

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			
October 10 Filing - Original			
6. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2025		09/30/2025	
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	10/10/2025 6:52:55PM	
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.	October 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	\$165,455.43	
10. Monetary Receipts (Section A and B)	\$400,350.00	\$1,171,905.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$400,350.00	\$1,171,905.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$565,805.43	\$1,253,913.43
14. Expenses Paid by Committee (Section G)	\$372,942.72	\$1,061,050.72
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$192,862.71	\$192,862.71
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 October 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 Patrice M. Horan				
Street Address 231 Raymond Rd		City West Hartford	State CT	Zip Code 06107
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"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <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 \$150.00	
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 09/30/2025	\$150.00	

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"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <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 checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$2,668,005.00	
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? <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 07/17/2025	\$400,000.00	

Name David Chess			
Street Address 1990 Elm St		City Stratford	State CT
Zip Code 06615		Principal Occupation (if applicable) Physician	
Name of Employer (if applicable)			
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"/> Surplus Distribution <input type="checkbox"/> Miscellaneous
Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury		Aggregate Receipts \$100.00	
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	Amount Received \$100.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <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 07/01/2025	Amount Received \$100.00
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 New 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"/> Surplus Distribution <input type="checkbox"/> Miscellaneous
Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury		Aggregate Receipts \$300.00	
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	Amount Received \$300.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <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 07/01/2025	Amount Received \$100.00
Total of Section B			\$400,350.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			\$400,350.00

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

I. RECEIPTS (Sections A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Impact CT, Inc.			October 10 Filing - Original	
D. In-Kind Contributions				
Name				
Street Address		City	State	Zip Code
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received	Aggregate Receipts
	Other	Affiliated Business Entity	Affiliated Organization	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution		
If yes, list Event#				
Total of Section D				

I. Receipts (Sections A - E)

NAME OF COMMITTEE	TYPE OF REPORT
Impact CT, Inc.	October 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
Total of Section E			Amount of Deposit

II. EVENT ACTIVITY (Sections F)

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

F. Event Information

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

III. EXPENDITURES (Sections G - J)

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

G. Expenses Paid By Committee

Name of Payee Google LLC	Date of Payment 07/01/2025	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 Number G	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 Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	
Amount \$22.97			

Name of Payee Hardt Consulting, LLC	Date of Payment 07/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1165 <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
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	
Amount \$15.98			

III. EXPENDITURES (Sections G - J)

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

Name of Payee Kirk Wesley, LLC		Date of Payment 07/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave # 102		City Bridgeport		State CT
Zip Code 06605				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consultant Fee		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$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 Hardt Consulting, LLC		Date of Payment 07/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1167 <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 \$7,500.00
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) Impact CT, Inc.	TYPE OF REPORT October 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Aligning LLC		Date of Payment 07/01/2025	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 G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$540.00
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 Roy Occhiogrosso LLC		Date of Payment 07/01/2025	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)	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)

TYPE OF REPORT

Impact CT, Inc.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Kentrell Brunson		Date of Payment 07/03/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1206 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 461 Huntington Tpke		City Bridgeport		State CT	Zip Code 06610
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 Jen Quaye		Date of Payment 07/07/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1198 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Stanley 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		

III. EXPENDITURES (Sections G - J)

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

Name of Payee Layan Jahaf		Date of Payment 07/07/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1201 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Jeffrey Dr		City Farmington		State CT
Zip Code 06032				
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 Zariah Alers		Date of Payment 07/07/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1203 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 156 Bull Hill Ln Apt B4		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 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 October 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Suzette DeBeatham-Brown		Date of Payment 07/08/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1194 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Fairfield Ln		City Bloomfield		State CT
Zip Code 06002				
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 Adam Balgach		Date of Payment 07/08/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1196 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Cedar Gate Rd		City Darien		State CT
Zip Code 06820				
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) Impact CT, Inc.	TYPE OF REPORT October 10 Filing - Original
G. Expenses Paid By Committee	

Name of Payee Parkville Market LLC	Date of Payment 07/08/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2074 Park St Ste 101	City Hartford	State CT	Zip Code 06106

If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Final bill for food at committee event	Event # 06252025A
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
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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) FNDR *	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$338.05
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Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure Number Section I Number 591052	<input checked="" 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 Testo's Pizzeria & Restaurant	Date of Payment 07/11/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1161 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1023 Brooklawn Ave	City Fairfield	State CT	Zip Code 06825

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) Food	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
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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) FOOD	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$931.25
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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
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.	October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Anita Ford Saunders		Date of Payment 07/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1172 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Brookview 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 Michael Anderson		Date of Payment 07/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1190 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Sundance Dr		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 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.	October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Keyri Ambrocio		Date of Payment 07/15/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1200 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Sundance Dr		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 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	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 Emma Kenyon		Date of Payment 07/15/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1195 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 378 Central Ave # 1		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	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.	October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Blackburn & Donnelly LLC		Date of Payment 07/15/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1168 <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 \$3,946.18
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 Windsor Federal Savings		Date of Payment 07/17/2025	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) Incoming Wire Deposit 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 Number G	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 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 October 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Jesse Phillips		Date of Payment 07/21/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1207 <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 07/21/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1171 <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	

III. EXPENDITURES (Sections G - J)

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

Name of Payee Two-Seventy Strategies		Date of Payment 07/21/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1169 <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 G Number	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 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 David Chess		Date of Payment 07/21/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1199 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1990 Elm St		City Stratford		State CT
Zip Code 06615				
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.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Jill D'Angelo-Powers		Date of Payment 07/23/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1192 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 103 Housatonic Ave		City Stratford		State CT	Zip Code 06615
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		
Name of Payee Elias Law Group		Date of Payment 07/23/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1162 <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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$3,239.60	
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	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.	October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee MailChimp	Date of Payment 07/23/2025	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 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 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		
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 Campos Hampton LLC	Date of Payment 07/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1170 <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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$25,000.00	Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, what is the expenditure number of the expense previously incurred?		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 October 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Hudson Partners LLC		Date of Payment 07/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1208 <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

Name of Payee Jordy Ojedis		Date of Payment 07/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1197 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Forest St Apt 804		City Stamford		State CT
Zip Code 06901				
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.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Windsor Federal Savings		Date of Payment 07/31/2025	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) Monthly ACH 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 Number G	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 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 Google LLC		Date of Payment 08/04/2025	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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$26.75
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.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee The Heritage Hotel Golf, Spa & Conference Center		Date of Payment 08/04/2025	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) Venue 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) TRAIN	Expenditure Number Section Number G	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 Section Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	
Name of Payee Hardt Consulting, LLC		Date of Payment 08/04/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1209 <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 \$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		<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 October 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Kobéy Smith		Date of Payment 08/12/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1205 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 30 Cottage Grove Cir		City Bloomfield		State CT
Zip Code 06002				
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 GQR		Date of Payment 08/15/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1212 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1101 15th St NW Ste 900		City Washington		State DC
Zip Code 20005				
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) Polling and voter survey		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) POLLS	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$65,600.00				
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 October 10 Filing - Original
G. Expenses Paid By Committee	

Name of Payee Hardt Consulting, LLC		Date of Payment 08/20/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1210 <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 \$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	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 Campos Hampton LLC		Date of Payment 08/20/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1211 <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 Number G 	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$25,000.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what is the expenditure number of the expense previously incurred?	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.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Blackburn & Donnelly LLC		Date of Payment 08/22/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1217 <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 \$3,002.29	
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 Roy Occhiogrosso LLC		Date of Payment 08/25/2025		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		

III. EXPENDITURES (Sections G - J)

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

Name of Payee Roy Occhiogrosso LLC		Date of Payment 08/25/2025	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 08/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1214 <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.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee MailChimp		Date of Payment 08/27/2025		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 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 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 Elias Law Group		Date of Payment 08/27/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1216 <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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$272.70	
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 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.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Windsor Federal Savings		Date of Payment 08/29/2025	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) Monthly ACH 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 Number G	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 Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	
Name of Payee Google LLC		Date of Payment 09/02/2025	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 Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$40.74
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 October 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Ojakian Consulting LLC		Date of Payment 09/03/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1215 <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 Roy Occhiogrosso LLC		Date of Payment 09/09/2025	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	

III. EXPENDITURES (Sections G - J)

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

TYPE OF REPORT

Impact CT, Inc.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Blackburn & Donnelly LLC		Date of Payment 09/11/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1218 <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 \$2,100.00	
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 09/15/2025		Method of Payment <input checked="" type="checkbox"/> Check # 1220 <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		

III. EXPENDITURES (Sections G - J)

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

G. Expenses Paid By Committee

Name of Payee Ojakian Consulting LLC		Date of Payment 09/22/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1221 <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 Section I Number	If yes, what is the expenditure number of the expense previously incurred? <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Name of Payee Aligning LLC		Date of Payment 09/23/2025	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 G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,800.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I Number	If yes, what is the expenditure number of the expense previously incurred? <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

III. EXPENDITURES (Sections G - J)

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

Name of Payee GQR		Date of Payment 09/23/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1219 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1101 15th St NW Ste 900		City Washington		State DC
Zip Code 20005				
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) Polling and Voter Survey		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) POLLS	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$2,700.00				
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 Elias Law Group		Date of Payment 09/23/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1224 <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 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) 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 \$2,964.50				
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.	October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Hudson Partners LLC	Date of Payment 09/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1226 <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 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) 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 James Horan	Date of Payment 09/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1222 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Bishop Rd	City West Hartford	State CT	Zip Code 06119

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) Refund	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) Misc *	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$150.00
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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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III. EXPENDITURES (Sections G - J)

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

TYPE OF REPORT

Impact CT, Inc.

October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee The Heritage Hotel Golf, Spa & Conference Center		Date of Payment 09/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1111 <input type="checkbox"/> Debit Card <input 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) Venue 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) TRAIN	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$14,228.61
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 MailChimp		Date of Payment 09/29/2025	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 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 \$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 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.	October 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Jesse Phillips		Date of Payment 09/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1223 <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 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 09/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1225 <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	

III. EXPENDITURES (Sections G - J)

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

Name of Payee Kirk Wesley, LLC	Date of Payment 09/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1227 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3336 Fairfield Ave # 102	City Bridgeport	State CT	Zip Code 06605

If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete Section G. Addendum</small>	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 \$3,000.00
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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 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
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Name of Payee Windsor Federal Savings	Date of Payment 09/30/2025	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 <small>If yes, complete Section G. Addendum</small>	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Monthly ACH 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) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$30.00
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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 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
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Total of Section G	\$372,942.72
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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.	October 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.	October 10 Filing - Original

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

Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum		Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number I	Associated with Referendum? Yes No	Amount

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

Total of Section J

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Impact CT, Inc.	October 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.	October 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	Total Amount of Expenditure
H	

Description	Expenditure Code

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

Section I. ADDENDUM

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

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

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

Description	Expenditure Code

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

Section J. ADDENDUM

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

TYPE OF REPORT

J. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure Number as reported in Section J

Total Amount of the Expenditure

J

Description

Expenditure Code

Name of Candidate

Office Sought (if applicable)

Supported

Amount Allocated

Opposed