

**SEEC FORM 40**

**Itemized Campaign Finance Disclosure Statement  
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised 2024



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
<b>Impact CT, Inc.</b>			
3. TREASURER NAME			
First	MI	Last	Suffix
<b>John</b>		<b>Motley</b>	
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
<b>39 Canterbury Rd</b>	<b>Hamden</b>	<b>CT</b>	<b>06514-2016</b>
5. TYPE OF REPORT			
<b>24 Hour Independent Expenditure General Election 12 - Original</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>01/14/2026</b>		<b>01/20/2026</b>	
thru			
7. 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, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof. Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national.			
<b>Electronic Filing</b>	<b>Eric Duey</b>	<b>01/21/2026 4:18:26PM</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<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 40**

Itemized Campaign Finance Disclosure Statement  
 For Independent Expenditure Political Committees  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised May 2016

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
<b>Impact CT, Inc.</b>	<b>24 Hour Independent Expenditure General Election 12 - Original</b>	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
8. 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>\$239,589.13</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$693,161.82</b>	
10. Monetary Receipts (Section A and B)	<b>\$0.00</b>	<b>\$475,000.00</b>
11. Loans (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
12. Total Monetary Receipts (add totals for lines 10 through 11)	<b>\$0.00</b>	<b>\$475,000.00</b>
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	<b>\$693,161.82</b>	<b>\$714,589.13</b>
14. Expenses Paid by Committee (Section G)	<b>\$69,927.33</b>	<b>\$91,354.64</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	<b>\$623,234.49</b>	<b>\$623,234.49</b>
16. In-Kind Contributions Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
17. Refundable Deposit to Telephone Company (Section E)	<b>\$0.00</b>	<b>\$0.00</b>
18. Beginning Loan Balance	<b>\$0.00</b>	
18a. + Loans Received (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
18b. + Interest and Penalties on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18d. Total Outstanding Loan Amount	<b>\$0.00</b>	
19. Expenses Incurred on Committee Credit Card (Section H)	<b>\$0.00</b>	<b>\$0.00</b>
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	<b>\$500.00</b>	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	<b>\$500.00</b>	

**I. RECEIPTS (Section A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
---	----------------

<b>A. Total Contributions from Small Individual Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Individual Contributor)</i>	<b>Subtotal Section A</b>
--	---------------------------

**B. Itemized Monetary Receipts**

Name							
Street Address				City		State	Zip Code
Principal Occupation (if applicable)				Name of Employer (if applicable)			
Source Type :	Individual/Sole Proprietorship	Committee	Other	Type of Receipt :	Contribution	Reimbursement for Shared Expense	
Bank	Affiliated Business Entity	Affiliated Organization		Bank Interest	Surplus Distribution	Contribution from Affiliated Treasury	
				Miscellaneous			
Is this receipt associated with an event reported in Section F?	Yes	Method of Receipt				Aggregate Receipts	
	No	Cash	Check	EFT			
If yes, list Event #	No	Credit/Debit Card	Payroll Deduction	Money Order			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a state contractor, prospective state contractor or principal thereof?				Yes	No
	No	If yes, indicate which branch or branches of government the contract is with:				Executive	Legislative
Description (if applicable)						Date Received	Amount Received

<b>Total of Section B</b>						
<b>TOTAL OF ALL RECEIPTS</b> (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>						

**I. RECEIPTS (Section A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

**C. Loans Received this Period**

Name of Lender				Source of Loan:				Date of Receipt
				Bank	Individual	Committee	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 C</b>							
---------------------------	--	--	--	--	--	--	--

**I. RECEIPTS (Sections A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

**D. In-Kind Contributions**

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

**Total of Section D**

**I. Receipts (Sections A - E)**

NAME OF COMMITTEE	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

**E. 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 E**

## II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

### F. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event?	
			Yes	No
Location: Street Address		City	State	Zip Code

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1) <b>Impact CT, Inc.</b>	TYPE OF REPORT <b>24 Hour Independent Expenditure General Election 12 - Orig</b>
---	---

**G. Expenses Paid By Committee**

Name of Payee <b>Blackburn &amp; Donnelly LLC</b>		Date of Payment <b>01/16/2026</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1297</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>2 Concorde Way # 3C</b>		City <b>Windsor Locks</b>		State <b>CT</b>
Zip Code <b>06096</b>				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) <b>Legal</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) <b>CNSLT</b>	Expenditure Number Section <b>G</b>   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <b>\$5,101.08</b>
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section <b>I</b>   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee <b>Ojakian Consulting LLC</b>		Date of Payment <b>01/16/2026</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1286</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>7 Buckingham Way</b>		City <b>Rancho Mirage</b>		State <b>CA</b>
Zip Code <b>92270</b>				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) <b>Consultant Fee</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) <b>CNSLT</b>	Expenditure Number Section <b>G</b>   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <b>\$5,000.00</b>
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section <b>I</b>   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Orig

**G. Expenses Paid By Committee**

Name of Payee Kirk Wesley, LLC		Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1295 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave # 102		City Bridgeport	State CT	Zip Code 06605
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$350.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Ruben Felipe Jr.		Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1294 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Tavern Rock Rd		City Stratford	State CT	Zip Code 06614-1534
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$200.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Orig

**G. Expenses Paid By Committee**

Name of Payee Sofia Franco		Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1293 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport		State CT
Zip Code 06606				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$200.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I   Number	If yes, what is the expenditure number of the expense previously incurred? <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Name of Payee Lauren Tejada		Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1292 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Neptune Ave		City New Rochelle		State NY
Zip Code 10805				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$200.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I   Number	If yes, what is the expenditure number of the expense previously incurred? <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Orig

**G. Expenses Paid By Committee**

Name of Payee Diego Felipe		Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1289 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Glen Ridge Dr		City Ansonia	State CT	Zip Code 06401
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$350.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Susana Franco		Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1288 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Lakeview Ave		City Bridgeport	State CT	Zip Code 06606
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$250.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Orig

**G. Expenses Paid By Committee**

Name of Payee Hardt Consulting, LLC		Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1287 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 405 Robin Ct		City Cheshire	State CT	Zip Code 06410
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$8,276.25
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Hudson Partners LLC		Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1284 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 345 Barnum Ave Ste 9		City Stratford	State CT	Zip Code 06614
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$25,000.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Orig

**G. Expenses Paid By Committee**

Name of Payee Campos Hampton LLC	Date of Payment 01/16/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1285 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
-------------------------------------	-------------------------------	---	--

Street Address 71 Tavern Rock Rd	City Stratford	State CT	Zip Code 06614
-------------------------------------	-------------------	-------------	-------------------

If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee	Event #
--	--	---------

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
---	---

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$25,000.00
---	---	---------------------------------	--	-----------------------

Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what is the expenditure number of the expense previously incurred? Section I	Expenditure Number Section   Number	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
---	---	--	---

<b>Total of Section G</b>			<b>\$69,927.33</b>
---------------------------	--	--	--------------------

**III. EXPENDITURES (Sections G - J)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>	<b>TYPE OF REPORT</b>
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

**H. Expenses Incurred on Committee Credit Card**

<b>Name of Issuing Institution</b>	<b>Type of Credit Card:</b> Visa      Master Card      Discover      American Express Other
------------------------------------	---

<b>Name of Vendor, Person or Entity</b>	<b>Date of Transaction</b>
---	----------------------------

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
-----------------------	-------------	--------------	-----------------

<b>If an Independent Expenditure, is it on behalf of more than one candidate?</b> Yes      No      If yes, complete Section H. Addendum	<b>Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)</b>	<b>Event #</b>
--	---	----------------

<b>Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)</b>	<b>Office Sought</b>	<b>Supported</b>  <b>Opposed</b>
--	----------------------	--

<b>Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum</b> Yes      No	<b>Purpose of Expenditure (by code)</b>	<b>Expenditure Number</b> Section      Number H	<b>Associated with Referendum?</b> Yes      No	<b>Amount</b>
--	---	---	---	---------------

**Total of Section H**

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

**I. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor Landscape Media LLC		Date Incurred 01/20/2026	
Street Address 529 14th St NW		City Washington	State DC
		Zip Code 20045	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section I. Addendum		Description Ads in support of Christine Vitale for First Selectman of Town of Fairfield	
		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum) Christine Vitale		Office Sought First Selectman	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) A-WEB	Expenditure Number Section   Number I	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Amount \$500.00

**Total of Section I****\$500.00**

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

**J. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
		Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? Yes                      No                      If yes, complete Section J. Addendum	Description		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)		Office Sought		Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum  Yes                      No	Purpose of Expenditure (by code)	Expenditure Number Section      Number J	Associated with Referendum? Yes                      No	Amount
<b>Total of Section J</b>				

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

**K. Five Largest Contributions Disclosed in Communication**

Source of Contribution - Name of Person Making Contribution	Expenditure Number Section      Number	
Address of Person Making Contribution - City	State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount	

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	24 Hour Independent Expenditure General Election 12 - Original

**L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication**

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section   Number	
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

**Section G. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

**G. Expenses Paid By Committee - Addendum**

Expenditure Number as reported in Section G <b>G</b>	Total Amount of the Expenditure
---	---------------------------------

Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported  Opposed	Amount Allocated

### Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

#### H. Expenses Incurred on Committee Credit Card - Addendum

<b>Expenditure Number as reported in Section H</b>	<b>Total Amount of Expenditure</b>
<b>H</b>	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

### Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

#### I. Expenses Incurred by Committee but Not Paid During this Period - Addendum

<b>Expenditure Number as reported in Section I</b>	<b>Total Amount of the Expenditure</b>
<b>I</b>	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

**Section J. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

**J. Itemization of Reimbursements and Secondary Payees - Addendum**

Expenditure Number as reported in Section J

Total Amount of the Expenditure

**J**

Description

Expenditure Code

Name of Candidate

Office Sought (if applicable)

Supported

Amount Allocated

Opposed