


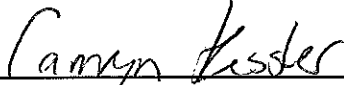
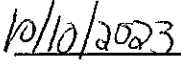
# SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Josh for Hartford			
<b>2. TREASURER NAME</b>			
First Camryn	MI	Last Kessler	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 73 Imlay St	City Hartford	State CT	Zip Code 06105
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/07/2023	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) City Council		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First Joshua	MI	Last Michtom	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date July 1, 2023		Ending Date thru September 30, 2023	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
			
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
<i>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.</i>			

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	
	COLUMN A This Period	COLUMN B Aggregate
11. 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)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
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)		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Josh for Hartford				Oct 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Holloway		Georgiana			
Residential Street Address			City	State	Zip Code
14 Fairmount St			Hartford	CT	06120
Principal Occupation			Name of Employer		
retired			retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$50	
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:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			9/15/23	\$50	
Last Name		First		MI	
Dubois		Jaime			
Residential Street Address			City	State	Zip Code
36 Pierremount Ave			New Britain	CT	06053
Principal Occupation			Name of Employer		
Paralegal			State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$25	
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:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			9/9/23	\$25	
Last Name		First		MI	
DiZoglio		Joseph			
Residential Street Address			City	State	Zip Code
94 Huntington St			Hartford	CT	06105
Principal Occupation			Name of Employer		
Physician			Trinity Health of New England		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
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:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			8/22/23	\$100	
<b>SUBTOTAL Section B — This Page</b>				\$175	
<b>TOTAL of additional Section B Pages</b>				\$870	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$1045	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>						<b>TYPE OF REPORT</b>	
Josh for Hartford						October 10	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			<b>Amount of Contribution</b>	
City		State	Zip Code	Date Received		Aggregate Contributions	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			<b>Amount of Contribution</b>	
City		State	Zip Code	Date Received		Aggregate Contributions	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			<b>Amount of Contribution</b>	
City		State	Zip Code	Date Received		Aggregate Contributions	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City			State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				<b>Amount of Receipt</b>	
Description							
Name of Committee				Name of Treasurer			
Address			City			State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				<b>Amount of Receipt</b>	
Description							
<b>SUBTOTAL Section C — This Page</b>							
<b>TOTAL of additional Section C Pages</b>							
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Josh for Hartford					October 10	
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
<b>TOTAL SECTION D</b>						
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>						
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
<b>TOTAL SECTION E</b>						

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

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Josh for Hartford	October 10

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i>	<input type="radio"/> No	Amount
		<input type="radio"/> Yes	<input type="radio"/> No	
		<input type="radio"/> Yes	<input type="radio"/> No	
		<input type="radio"/> Yes	<input type="radio"/> No	
		<input type="radio"/> Yes	<input type="radio"/> No	
<b>TOTAL SECTION F</b>				

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Date of Receipt	Date of Receipt
<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
<b>TOTAL SECTION G</b>		

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

Date of Receipt	Method of payment:	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
<b>TOTAL SECTION H</b>		

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Josh for Hartford				October 10	
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address		City		State	Zip Code
Name of Institution			Date Received		Amount
Street Address		City		State	Zip Code
<b>TOTAL SECTION J</b>					
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City		State	Zip Code
Description					
Name			Date of Transaction		Amount Received
Street Address		City		State	Zip Code
Description					
Name			Date of Transaction		Amount Received
Street Address		City		State	Zip Code
Description					
Name			Date of Transaction		Amount Received
Street Address		City		State	Zip Code
Description					
<b>TOTAL SECTION K</b>					
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>					
<b>Total Loans Received this Period (Section D)</b>					
<b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>					+
<b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>					+
<b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b>					+
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>					+
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>					+
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>					+
<b>Total of Other Monetary Receipts</b>					
<i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>					

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Josh for Hartford			October 10	
<b>L1. Event Information</b>				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
081323A		House Party	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
27 Ellington St		Hartford	CT	06106
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?				
<input checked="" type="radio"/> Yes <i>(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.)</i>				
<input type="radio"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				
<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>				
<input checked="" type="radio"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span>				
<input checked="" type="radio"/> No				
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				
<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>				
<input type="radio"/> No				
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?				
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span>				
<input checked="" type="radio"/> No				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?				
<input checked="" type="radio"/> Yes <i>(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.)</i>				
<input type="radio"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				
<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>				
<input checked="" type="radio"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span>				
<input checked="" type="radio"/> No				
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				
<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>				
<input checked="" type="radio"/> No				
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?				
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span>				
<input checked="" type="radio"/> No				
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>				
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>				
<b>TOTAL of additional Section L1 Pages</b>				
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>				



## II. EVENT ACTIVITY (Sections L1—L5)

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*

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>					<b>TYPE OF REPORT</b>	
Josh for Hartford					October 10	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>						
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>						
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>						
<b>TOTAL of additional Section L3 Pages</b>						
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>						
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>						

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Josh for Hartford	October 10

### L4. In-Kind Donations Not Considered Contributions

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event		

<b>SUBTOTAL Section L4— This Page</b>	
<b>TOTAL of additional Section L4 Pages</b>	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>	

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## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Josh for Hartford			October 10	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Wildaliz Bermudez			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
27 Ellington St		Hartford		CT
Zip Code			Fair Market Value of Donation	
06106			\$75	
Description of Donation				
food and drink				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
081323A	\$75	\$75		
Name of Host			Is this event supporting more than one candidate or committee? <input checked="" type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Zip Code			Fair Market Value of Donation	
Description of Donation				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input checked="" type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Zip Code			Fair Market Value of Donation	
Description of Donation				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input checked="" type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Zip Code			Fair Market Value of Donation	
Description of Donation				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>			\$75	
<b>TOTAL of additional Section L5 Pages</b>				
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			\$75	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Josh for Hartford				October 10	
<b>M. In-Kind Contributions</b>					
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
<b>SUBTOTAL Section M — This Page</b>					
<b>TOTAL of additional Section M Pages</b>					
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>					
<b>N. Refundable Deposit to Telephone Company</b>					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City		State	Zip Code
Name of Telephone Company					
Street Address		City		State	Zip Code
<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>					

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Josh for Hartford			October 10		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Google Suite			var		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1600 Amphitheatre Parkway		Mountain View		CA	94043
Purpose of Expenditure (by code)	Description		Event #		Amount
WEB	Email hosting (\$7.66 in July, Aug, Sept)				\$22.98
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Joel Cintron			8/31/23		<input checked="" type="radio"/> Check # 93 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
52 Clifford St, Apt 3		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	Videography				\$240
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
CV Media, Inc.			9/8/23		<input checked="" type="radio"/> Check # 94 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
18 Quarry Rd		Simsbury		CT	06070
Purpose of Expenditure (by code)	Description		Event #		Amount
A-WEB	Digital advertising				\$500
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Katlynn Watson			9/8/23		<input checked="" type="radio"/> Check # 96 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
26 Racebrook Dr		East Hartford		CT	06108
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	Canvasser pay				\$120
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			\$882.98		
<b>TOTAL of additional Section P Pages</b>			\$920.06		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$1,803.04		

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Josh for Hartford				October 10	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimbursement claimed?
					<input type="radio"/> Yes <input checked="" type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
<b>SUBTOTAL Section Q — This Page</b>					
<b>TOTAL of additional Section Q Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Josh for Hartford				October 10	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below		<input type="radio"/> Independent		
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)		<input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below		<input type="radio"/> Independent		
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)		<input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below		<input type="radio"/> Independent		
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)		<input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
<b>SUBTOTAL Section S-This Page</b>					
<b>TOTAL of additional Section S Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					



### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Josh for Hartford				October 10	
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
Zip Code					
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <span style="margin-left: 150px;"><input type="radio"/> Independent</span> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <span style="margin-left: 100px;"><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
Zip Code					
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <span style="margin-left: 150px;"><input type="radio"/> Independent</span> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <span style="margin-left: 100px;"><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
Zip Code					
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <span style="margin-left: 150px;"><input type="radio"/> Independent</span> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <span style="margin-left: 100px;"><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
Zip Code					
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <span style="margin-left: 150px;"><input type="radio"/> Independent</span> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <span style="margin-left: 100px;"><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
Zip Code					
<b>SUBTOTAL Section T — This Page</b>					
<b>TOTAL of additional Section T Pages</b>					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>					



**Section B ADDITIONAL PAGE** 1 **of** 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Josh for Hartford				October 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Oshinskie		Emily			
Residential Street Address			City		State Zip Code
67 Bainbridge Rd			West Hartford		CT 06119
Principal Occupation			Name of Employer		
Retail Associate			REI		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$20	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>081323A</u>		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: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/13/23		\$20	
Last Name		First		MI	
Shea		Carey			
Residential Street Address			City		State Zip Code
7 Columbia St			Hartford		CT 06106
Principal Occupation			Name of Employer		
Retired			retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>081323A</u>		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: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/13/23		\$250	
Last Name		First		MI	
Scheinberg		Kathryn			
Residential Street Address			City		State Zip Code
279 Fox Hill Rd			Wethersfield		CT 06109
Principal Occupation			Name of Employer		
Attorney			Center for Children's Advocacy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$25	
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: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/10/23		\$25	
<b>SUBTOTAL Section B — This Page</b>				\$145.00	
<b>TOTAL of additional Section B Pages</b>				\$900	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$1045.00	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Josh for Hartford		October 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Ganong		Sarah	
Residential Street Address		City	State Zip Code
72 Hamilton St		Hartford	CT 06106
Principal Occupation		Name of Employer	
State Director		CTWFP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			\$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	8/9/23	\$50	
Last Name		First	MI
Lewis		Diane	
Residential Street Address		City	State Zip Code
69 Congress St		Hartford	CT 06114
Principal Occupation		Name of Employer	
Case Manager		Building Trades Training Institute	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			\$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	8/3/23	\$75	
Last Name		First	MI
Szewczyk		John	
Residential Street Address		City	State Zip Code
458 Stage Coach Rd		Durham	CT 06422
Principal Occupation		Name of Employer	
Chief of Police		Town of Boxborough (MA)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			\$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	7/26/23	\$50	
<b>SUBTOTAL Section B — This Page</b>		\$150	
<b>TOTAL of additional Section B Pages</b>		\$895	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$1045	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Josh for Hartford				October 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Dunbar		Carolyn			
Residential Street Address		City		State	Zip Code
2850 Johnson Ave		Alameda		CA	94501
Principal Occupation			Name of Employer		
retired			retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$250	
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: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/25/23	\$250		
Last Name		First		MI	
Arroyo		Liany			
Residential Street Address		City		State	Zip Code
126 Westerly Terrace		Hartford		CT	06105
Principal Occupation			Name of Employer		
COO			Charter Oak Health Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
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: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/22/23	\$100		
Last Name		First		MI	
Marcano		Juan			
Residential Street Address		City		State	Zip Code
14010 E Harvard Place		Aurora		CO	80014
Principal Occupation			Name of Employer		
Council Member			City of Aurora		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
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: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/15/23	\$100		
<b>SUBTOTAL Section B — This Page</b>				\$450	
<b>TOTAL of additional Section B Pages</b>				\$595	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$1045	





**Section B ADDITIONAL PAGE 4 of 4**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Josh for Hartford		October 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Wilkins		John	
Residential Street Address		City	
22 Garland Rd		West Hartford	
		State	Zip Code
		CT	06107
Principal Occupation		Name of Employer	
Arts		Real Art Ways	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Amount of Contribution	
		\$100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/7/23	\$100
Last Name		First	
Denman		Salihah	
Residential Street Address		City	
8 Lyndenwood Dr		Brookfield	
		State	Zip Code
		CT	06804
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Amount of Contribution	
		\$25	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/6/23	\$25
Last Name		First	
Residential Street Address		City	
		State	Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
<b>SUBTOTAL Section B — This Page</b>		\$125	
<b>TOTAL of additional Section B Pages</b>		\$920	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$1045	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Josh for Hartford			October 10	
P. Expenses Paid by Committee				
Name of Payee Katerina Soto			Date of Payment Sep 11, 2023	Method of Payment: <input checked="" type="radio"/> Check #95 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 28 Newfield Ave		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description Canvasser pay	Event #		Amount \$60
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Katlynn Watson			Date of Payment Sep 13, 2023	Method of Payment: <input type="radio"/> Check #98 <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 26 Racebrook Dr		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Description Canvasser pay	Event #		Amount \$120
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Harland Clarke			Date of Payment Sep 20, 2023	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 15955 La Cantera		City San Antonio	State TX	Zip Code 78256
Purpose of Expenditure (by code) MISC	Description additional checks	Event #		Amount \$35.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Google Voice			Date of Payment Sep 5, 2023	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 1600 Amphitheatre Parkway		City Mountain View	State CA	Zip Code 94043
Purpose of Expenditure (by code) OVHD	Description Phone line	Event #		Amount \$10.18
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			<b>\$225.68</b>	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Josh for Hartford			October 10	
<b>P. Expenses Paid by Committee</b>				
Name of Payee			Date of Payment	Method of Payment:
Katerina Soto			Sep 25, 2023	<input checked="" type="radio"/> Check #101 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State	Zip Code
28 Newfield Ave		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
WAGE	Canvasser pay			
				\$120
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
Katlynn Watson			Sep 22, 2023	<input checked="" type="radio"/> Check #99 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State	Zip Code
26 Racebrook Dr		East Hartford	CT	06108
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
WAGE	Canvasser pay			
				\$120
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
Anedot			var	<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State	Zip Code
1340 Poydras Ave		New Orleans	LA	70112
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
WEB	Fundraising fees			
				\$41.70
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
Target			Sep 8, 2023	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State	Zip Code
3265 Berlin Turnpike		Newington	CT	06111
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
FNDR	fundraiser supplies	090823A		
				\$220.68
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			<b>\$502.38</b>	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Josh for Hartford				October 10	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Maya Vanderberg			Sep 13, 2023		<input checked="" type="radio"/> Check #97 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
82 Fern St, Apt 2		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	Canvasser pay				\$192
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			<b>\$192</b>		

