

SEEC FORM 40

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

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Impact CT, Inc.			
3. TREASURER NAME			
First	MI	Last	Suffix
John		Motley	
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
39 Canterbury Rd	Hamden	CT	06514-2016
5. TYPE OF REPORT			
January 10 Filing - Original			
6. PERIOD COVERED			
Beginning Date		Ending Date	
10/01/2025		12/31/2025	
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. Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national.			
Electronic Filing	Eric Duey	01/12/2026 9:35:01PM	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p>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.</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	
Impact CT, Inc.	January 10 Filing - 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		\$82,008.43
9. Balance on hand at the beginning of Reporting Period	\$192,862.71	
10. Monetary Receipts (Section A and B)	\$401,100.00	\$1,573,005.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$401,100.00	\$1,573,005.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$593,962.71	\$1,655,013.43
14. Expenses Paid by Committee (Section G)	\$354,373.58	\$1,415,424.30
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$239,589.13	\$239,589.13
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)	\$338.05	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>	Subtotal Section A	\$0.00
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B. Itemized Monetary Receipts

Name Stephen Fontana				
Street Address 23 Angel Pl		City North Haven	State CT	Zip Code 06473
Principal Occupation (if applicable) Dep. Dir. Economic Development		Name of Employer (if applicable) City of West Haven		
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 type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$400.00	
If yes, list Event #	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)			Date Received 12/23/2025	Amount Received \$100.00

Name John Schacter				
Street Address 77 Bowman Dr N		City Greenwich	State CT	Zip Code 06831
Principal Occupation (if applicable) Retired		Name of Employer (if applicable) Retired		
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 type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$1,000.00	
If yes, list Event #	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)			Date Received 12/23/2025	Amount Received \$1,000.00

Name Stephen Mandel Jr.			
Street Address PO Box 4298		City Greenwich	State CT
Zip Code 06830		Principal Occupation (if applicable) Founder	
Name of Employer (if applicable) Lone Pine Capital		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT		Aggregate Receipts \$3,068,005.00	
If yes, list Event #		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 10/21/2025	\$400,000.00
Total of Section B			\$401,100.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			\$401,100.00

I. RECEIPTS (Section A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1) Impact CT, Inc.			TYPE OF REPORT January 10 Filing - Original	
C. Loans Received this Period				
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City	State	Zip Code
Name of Cosigner/Guarantor (if applicable)				Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code
Total of Section C				Amount Received

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	January 10 Filing - Original

D. In-Kind Contributions

Name			
Street Address	City	State	Zip Code
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received
Other	Affiliated Business Entity	Affiliated Organization	Aggregate Receipts
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: Executive Legislative	Yes No 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.	January 10 Filing - 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
Amount of Deposit			

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.	January 10 Filing - Original

F. Event Information

Event #	Letter	Description	Was this a fundraising event?	
Date of Event			<input type="checkbox"/>	Yes
12/18/2025	E	Dinner Event	<input checked="" type="checkbox"/>	No
Location: Street Address		City	State	Zip Code
243 State St		North Haven	CT	06473

Event #	Letter	Description	Was this a fundraising event?	
Date of Event			<input type="checkbox"/>	Yes
03/20/2026	E	Other Event	<input checked="" type="checkbox"/>	No
Location: Street Address		City	State	Zip Code
522 Heritage Rd		Southbury	CT	06488

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Google LLC		Date of Payment 10/02/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View		State CA
Zip Code 94043				
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) Web Hosting 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) WEB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$84.23				
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 Day Campaign		Date of Payment 10/06/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor		State CT
Zip Code 06095				
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 G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Online Donation Processing 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)	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$6.40				
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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Roy Occhiogrosso LLC		Date of Payment 10/07/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Park Rd		City Simsbury	State CT	Zip Code 06070
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 \$7,976.25
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 Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Blackburn & Donnelly LLC		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1228 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Concorde Way # 3C		City Windsor Locks	State CT	Zip Code 06096
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) Legal		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 \$6,824.62
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		<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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
-----------------------------------------------------------------------------	------------------------------------------------

G. Expenses Paid By Committee

Name of Payee Jesse Phillips		Date of Payment 10/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1232 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 517 Shelton Ave Fl 2		City Hamden		State CT
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 \$5,000.00
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	

Name of Payee Ojakian Consulting LLC		Date of Payment 10/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Buckingham Way		City Rancho Mirage		State CA
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 \$5,000.00
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.

January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Two-Seventy Strategies		Date of Payment 10/20/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1231 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 207 E Ohio St # 379		City Chicago		State IL	Zip Code 60611
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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$17,500.00	
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 Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
Name of Payee Two-Seventy Strategies		Date of Payment 10/20/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1233 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 207 E Ohio St # 379		City Chicago		State IL	Zip Code 60611
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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$18,377.20	
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 Number I		<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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
-----------------------------------------------------------------------------	------------------------------------------------

G. Expenses Paid By Committee

Name of Payee Windsor Federal Savings		Date of Payment 10/21/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 250 Broad St		City Windsor		State CT
Zip Code 06095				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Wire fee		Event #
If yes, complete Section G. Addendum				
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) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$15.00				
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		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	
If yes, what is the expenditure number of the expense previously incurred?				

Name of Payee Elias Law Group		Date of Payment 10/22/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1229 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 250 Massachusetts Ave NW		City Washington		State DC
Zip Code 20001				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Legal		Event #
If yes, complete Section G. Addendum				
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 \$4,997.70				
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		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	
If yes, what is the expenditure number of the expense previously incurred?				

III. EXPENDITURES (Sections G - J)

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

TYPE OF REPORT

Impact CT, Inc.

January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee MailChimp		Date of Payment 10/27/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 675 Ponce De Leon Ave NE		City Atlanta		State GA	Zip Code 30308
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) Web Hosting			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) WEB	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$20.20	
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 Number I	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 Hardt Consulting, LLC		Date of Payment 10/27/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1235 <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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$88.38	
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 Number I	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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Hardt Consulting, LLC		Date of Payment 10/27/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1234 <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 \$7,976.25				
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 Campos Hampton LLC		Date of Payment 10/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1242 <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) Reimbursement for Technonology Purchase		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) RMB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$1,062.44				
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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Campos Hampton LLC		Date of Payment 10/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1243 <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		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Reimbursement for Techonology Purchase		Event #
If yes, complete Section G. Addendum				
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) RMB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$1,168.79				
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		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing

Name of Payee Windsor Federal Savings		Date of Payment 10/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 250 Broad St		City Windsor		State CT
Zip Code 06095				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee		Event #
If yes, complete Section G. Addendum				
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) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$30.00				
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		<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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Google LLC		Date of Payment 11/03/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View		State CA
Zip Code 94043				
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) Web Hosting		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) WEB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$84.23
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 Blackburn & Donnelly LLC		Date of Payment 11/03/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1245 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Concorde Way # 3C		City Windsor Locks		State CT
Zip Code 06096				
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) Legal		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) Legal	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,850.86
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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Campos Hampton LLC		Date of Payment 11/03/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1241 <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 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 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 11/03/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1240 <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 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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Roy Occhiogrosso LLC		Date of Payment 11/04/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Park Rd		City Simsbury		State CT
Zip Code 06070				
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 \$7,976.25
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 Jesse Phillips		Date of Payment 11/12/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1246 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 517 Shelton Ave Fl 2		City Hamden		State CT
Zip Code				
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 \$5,000.00
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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Hardt Consulting, LLC		Date of Payment 11/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1251 <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 \$7,976.25				
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 Hardt Consulting, LLC		Date of Payment 11/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1253 <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 \$7,976.25				
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

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Hardt Consulting, LLC		Date of Payment 11/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1252 <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 \$3,810.00				
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 Ojakian Consulting LLC		Date of Payment 11/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1250 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Buckingham Way		City Rancho Mirage		State CA
Zip Code 92270				
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)	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$5,000.00				
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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee MailChimp		Date of Payment 11/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 675 Ponce De Leon Ave NE		City Atlanta		State GA	Zip Code 30308
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) Web Hosting			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) WEB	Expenditure Number Section: G Number:	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$20.20
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 Windsor Federal Savings		Date of Payment 11/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 250 Broad St		City Windsor		State CT	Zip Code 06095
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) Bank 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) BNK	Expenditure Number Section: G Number:	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$30.00
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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Campos Hampton LLC		Date of Payment 12/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1248 <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 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 Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing

Name of Payee Google LLC		Date of Payment 12/02/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View		State CA
Zip Code 94043				
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) Web Hosting		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) WEB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$100.14				
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		<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.

January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Roy Occhiogrosso LLC		Date of Payment 12/08/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Park Rd		City Simsbury		State CT	Zip Code 06070
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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$7,976.25	
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 Section Number I	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 Blackburn & Donnelly LLC		Date of Payment 12/08/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1254 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Concorde Way # 3C		City Windsor Locks		State CT	Zip Code 06096
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) Legal			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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$3,142.80	
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 Number I	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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Hudson Partners LLC	Date of Payment 12/08/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1249 <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 #
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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
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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
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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	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
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Name of Payee Day Campaign	Date of Payment 12/08/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave	City Windsor	State CT	Zip Code 06095

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 G. Addendum	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Online Donation Processing Fees	Event #
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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
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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) WEB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$40.40
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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	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Elias Law Group		Date of Payment 12/10/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1237 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 250 Massachusetts Ave NW		City Washington	State DC	Zip Code 20001
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) Legal		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 \$3,485.70
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 Jesse Phillips		Date of Payment 12/10/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1239 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 517 Shelton Ave Fl 2		City Hamden	State CT	Zip Code
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 \$5,000.00
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.

January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Jesse Phillips		Date of Payment 12/10/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1236 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 517 Shelton Ave Fl 2		City Hamden		State CT	Zip Code
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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$5,000.00	
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 Section Number I	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 Luis Ortiz		Date of Payment 12/18/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1256 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Broad St		City Danielson		State CT	Zip Code 06239
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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,500.00	
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 Number I	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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Marisol Garcia		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1257 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Willard St Apt B		City Hartford	State CT	Zip Code 06105
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 \$1,500.00
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		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Samod Rankins		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1268 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 212 Center St		City West Haven	State CT	Zip Code 06516
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 \$1,500.00
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		<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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Michelle Clay		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1255 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 229 Stoneycrest Dr .		City Middletown	State CT	Zip Code 06457
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 \$1,500.00
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 Jose Velazquez		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1261 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Albion St		City Naugatuck	State CT	Zip Code 06770-3322
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 \$1,500.00
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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Walter Morton	Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1258 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 380 Mather St Apt 3407	City Hamden	State CT	Zip Code 06514
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
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	Amount \$1,500.00	
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 J Roo's Restaurant	Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1247 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 243 State St	City North Haven	State CT	Zip Code 06473
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) Holiday Party	Event # 12182025E	
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) FOOD	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	Amount \$2,203.06	
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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Elias Law Group	Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1271 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 250 Massachusetts Ave NW	City Washington	State DC	Zip Code 20001
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 \$11,275.20	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 Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Campos Hampton LLC	Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1269 <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 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		
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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Najely Clavijo		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1267 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Park Ave Unit 17		City Danbury		State CT
Zip Code 06810				
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 \$1,500.00
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 Maria Matos		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1262 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Woodside Ave		City Danbury		State CT
Zip Code 06810				
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 \$1,500.00
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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Deborah Cain		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1259 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Training Hill Rd		City Middletown	State CT	Zip Code 06457
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 \$1,500.00
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 Tracey Joseph		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1244 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 13-4 Ridge Rd		City Naugatuck	State CT	Zip Code 06770
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 \$1,500.00
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.

January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Manuel Camacho		Date of Payment 12/18/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1265 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Willis St		City New Haven		State CT	Zip Code 06511
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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,500.00	
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 Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
Name of Payee Jermaine Brookshire Jr.		Date of Payment 12/18/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1266 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Summit Pl Unit 21304		City Branford		State CT	Zip Code 06405
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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,500.00	
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 Number I		<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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Shanay Fulton		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1260 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6-3 W Meadow Ln		City Middletown	State CT	Zip Code 06457
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 \$1,500.00
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		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee Chaz Carmon		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1264 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Westwood Rd		City New Haven	State CT	Zip Code 06515
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 \$1,500.00
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		<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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Ojakian Consulting LLC		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1272 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Buckingham Way		City Rancho Mirage		State CA
Zip Code 92270				
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 \$5,000.00
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	

Name of Payee Hardt Consulting, LLC		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1274 <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	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Hudson Partners LLC		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1270 <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

Name of Payee Heritage Hotel & Conference Ctr.		Date of Payment 12/19/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 522 Heritage Rd		City Southbury		State CT
Zip Code 06488				
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) Reservation fee for future event		Event # 03202026E
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) Misc *	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$1,000.00				
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.

January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Aligning LLC		Date of Payment 12/23/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 106 Crest Ave		City East Haven		State CT	Zip Code 06513
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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$2,500.00	
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 Number I	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 MailChimp		Date of Payment 12/29/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 675 Ponce De Leon Ave NE		City Atlanta		State GA	Zip Code 30308
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) Web hosting			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) WEB	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$20.20	
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 Number I	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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Blackburn & Donnelly LLC	Date of Payment 12/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1276 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Concorde Way # 3C	City Windsor Locks	State CT	Zip Code 06096
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) Legal	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
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	Amount \$5,445.05	
	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 Kelly Hall	Date of Payment 12/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1278 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5184 Laporte Rd	City Morristown	State VT	Zip Code 05661
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) Reimbursement for Technonology Purchase	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) RMB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	Amount \$21.40	
	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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Kelly Hall		Date of Payment 12/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1282 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5184 Laporte Rd		City Morristown		State VT
Zip Code 05661				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Reimbursement for Techonology Purchase		Event #
If yes, complete Section G. Addendum				
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) RMB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$21.40
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 Kelly Hall		Date of Payment 12/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1281 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5184 Laporte Rd		City Morristown		State VT
Zip Code 05661				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Reimbursement for Techonology Purchase		Event #
If yes, complete Section G. Addendum				
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) RMB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$33.98
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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Kelly Hall		Date of Payment 12/29/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1280 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5184 Laporte Rd		City Morristown		State VT	Zip Code 05661
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) Reimbursement for Techonology Purchase			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) RMB	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$33.98
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?	Expenditure Number Section Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Name of Payee Kelly Hall		Date of Payment 12/29/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1279 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5184 Laporte Rd		City Morristown		State VT	Zip Code 05661
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) Reimbursement for Committee Paraphernalia			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) RMB	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$699.60
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?	Expenditure Number Section Number I	<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) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
G. Expenses Paid By Committee	

Name of Payee Kelly Hall		Date of Payment 12/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5184 Laporte Rd		City Morristown		State VT
Zip Code 05661				
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) Reimbursement for Committee Paraphernalia		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) RMB	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$228.07				
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		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing

Name of Payee Windsor Federal Savings		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 250 Broad St		City Windsor		State CT
Zip Code 06095				
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) Bank 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) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$30.00				
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		<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.	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Elias Law Group		Date of Payment 12/31/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1273 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 250 Massachusetts Ave		City Washington		State DC
Zip Code 20001				
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) Legal Fees		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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$5,988.60
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?	Expenditure Number Section Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Total of Section G

\$354,373.58

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	January 10 Filing - Original

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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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 #
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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
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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
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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.	January 10 Filing - Original

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

Name of Creditor	Date Incurred
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Street Address	City	State	Zip Code
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If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum	Description	Event #
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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
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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	Amount
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Total of Section I	
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Impact CT, Inc.	TYPE OF REPORT January 10 Filing - Original
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J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Felipe	First Ruben	MI	Date of Payment to Vendor, Person or Entity 10/30/2025
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Apple Trumbull	Payment to Reimburse Committee Worker/Consultant as reported in Section G <input checked="" type="checkbox"/> Check # 1243 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 5065 Main St	City Trumbull	State CT	Zip Code 06611
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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 J. Addendum	Description Reimbursement for Techonology Purchase	Event #
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Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) EFV *	Expenditure Number Section Number J 	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,168.79
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Last Name of Worker/Consultant Felipe	First Ruben	MI	Date of Payment to Vendor, Person or Entity 10/30/2025
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Apple Trumbull	Payment to Reimburse Committee Worker/Consultant as reported in Section G <input checked="" type="checkbox"/> Check # 1242 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 5065 Main St	City Trumbull	State CT	Zip Code 06611
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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 J. Addendum	Description Reimbursement for Techonology Purchase	Event #
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Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) EFV *	Expenditure Number Section Number J 	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,062.44
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	January 10 Filing - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Hall	Kelly		11/13/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section G
Zoom	<input checked="" type="checkbox"/> Check # 1280 <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
55 Almaden Blvd	San Jose	CA	95113

If an Independent Expenditure, is it on behalf of more than one Candidate?	Description	Event #
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section J. Addendum	Reimbursement for Techonology Purchase	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misc *	Section Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$33.98
		J		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Hall	Kelly		12/09/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section G
Yeti	<input checked="" type="checkbox"/> Check # 1279 <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
7601 Southwest Pkwy	Austin	TX	78735

If an Independent Expenditure, is it on behalf of more than one Candidate?	Description	Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section J. Addendum	Reimbursement for Committee Paraphernalia	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misc *	Section Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$699.60
		J		

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	January 10 Filing - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Hall	Kelly		12/09/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section G
Pottery Barn	<input checked="" type="checkbox"/> Check # 1277 <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
151 Union St	San Francisco	CA	94111

If an Independent Expenditure, is it on behalf of more than one Candidate?	Description	Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section J. Addendum	Reimbursement for Committee Paraphernalia	

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

Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misc *	Section Number J	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$228.07

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Hall	Kelly		12/13/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section G
Zoom	<input checked="" type="checkbox"/> Check # 1281 <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
55 Almaden Blvd	San Jose	CA	95113

If an Independent Expenditure, is it on behalf of more than one Candidate?	Description	Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section J. Addendum	Reimbursement for Techonology Purchase	

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

Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misc *	Section Number J	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$33.98

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	January 10 Filing - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Hall	Kelly		12/17/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section G
Canva.com	<input checked="" type="checkbox"/> Check # 1278 <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
3212 E Cesar Chavez St	Austin	TX	78702

If an Independent Expenditure, is it on behalf of more than one Candidate?	Description	Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section J. Addendum	Reimbursement for Techonology Purchase	

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

Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misc *	Section Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$21.20
		J		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Hall	Kelly		12/20/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section G
OpenAI, LLC	<input checked="" type="checkbox"/> Check # 1282 <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
548 Market St	San Francisco	CA	94104

If an Independent Expenditure, is it on behalf of more than one Candidate?	Description	Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section J. Addendum	Reimbursement for Techonology Purchase	

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

Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misc *	Section Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$21.40
		J		

Total of Section J	\$3,269.46
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IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	January 10 Filing - 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.	January 10 Filing - 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
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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 H	Total Amount of Expenditure
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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 I	Total Amount of the Expenditure
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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