:  Date Received Aggregate Contributions  SUBTOTAL Section B — This Page  \$145.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$1045.00	event reported in Section L1?	e which brand	ch or b	oranches	_ <b>(</b> ) No	No.			
Last Name Scheinberg  Residential Street Address  Zip Code Wethersfield  CT  O6109  Principal Occupation Attorney  Residential Street Address  Attorney  Residential Street Address  City Wethersfield  Name of Employer Center for Children's Advocacy  Is contributor a lobbyist, spouse, or dependent child of a fobbyist?  No valued at more than \$5,000?  Is this contribution associated with an event of the state contract or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Described Aggregate Contributions  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  S1045 00	Method of Contribution:			Date Received	Aggregate Contributions	7			
Scheinberg  Residential Street Address 279 Fox Hill Rd  Wethersfield  CT  O6109  Principal Occupation  Attorney  State CT  O6109  Name of Employer Center for Children's Advocacy  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Ocash Personal Check Occedit/Debit Card Payroll Deduction Money Order  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  S1045 00	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money (	Order	8/13/23	\$250				
Residential Street Address  279 Fox Hill Rd  Wethersfield  Name of Employer  Center for Children's Advocacy  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B).  State  Zip Code  CT  06109  Amount of Contribution  Amount of Contribution  State  Zip Code  CT  06109  Amount of Contribution  State  Zip Code  CT  06109  Amount of Contribution  State contractory of a municipality, does contribution of sastate contract with have a contract with said municipality, valued at more than \$5,000?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution  Security of a chief executive officer of a municipality, does contribution  \$25  SUBTOTAL Section B — This Page  \$145.00	Last Name		- 1				MI		
Principal Occupation Attorney    Name of Employer   Center for Children's Advocacy				thryn ————————————————————————————————————		_			
Attorney  Center for Children's Advocacy  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality, valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  S1045 00	Residential Street Address 279 Fox Hill Rd		•	ersfield			1 -		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  8/10/23  SUBTOTAL Section B — This Page  \$145.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  \$100/25   \$	Principal Occupation			1 ' '			<u></u>		
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  No  If yes, list Event #  No  Cash Personal Check © Credit/Debit Card Payroll Deduction OMoney Order  SUBTOTAL Section B — This Page  \$145.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  \$1,005.00	Attorney		J	Center for Children	's Advocacy				
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Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  \$10/23 \$25		which branc	ch or br	ranches	_ ONo				
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$1045.00		TOTAL	of ad	ditional Section B P	ages \$900				
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# Section B ADDITIONAL PAGE 2 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			October 10			
A. Total Contributions from Small Contributors-Receiv		nis Period ONLY OTAL SECTION A	\$			
B. Itemized Co.	ntrib	utions from Indivi	duals			
Last Name	Fir				MI	
Ganong		arah 				
Residential Street Address	City		<del></del>	State	Zip Code	
72 Hamilton St	Hartf			СТ	06106	
Principal Occupation		Name of Employer				
State Director		CTWFP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				y, Amo \$50	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a second in Section L1?  If yes, list Event #  On of government the contract	nch or b	branches	● No			
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	8/9/23	\$50			
Last Name	Fire	rst			MI	
Lewis	Di	iane				
Residential Street Address	City			State	Zip Code	
69 Congress St	Hartfo	ord		СТ	06114	
Principal Occupation		Name of Employer			.1	
Case Manager		Building Trades Trai	ining Institute			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Standard Grant Grant Standard Grant Standard Grant Gran			with said municipality \$50			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Is contributor a principal of a section L1?  If yes, indicate which brain of government the contract	nch or t	branches _	e contractor? Yes No Legislative			
Method of Contribution:		1 1	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	8/323	\$75			
Last Name	Fire				MI	
Szewczyk	L_	ohn				
	City Durha	~ MA		State	Zip Code	
458 Stage Coach Rd	Duine	-		СТ	06422	
Principal Occupation Chief of Police		Name of Employer Town of Boxboroug	gh (MA)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can-	didate for a chief executive ciated with have a contract of Yes No	officer of a municipality with said municipality	/, Amo	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:  Cash Personal Check Oredit/Debit Card Payroll Deduction Omoney	Order	1	Aggregate Contributions \$50			
SUBT	OTA	L Section B — This	Page \$150			
TOTAL	of ad	lditional Section B P	<b>ages</b> \$895			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I		IVIDUALS (Sections A umn A of Summary Page T				

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# Section B ADDITIONAL PAGE 3 of 4

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	10 10 10 10 10 10 10 10 10 10 10 10 10 1		TYPE OF REPORT	100000000000000000000000000000000000000		
Josh for Hartford				October 10			
A. Total Contributions from Sm (See instructions for definition of Small Co			his Period ONLY OTAL SECTION A	\$			
	B. Itemized Cor	atrib	outions from Indivi	duals		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Last Name			irst			Tomores ou a co	MI
Dunbar			Carolyn				
Residential Street Address		City		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	State	1 1	p Code
2850 Johnson Ave		Alam	neda 		CA	94	4501
Principal Occupation			Name of Employer				
retired			retired				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract OYes ONo	with said municipality		.mount 250	of Contribution
Is this contribution associated with an event reported in Section L1?  If pes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	ich or	branches	e contractor? Yes OLegislative			
Method of Contribution:	v. B		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Care	rd OPayroll Deduction OMoney	Order	7/25/23	\$250			
Last Name			irst	<u> </u>			MI
Arroyo		L	iany				
Residential Street Address	(	City			State	Zip	Code
126 Westerly Terrace		Hartf	ford		CT	06	5105
Principal Occupation			Name of Employer				
coo			Charter Oak Health	Center			
or dependent child of a lobbyist? O No d	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?	o a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	ty, Amount of Contribution \$100		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches	e contractor? Yes No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order	7/22/23	\$100			
Last Name			irst				МІ
Marcano		<u>      L                              </u>	uan			<del></del>	
Residential Street Address		City Auro			State	1 -	Code 0014
14010 E Harvard Place		Auro			-		JU14
Principal Occupation Council Member			Name of Employer City of Aurora				
or dependent child of a lobbyist? ONO d	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?				1	mount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	d Payroll Deduction OMoney	Order	1	Aggregate Contributions \$100			
	SUBT	OTA	L Section B — This	Page \$450			
	TOTAL	of a	dditional Section B P	<b>ages</b> \$595			
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 1.		IVIDUALS (Sections A Jumn A of Summary Page 1				

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	,	

# Section B ADDITIONAL PAGE 4

of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			October 10					
Josh for Hartford								
A. Total Contributions from S (See instructions for definition of Smal		Frank in the second		is Period ONLY OTAL SECTION A	\$			
		B. Itemized Co	t transfer transfer to	utions from Indivi	duals		**************************************	
Last Name Wilkins			1 -	<sub>irst</sub> ohn				MI
Residential Street Address			<u>, L</u>			1 64-4-	7:.	Cada
22 Garland Rd			City West	t Hartford		State CT	_ I -	o Code 5107
Principal Occupation				Name of Employer				
Arts				Real Art Ways				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?				y, An \$10		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No CLegislative			
Method of Contribution:				Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit	Card (	Payroll Deduction OMoney	Order	7/7/23	\$100			
Last Name			Fir	rst	J			MI
Denman			S	alihah				
Residential Street Address			City			State	Zip	Code
8 Lyndenwood Dr			Broo	kfield		CT	06	5804
Principal Occupation				Name of Employer		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does valu	ontribution is in excess of \$400 s contributor or business he/she ed at more than \$5,000?	is assoc	ciated with have a contract Yes No	with said municipality	\$25		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? OYes No Legislative			
Method of Contribution:		<del></del>	<del>,</del>	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card 🅻	Payroll Deduction Money	Order	7/6/23	\$25			
Last Name			Fir	rst		-		MI
Residential Street Address			City			State	Zip	Code
Principal Occupation				Name of Employer		<u></u>	<u>.l</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				/, Am	ount	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a surfyes, indicate which branched for government the contract	nch or l	branches	e contractor? Yes No			
Method of Contribution:		or government the contract	, 19 WIL	Date Received	Aggregate Contributions	$\dashv$		
Cash OPersonal Check OCredit/Debit C	Card C	Payroll Deduction OMoney	Order					
	And the second s	SUBT	ОТА	L Section B — This	Page \$125			
		TOTAL	ofac	lditional Section B P	ages \$920			
TOTALOF	ALL (	CONTRIBUTIONS FROM		IVIDUALS (Sections A				
And the second s		Enter population Line	a, coli	anın A vi Summary Tage	. outs)			

# Section P. ADDITIONAL PAGE 1\_\_\_\_ of 3\_\_\_\_

Size of Expenditure   Paryment of Expenditure   Paryment   Parym	NAME OF COMMIT	TEB (Provide Complete Name as Registered with Filing Repositor)	(v	TYPE OF REPOR	TYPE OF REPORT		
Discretify the Continued of Proposed Continued without reimbursement sought (see economittee)   Discretified August   Sep 20, 2023   Check #95   Ophit Card   Option   Optio	Josh for Hartford	-		October 10			
Discretify the Continued of Proposed Continued without reimbursement sought (see economittee)   Discretified August   Sep 20, 2023   Check #95   Ophit Card   Option   Optio		P. Expense	s Paid by Committe	ee			
Purpose of Expenditions (by cook) WAGE  Espenditions a (rightwishold)  Type of Expenditure (tembization in Addendrum P Required unless "None of the below" is checked)  Name of Payer  Katlynn Watson  Name of Payer  Katlynn Watson  New of Expenditure (tembization in Addendrum P Required unless "None of the below" is checked)  Occardinated without trimbursement sought (one-spenditure)  Content and the second of Paymonth (or Spenditure)  Content and the second of Paymonth (or Spenditure)  Propose of Expenditure (the Spenditure)  One of the below (loss not involve another candidate or committee)  Content with trimbursement rought (one-spenditure)  One of the below (loss not involve another candidate or committee)  Content with trimbursement rought (one-spenditure)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidate or committee)  One of the below (loss not involve another candidat	Katerina Soto		City	Date of Payment	O Check O Debit O State	# <u>95</u> Card <b>O</b> EFT	
Carryasser pay   Separations   Carryasser pay   Separations   Separati	28 Newfield Ave		Hartford			06106	
Expenditure of the pelow (does not involve another conditions or committee)   One of the below (does not involve another conditions or committee)   One of the below (does not involve another conditions or committee)   One of Payment   One of	Purpose of Expenditure (by code) WAGE					Amount	
Sep 13, 2023   Ocheck #98   Obeht Card   OEF	(if applicable)	None of the below (does not involve another candidate or condinated with reimbursement sought (joint expending	)p				
26 Racebrook Dr  East Hartford  CT  Octo8  Purpose of Expenditure (by code) WAGE  Expenditure #	Katlynn Watson		l City	1	Check #	#98 Card <b>O</b> EFT	
Expenditure # (if applicable)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Since of Payment (if applicable)   Name of Payee   Harland Clarke   Date of Payment   Sep 20, 2023   Date of Payment   Sep 20, 2023   Since   Zip Code   Zip Code   Since   Zip Code   Zip Co	, i		1 '			-	
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   Name of Payee   Date of Payment   Sep 20, 2023   Check #   Debit Card   Deb	Purpose of Expenditure (by code) WAGE	_ *		Event #		Amount	
Harland Clarke  Street Address  Street Address  Street Address  Street Address  Street Address  Description Additional checks  Expenditure # (if applicable)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution)  Date of Payment  State  State  State  State  Specification  TX  Amount  Amount  Amount  Specification  Speci		None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu	ommittee)  (re)  Indepe	ndent _	D .	·	
Street Address  15955 La Cantera    Description additional checks   Expenditure (the mixation in Addendum P Required unless "None of the below" is checked)   Organization OA OB OC OD				1 1	O Check #	#	
Amount   State   Zip Code   CA   State   Zip Code			1		State	Zip Code	
Name of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution)  Name of Payee Google Voice  Street Address 1600 Amphitheatre Parkway  Description Phone line  Type of Expenditure # (If applicable)  Organization A OB OC OD  Method of Payment: Ocheck #	Purpose of Expenditure (by code) MISC	·		Event #		lmount	
Google Voice  Street Address  City  Mountain View  CA 94043  Purpose of Expenditure (by code) OVHD  Description Phone line  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ONone of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Corganization A B Oc Op		None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expendit	committee) urc)	endent	Op		
Street Address  1600 Amphitheatre Parkway  Description Phone line  Expenditure # ((f) applicable)  None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  City Mountain View  Event #  State Cip Code  94043  Amount  \$10.18	•			1 '	Check #	#	
(by code) OVHD Phone line  Expenditure # ((ff applicable)		re Parkway			State	Zip Code	
O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD	(hu coda)	•		Event #		mount	
SUBTOTAL Section P — This Page \$225.68		None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu	) <sub>D</sub>				
			SUBTOTAL Section P -	— This Page \$225.68			

# Section P. ADDITIONAL PAGE 2\_\_\_\_ of 3\_\_\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	)	TYPE OF REPORT	
Josh for Hartford			October 10	
	P. Expenses	Paid by Committe	e e	
Name of Payee Katerina Soto			Date of Payment Sep 25, 2023	Method of Payment:  Check #101  Debit Card  EFT
28 Newfield Ave		City Hartford		CT Zip Code CT 06106
Purpose of Expenditure (by code) WAGE	Description Canvasser pay		Event #	Amount \$120
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or ec Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	)		
Name of Payee Katlynn Watson			Date of Payment Sep 22, 2023	Method of Payment:  O Check #99 ODebit Card OEFT
Street Address 26 Racebrook Dr		East Hartford		State Zip Code CT 06108
Purpose of Expenditure (by code) WAGE	Description Canvasser pay		Event #	Amount \$120
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)		
Name of Payee			Date of Payment	Method of Payment:
Anedot			var	Check # Debit Card
Street Address 1340 Poydras Ave	)	City New Orleans	State Zip Code LA 70112	
Purpose of Expenditure (by code) WEB	Description Fundraising fees		Event #	Amount \$41.70
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)		
Name of Payee Target			Date of Payment Sep 8, 2023	Method of Payment:  Check #  Debit Card  EFT
Street Address		City		State Zip Code
3265 Berlin Turnp	oike	Newington		CT 06111
Purpose of Expenditure (by code) FNDR	Description fundraiser supplies		Event # 090823A	Amount \$220.68
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)			
	<u> </u>	SUBTOTAL Section P -	— <b>This Page</b> \$502.38	
				_

# Section P. ADDITIONAL PAGE 3\_\_\_\_ of 3\_\_\_\_

Revised January 2015			TWO OF DEDONA		
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Josh for Hartford			October 10		
	P. Expenses	Paid by Committee			
Name of Payee			Date of Payment	Method of Pa	-
Maya Vanderberg	3		Sep 13, 2023	O Check #	ard OEFT
Street Address		City		· [ ]	Zip Code
82 Fern St, Apt 2		Hartford		CT	06105 
Purpose of Expenditure (by code)	Description		Event #	A	mount
(by code) WAGE	Canvasser pay			\$192	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	nmittee)	dent		
Name of Payee			Date of Payment	Method of Pa	•
				O Debit Ca	
Street Address		City	<b> </b>		Zip Code
Purpose of Expenditure	Description		Event #	A	mount
(by code)					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un.	less "None of the below" is	checked)	1	
(if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	nmittee)  O Independ			
Name of Payee	O coolumnia (incompany)	Organiza	Date of Payment	Method of Pay	yment:
·				O Check #	_
Street Address		City			Zip Code
Purpose of Expenditure (by code)	Description		Event #	A	mount
Expenditure #	The standard of the standard on the B. Browning of the	Maga "Norsa af tha balaw" in	ahaakad)	-	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittce)			
Name of Payee		O Grganiza	Date of Payment	Method of Pa	yment:
				Check #	
Street Address		City		O Debit Ca State	ard OEFT Zip Code
Purpose of Expenditure (by code)	Description		Event #	A	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)			
	s	UBTOTAL Section P —	-This Page \$192	<del>_</del> _	
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