

SEEC FORM 40**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016



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Page 1 of 11

COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Impact CT, Inc.			
3. TREASURER NAME			
First John	MI	Last Motley	Suffix
4. TREASURER ADDRESS			
Street Address 39 Canterbury Rd	City Hamden	State CT	Zip Code 06514-2016
5. TYPE OF REPORT			
Initial Contribution or Disbursement - Original			
6. PERIOD COVERED			
Beginning Date		Ending Date	
02/19/2024		03/01/2024	
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 Itemized Campaign Finance Disclosure Statement 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.			
Electronic Filing	Eric Duey	04/02/2024 4:39:57PM	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

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	
Impact CT, Inc.	Initial Contribution or Disbursement -	Original
	COLUMN A This Period	COLUMN 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		\$0.00
9. Balance on hand at the beginning of Reporting Period	\$0.00	
10. Monetary Receipts (Section A and B)	\$100.00	\$100.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$100.00	\$100.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$100.00	\$100.00
14. Expenses Paid by Committee (Section G)	\$0.00	\$0.00
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$100.00	\$100.00
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	Initial Contribution or Disbursement - Original

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

Subtotal Section A

\$0.00*(See instructions for definition of Small Individual Contributor)***B. Itemized Monetary Receipts**

Name Derek Donnelly				
Street Address 988 Russell Ave		City Suffield	State CT	Zip Code 06078
Principal Occupation (if applicable) Attorney		Name of Employer (if applicable) Blackburn & Donnelly LLC		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Check <input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> EFT <input type="checkbox"/> Money Order	Aggregate Receipts \$100.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Amount Received
Description (if applicable)			Date Received 03/01/2024	\$100.00
Total of Section B				\$100.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>				\$100.00

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	Initial Contribution or Disbursement - Original

C. Loans Received this Period

Name of Lender	Source of Loan: Bank Individual Committee 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 C					

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	Initial Contribution or Disbursement - 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	Fair Market Value of this Contribution
		Executive	Legislative	
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.	Initial Contribution or Disbursement - Original

E. 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

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.		Initial Contribution or Disbursement - 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)		TYPE OF REPORT	
Impact CT, Inc.		Initial Contribution or Disbursement - Original	
G. Expenses Paid By Committee			
Name of Payee		Date of Payment	Method of Payment Check # Debit Card EFT
Street Address		City	State Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes 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)		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	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section Number G	Associated with Referendum? Yes No
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes No	If yes, what is the expenditure number of the expense previously incurred? Section Number I	Final or Full Payment Partial with Balance Owing	
Total of Section G			

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Impact CT, Inc.				Initial Contribution or Disbursement - Original	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H		Associated with Referendum? Yes No	Amount
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.			Initial Contribution or Disbursement - Original	
I. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum		Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No
Total of Section I				

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT
Impact CT, Inc.		Initial Contribution or Disbursement - 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 G	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

Expenditure Number as reported in Section H	Total Amount of Expenditure
H	

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

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

Expenditure Number as reported in Section I	Total Amount of the Expenditure
I	

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

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 J	Total Amount of the Expenditure
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Description	Expenditure Code

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