

**SEEC FORM 20**

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



Electronic Filing

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**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Valley Forward</b>			
2. TREASURER NAME			
First <b>Nicole</b>	MI	Last <b>Dykstra</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>221 Park Rd</b>	City <b>Oxford</b>	State <b>CT</b>	Zip Code <b>06478</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>January 10 Filing - Amendment</b>			
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	<b>10/27/2025</b>	thru <b>12/31/2025</b>	
10. CERTIFICATION			
<input checked="" type="checkbox"/> 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.			
<b>Electronic Filing</b>	<b>Nicole Dykstra</b>	<b>04/10/2026 5:13:25PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>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.</b></p>			

**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	
<b>Valley Forward</b>	January 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		<b>\$2,692.82</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$281.73</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$1,125.00</b>	<b>\$3,655.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$375.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$0.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$750.00</b>	<b>\$750.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$1,875.00</b>	<b>\$4,780.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$2,156.73</b>	<b>\$7,472.82</b>
19. Expenses Paid by Committee (Section P)	<b>\$262.95</b>	<b>\$5,579.04</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$1,893.78</b>	<b>\$1,893.78</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	January 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 Hughes		First Name Sean		MI P
Residential Street Address 48 Daniels Ave		City Waterford	State CT	Zip Code 06385
Principal Occupation Communicator Lobbyist		Name of Employer Hughes and Cronin		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/12/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Hughes		First Name Josh		MI J
Residential Street Address 34 Lexington Rd		City West Hartford	State CT	Zip Code 06119
Principal Occupation Lobbyist		Name of Employer Capitol Consulting		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/15/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Bingham		First Name Ryan		MI J
Residential Street Address 20 Spencer Brook Rd		City New Hartford	State CT	Zip Code 06057
Principal Occupation Lobbyist		Name of Employer Sullivan & LeShane, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/15/2025	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	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Cimini		First Name PJ		MI
Residential Street Address 71 Hunters Rdg		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Attorney/Lobbyist		Name of Employer Capitol Strategies Group LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/15/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Felton-Reid		First Name Hilary		MI
Residential Street Address 24 Center St # 1/2		City Wethersfield	State CT	Zip Code 06109
Principal Occupation Lobbyist		Name of Employer CT Government Relations Group of Robinson and Cole		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/15/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Doyle		First Name Michael		MI
Residential Street Address 92 Summit Rd		City Storrs	State CT	Zip Code 06268
Principal Occupation Lobbyist		Name of Employer Gaffney, Bennett and Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/15/2025	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	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Christ		First Name Michael		MI
Residential Street Address 89 Ridgewood Rd		City West Hartford	State CT	Zip Code 06107
Principal Occupation Lobbyist		Name of Employer Levin, Paolino & Christ Government Relations		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/15/2025	Aggregate Contributions \$100.00	\$100.00
Last Name Cronin Hughes		First Name Jean		MI
Residential Street Address 88 Sheffield St		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Lobbyist		Name of Employer Hughes & Cronin Public Affairs Strategies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/15/2025	Aggregate Contributions \$100.00	\$100.00
Last Name Myers		First Name Peter		MI
Residential Street Address 125 Mountain Rd		City North Granby	State CT	Zip Code 06060
Principal Occupation Lobbyist		Name of Employer CBIA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/15/2025	Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Smith		First Name Christopher		MI	
Residential Street Address 606 Cortland Cir		City Cheshire		State CT	Zip Code 06410
Principal Occupation Lobbyist			Name of Employer Rome Smith Kowalski		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 12/15/2025	Aggregate Contributions \$100.00	\$100.00
Last Name Aresimowicz		First Name Joseph		MI	
Residential Street Address 137 Brewster Rd		City West Hartford		State CT	Zip Code 06117
Principal Occupation Lobbyist			Name of Employer Gaffney Bennett		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 12/15/2025	Aggregate Contributions \$100.00	\$100.00
Last Name Brakeman		First Name Beverly		MI	
Residential Street Address 189 Newington Rd		City West Hartford		State CT	Zip Code 06110
Principal Occupation Lobbyist			Name of Employer Brakeman Advocacy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>12152025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 12/15/2025	Aggregate Contributions \$100.00	\$100.00
<b>Total of Section B</b>					<b>\$1,125.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)					<b>\$1,125.00</b>

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT
Valley Forward					January 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? If yes, list Event #		Yes	No
City		State	Zip Code	Date Received	Aggregate Contributions
					Amount of Contribution
<b>Total of Section C1</b>					

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE					TYPE OF REPORT
Valley Forward					January 10 Filing - Amendment
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee				Name of Treasurer	
Address				Date Received	
City		State	Zip Code	Payment Type Reimbursement for shared expense Surplus Distribution	
Expenditure # (if applicable)		Description			
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-K)**

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

**D. Loans Received this Period**

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

**I. MONETARY RECEIPTS (Section A-K)**

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

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<b>Total of Section E</b>				

**I. MONETARY RECEIPTS (Section A-K)**

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

**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?	Yes	No	If yes, list Event #	Amount
<b>Total of Section F</b>					

<b>I. MONETARY RECEIPTS (Section A-K)</b>	
NAME OF COMMITTEE	TYPE OF REPORT
Valley Forward	January 10 Filing - Amendment
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>	
Date of Receipt	Amount
<b>Total of Section G</b>	

<b>I. MONETARY RECEIPTS (Section A-K)</b>		
NAME OF COMMITTEE	TYPE OF REPORT	
Valley Forward	January 10 Filing - Amendment	
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of Payment Cash                      Personal Check                      Credit/Debit Card	Amount
<b>Total of Section H</b>		

<b>I. Monetary Receipts (Section A-K)</b>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Valley Forward			January 10 Filing - Amendment	
<b>J. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
<b>Total of Section J</b>				

**I. MONETARY RECEIPTS (Section A-K)**

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

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction		Amount Received
Street Address	City	State	
Description			
<b>Total of Section K</b>			

**II. EVENT ACTIVITY (Sections L1 - L5)**

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

**L1. Event Information**

Event # Date of Event 12/15/2025	Letter A	Description Other Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 369 Capitol Ave		City Hartford	State CT	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(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.)	
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="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
<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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
<b>Total of Section L1</b>			<b>\$0.00</b>	

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

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

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser Sullivan & LeShane, Inc				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 287 Capitol Ave		City Hartford		State CT	Zip Code 06106
Date Received 12/15/2025	Event # 12152025A	Aggregate Purchases for All Events <b>\$250.00</b>	Amount of Program Ad Purchase <b>\$250.00</b>	Amount of Sign Purchase	

Name of Purchaser <b>DePino Nunez and Biggs, LLC</b>				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <b>PO Box 9137</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06532</b>
Date Received <b>12/16/2025</b>	Event # <b>12152025A</b>	Aggregate Purchases for All Events <b>\$250.00</b>	Amount of Program Ad Purchase <b>\$250.00</b>	Amount of Sign Purchase	

Name of Purchaser Mohegan Tribe of Indians of Connecticut				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 13 Crow Hill Rd		City Uncasville		State CT	Zip Code 06382
Date Received 12/16/2025	Event # 12152025A	Aggregate Purchases for All Events <b>\$250.00</b>	Amount of Program Ad Purchase <b>\$250.00</b>	Amount of Sign Purchase	

<b>Total of Section L3</b>	<b>\$750.00</b>
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## II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Valley Forward	January 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 #	

**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	January 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	January 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?	Yes No	Fair Market Value of this Contribution
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	January 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
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

**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	January 10 Filing - Amendment

**P. Expenses Paid By Committee**

Name of Payee Zoe Gluck		Date of Payment 12/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1056 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9 Tower Ln Apt 537		City New Haven	State CT	Zip Code 06519
Purpose of Expenditure (by code) RMB	Description Reimbursement for food purchased			Event # 12152025A
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$64.35
Name of Payee Christine Vitale 2025		Date of Payment 12/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1057 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 85 Eastfield Dr		City Fairfield	State CT	Zip Code 06825
Purpose of Expenditure (by code) CNTRB	Description Contribution to Christine Vitale 2025			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$150.00
Name of Payee Anedot Inc		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> 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 # 12152025A
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$48.60

**Total of Section P**

**\$262.95**

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
			January 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 #	<b>Amount</b>
<b>Total of Section Q</b>			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Valley Forward			January 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)                  Independent Coordinated without reimbursement sought (in-kind contribution)                  Organization                  A                  B                  C                  D		Amount
<b>Total of Section R</b>			

**IV. EXPENDITURES**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Valley Forward		January 10 Filing - Amendment	
<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 #
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)		Amount Incurred (Estimate or Actual)
	None of the below  Coordinated with reimbursement sought (joint expenditure)      Independent  Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D		
<b>Total of Section S</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Valley Forward		January 10 Filing - Amendment	
<b>T. Itemization of Reimbursements and Secondary Payees</b>			
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Gluck	Zoe		12/15/2025
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P	
Red Rock Tavern		<input checked="" type="checkbox"/> Check # 1056 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State      Zip Code
369 Capitol Ave		Hartford	CT      06106
Purpose of Expenditure (by code)	Description		Event #
FOOD	Food for fundraiser		12152025A
Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)		Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$64.35
<b>Total of Section T</b>			<b>\$64.35</b>

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

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

**Section R. ADDENDUM**

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

**Section S. ADDENDUM**

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

**Section T. ADDENDUM**

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