

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2024



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 27

COVER PAGE

1. NAME OF COMMITTEE			
Valley Forward			
2. TREASURER NAME			
First Nicole	MI	Last Dykstra	Suffix
3. TREASURER ADDRESS			
Street Address 221 Park Rd	City Oxford	State CT	Zip Code 06478
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
8. TYPE OF REPORT			
April 10 Filing - Amendment			
9. PERIOD COVERED			
Beginning Date 01/01/2026		Ending Date 03/31/2026	
thru			
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing SIGNATURE	Nicole Dykstra PRINT NAME OF THE SIGNER	07/09/2026 10:09:24PM DATE CERTIFIED	
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.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Valley Forward	April 10 Filing - Amendment	
	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		\$1,643.78
12. Balance on hand at the beginning of Reporting Period	\$1,643.78	
13. Contributions received from Individuals (Section A and B)	\$2,185.00	\$2,185.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$2,185.00	\$2,185.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$3,828.78	\$3,828.78
19. Expenses Paid by Committee (Section P)	\$677.86	\$677.86
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$3,150.92	\$3,150.92
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

Subtotal Section A

\$0.00**B. Itemized Contributions from Individuals**

Last Name Malone		First Name Jude		MI
Residential Street Address 200 River Rd		City Mystic	State CT	Zip Code 06355
Principal Occupation Government Affairs		Name of Employer CT Beer Wholesalers Association		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☒ Yes ☐ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
		☐ Executive ☐ Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		01/28/2026	\$100.00	\$100.00

Last Name Cann		First Name Immacula		MI
Residential Street Address 234 Klondike St		City Stratford	State CT	Zip Code 06614
Principal Occupation RN		Name of Employer Silver Hill Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
		☐ Executive ☐ Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		02/16/2026	\$50.00	\$50.00

Last Name Moonan		First Name Patricia		MI M
Residential Street Address 100 Parrott Dr # 1704		City Shelton	State CT	Zip Code 06484
Principal Occupation Marriage and Family Therapy		Name of Employer Complete Counseling Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
		☐ Executive ☐ Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		02/24/2026	\$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Valley Forward

TYPE OF REPORT

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Meyer		First Name Diana		MI
Residential Street Address 8 Meghan Ct		City Shelton	State CT	Zip Code 06484
Principal Occupation Underwriter		Name of Employer M&T Bank		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/26/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Paez		First Name Bette Lynn		MI
Residential Street Address 334 Overview Dr		City Shelton	State CT	Zip Code 06484
Principal Occupation Financial Planner		Name of Employer Bette Lynn Paez LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☒ Yes ☐ No 02282026A		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Shake		First Name Kaitlyn		MI
Residential Street Address 44 Charlton St		City Stratford	State CT	Zip Code 06614
Principal Occupation Nurse		Name of Employer Norwalk Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☒ Yes ☐ No 02282026A		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$45.00	
				\$45.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Lombardi		First Name Antonia		MI G
Residential Street Address 195 Meadowside Rd		City Milford	State CT	Zip Code 06460
Principal Occupation Milford Board of Education		Name of Employer Secretary		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$30.00	
\$30.00				

Last Name Spagnolo		First Name Nancy		MI M
Residential Street Address 870 Carrington Rd		City Bethany	State CT	Zip Code 06524
Principal Occupation Chief of Staff		Name of Employer City of Ansonia		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$50.00	
\$50.00				

Last Name Passaro		First Name Cara		MI
Residential Street Address 1 Fern St		City Shelton	State CT	Zip Code 06105
Principal Occupation Lawyer		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$100.00	
\$100.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Araujo		First Name Bridget		MI
Residential Street Address 32 Lynwood Dr		City Trumbull	State CT	Zip Code 06611
Principal Occupation Tech		Name of Employer Oscar		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$25.00	
				\$25.00

Last Name Fusco		First Name Linda		MI L
Residential Street Address 10 Platt St		City Derby	State CT	Zip Code 06418
Principal Occupation Chief of Staff		Name of Employer City of Derby		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Meyer		First Name Diana		MI
Residential Street Address 8 Meghan Ct		City Shelton	State CT	Zip Code 06484
Principal Occupation Underwriter		Name of Employer M&T Bank		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$75.00	
				\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kilmartin		First Name Amanda		MI
Residential Street Address 51 Sorghum Rd		City Shelton	State CT	Zip Code 06484
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$25.00	
				\$25.00

Last Name Rossner		First Name Lorraine		MI
Residential Street Address 6 Daisy Dr		City Shelton	State CT	Zip Code 06484-2530
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Montalvo		First Name Barbara		MI J
Residential Street Address 25 Evelyn Rd		City Derby	State CT	Zip Code 06418
Principal Occupation Government Administrator		Name of Employer City of Stamford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 02282026A ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 02/28/2026	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Peterson		First Name Monica		MI
Residential Street Address 10 Brook Pine Dr		City Shelton	State CT	Zip Code 06484
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
☐ Executive ☐ Legislative				
Method of Contribution		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		03/01/2026	\$25.00	\$25.00

Last Name Cardozo		First Name Miguel		MI A
Residential Street Address 55 Mountain View Rd		City Ansonia	State CT	Zip Code 06401
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A	☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
☐ Executive ☐ Legislative				
Method of Contribution		Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		03/28/2026	\$200.00	\$200.00

Last Name Tyszka		First Name Frank		MI
Residential Street Address 18 Shortell Dr		City Ansonia	State CT	Zip Code 06401
Principal Occupation Mayor		Name of Employer City of Ansonia		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A	☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
☐ Executive ☐ Legislative				
Method of Contribution		Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		03/28/2026	\$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Valley Forward

TYPE OF REPORT

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Reynolds		First Name Karen		MI M
Residential Street Address 22 Mountain View Rd		City Ansonia	State CT	Zip Code 06401
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$30.00	
				\$30.00

Last Name Martinez		First Name Rebecca		MI
Residential Street Address 8 Irving St		City Plainville	State CT	Zip Code 06062
Principal Occupation Nurse		Name of Employer Elara		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Shannon		First Name MJ		MI
Residential Street Address 33 Foran Rd Apt 11		City Milford	State CT	Zip Code 06460
Principal Occupation Development Specialist		Name of Employer Beth-El Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Valley Forward

TYPE OF REPORT

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Fox		First Name Ellen		MI
Residential Street Address 522 Traditions Ct N		City Oxford	State CT	Zip Code 06478
Principal Occupation Registrar of Voters		Name of Employer Town of Oxford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Marrandino		First Name Jacob		MI
Residential Street Address 76 Towne House Rd		City Hamden	State CT	Zip Code 06514
Principal Occupation Organizer		Name of Employer Ned for CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$25.00	
				\$25.00

Last Name Krugel		First Name Eileen		MI
Residential Street Address 36 Cedar St		City Ansonia	State CT	Zip Code 06401
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$20.00	
				\$20.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Valley Forward

TYPE OF REPORT

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sweet		First Name Laurie		MI
Residential Street Address 4 Prospect Ct		City Hamden	State CT	Zip Code 06517
Principal Occupation State Rep		Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Hoyle		First Name Clifford		MI
Residential Street Address 34 High Acres Rd		City Ansonia	State CT	Zip Code 06401
Principal Occupation Attorney		Name of Employer Hoyle & Sponheimer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$200.00	
				\$200.00

Last Name Daniels		First Name Jacquelyn		MI
Residential Street Address 404 N Main St		City Ansonia	State CT	Zip Code 06401
Principal Occupation Accountant		Name of Employer Sandy Hook Promise Foundation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$100.00	
				\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Madrid		First Name Maria		MI
Residential Street Address 89 Clarkson St		City Ansonia	State CT	Zip Code 06401
Principal Occupation Engineer/Category Manager		Name of Employer Lockheed Martin		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			Amount of Contribution
☐ Yes ☒ No	☐ Yes ☐ No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A	Is contributor a principal of 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 ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$35.00	\$35.00

Last Name Tuite		First Name Jacob		MI
Residential Street Address 25 Evelyn Rd		City Derby	State CT	Zip Code 06418
Principal Occupation Inside Sales		Name of Employer The Lighting Quotient		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			Amount of Contribution
☐ Yes ☒ No	☐ Yes ☐ No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A	Is contributor a principal of 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 ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gibson		First Name Rene		MI M
Residential Street Address 400 Burritt Ave		City Stratford	State CT	Zip Code 06615
Principal Occupation Officer / Consultant		Name of Employer Bold Directions Benefits		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			Amount of Contribution
☐ Yes ☒ No	☐ Yes ☐ No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A	Is contributor a principal of 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 ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Valley Forward

TYPE OF REPORT

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bussell		First Name Laurie		MI
Residential Street Address 152 Shagbark Dr		City Derby	State CT	Zip Code 06418
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Averill		First Name Rosalie		MI
Residential Street Address 38 N Benham Rd		City Seymour	State CT	Zip Code 06483
Principal Occupation Sales - Real Estate		Name of Employer Rupwani Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Malloy		First Name James		MI J
Residential Street Address 14 Granite Ter		City Ansonia	State CT	Zip Code 06401
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03282026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/28/2026	Aggregate Contributions \$40.00	
				\$40.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Valley Forward

TYPE OF REPORT

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Farrar		First Name Kate		MI
Residential Street Address 253 Ridgewood Rd		City West Hartford	State CT	Zip Code 06107
Principal Occupation Legislator		Name of Employer CT General Assembly		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/30/2026	Aggregate Contributions \$25.00	
				\$25.00
Total of Section B				\$2,185.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)				\$2,185.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Valley Forward

TYPE OF REPORT

April 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address		Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus Distribution		
Expenditure # (if applicable)	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				TYPE OF REPORT	
Valley Forward				April 10 Filing - Amendment	
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)					
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Total of Section E					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Valley Forward				April 10 Filing - Amendment	
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)					
Date of Receipt	Is this transaction associated with an event reported in Section L1? Yes No If yes, list Event #				Amount
Total of Section F					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Valley Forward		April 10 Filing - Amendment	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)			
Date of Receipt	Amount		
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Valley Forward		April 10 Filing - Amendment	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section H			

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Valley Forward		April 10 Filing - Amendment	
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	
Street Address	City	State	Zip Code
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Valley Forward		April 10 Filing - Amendment	
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	
Street Address	City	State	Zip Code
Description			Amount Received
Total of Section K			

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

L1. Event Information

Event # Date of Event 02/28/2026	Letter A	Description Other Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 100 Parrott Dr		City Shelton	State CT	Zip Code
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<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>	
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?		☐ Yes ☒ No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☐ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00

Event # Date of Event 03/28/2026	Letter A	Description Other Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 328 Derby Ave		City Derby	State CT	Zip Code 06418
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<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>	
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?		☐ Yes ☒ No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☐ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00

Total of Section L1

\$0.00

II. EVENT ACTIVITY (Sections L1 - L5)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT
Valley Forward					April 10 Filing - Amendment
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser				Purchase Made By: Business Entity Other 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	
Total of Section L3					

II. EVENT ACTIVITY (Sections L1 - L5)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT
Valley Forward					April 10 Filing - Amendment
L4. In-Kind Donations Not Considered Contributions					
Name of the Donor					
Street Address			City		State
					Zip Code
Donation Given by: Business Entity Individual Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
Date Received	Event #	Aggregate value for this event			
Total of Section L4					

II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

L5. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of the Host		Is this event supporting more than one candidate or committee?	
		Yes	No
		If yes, complete Itemization in Addendum L5	
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section L5**III. NONMONETARY RECEIPTS (Sections M - O)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

M. In-Kind Contributions

Name			
Street Address		City	State
			Zip Code
Type of Contributor:	Date Received	Aggregate contributions	Description of In-Kind Contribution
Committee			
Individual / Sole Proprietorship	Other		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee 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 \$5000?	Fair Market Value of this Contribution
		Yes No	
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	
		Yes No	
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	
		Executive Legislative	

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

N. Refundable Deposit to Telephone Company

Last Name of Individual		First Name		MI	Date Deposit Made
Residential Street Address	City	State	Zip Code	Amount of Deposit	
Name of Telephone company					
Street Address	City	State	Zip Code		

Total of Section N

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Valley Forward

April 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

Kara Rochelle

Date of Payment

02/28/2026

Method of Payment

☒ X

Check # 1058

☐

Debit Card

☐

EFT

Street Address

78 Westfield Ave

City

Ansonia

State

CT

Zip Code

06401

Purpose of
Expenditure (by code)

RMB

Description

Reimbursement for food purchased

Event #

02282026A

Expenditure #
(if applicable)

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$163.03

Name of Payee

Nicole Dykstra

Date of Payment

03/28/2026

Method of Payment

☒ X

Check # 1059

☐

Debit Card

☐

EFT

Street Address

221 Park Rd

City

Oxford

State

CT

Zip Code

06478

Purpose of
Expenditure (by code)

RMB

Description

Reimbursement for food purchased

Event #

03282026A

Expenditure #
(if applicable)

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$445.73

Name of Payee

Anedot Inc

Date of Payment

03/31/2026

Method of Payment

☐

Check #

☐

Debit Card

☒ X

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Credit card processing fees

Event #

Expenditure #
(if applicable)

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$69.10

Total of Section P**\$677.86**

IV. EXPENDITURES (Sections P - T)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT
				April 10 Filing - Amendment
Q. Campaign Expenses Paid By Candidate				
Name of Payee (Name of vendor, Person or Entity who candidate paid directly)			Date of Payment	Is Reimbursement Claimed? Yes No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Total of Section Q				

IV. EXPENDITURES				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT
Valley Forward				April 10 Filing - Amendment
R. Expenses Incurred on Committee Credit Card				
Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor, Person or Entity				Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D			Amount
Total of Section R				

IV. EXPENDITURES				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Valley Forward			April 10 Filing - Amendment	
S. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure# (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization : ☐ A ☐ B ☐ C ☐ D			Amount Incurred (Estimate or Actual)
Total of Section S				

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	April 10 Filing - Amendment

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Rochelle		First Kara	MI	Date of Payment to Vendor, Person or Entity 02/27/2026	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant BJ's			Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1058 ☐ Debit Card ☐ EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 20 Division St		City Derby		State CT	Zip Code 06418
Purpose of Expenditure (by code) FOOD	Description Food for fundraiser				Event # 02282026A
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)				Amount \$163.03
Last Name of Worker/Consultant Dykstra		First Nicole	MI	Date of Payment to Vendor, Person or Entity 03/28/2026	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Quail & Ale			Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1059 ☐ Debit Card ☐ EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 328 Derby Ave		City Derby		State CT	Zip Code 06418
Purpose of Expenditure (by code) FOOD	Description Food for fundraiser				Event # 03282026A
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)				Amount \$445.73
Total of Section T					\$608.76

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT	
P. Expenses Paid By Committee - Addendum		
Expenditure #	Supported Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Are Limits Aggregated? Yes No	Aggregating Committees	

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT	
R. Expenses Incurred on Committee Credit Card - Addendum		
Expenditure #	Supported Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section S. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT	
S. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee	

Section T. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT	
T. Itemization of Reimbursements and Secondary Payees - Addendum			
Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee	