



SEEC FORM 8

Independent Expenditure Only Political Committees
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised July 2014

Received by SEEC

02/29/2024 04:27 PM

REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM			
Impact CT, Inc.							
<input type="checkbox"/> Previously Registered as Different Committee <small>Name of previous committee (if different from above)</small>							
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE				
Address 2 Concorde Way # 3C			Email				
City Windsor Locks	State CT	Zip Code 06096	Website				
6. CHAIRPERSON NAME							
First Name Toni	MI	Last Name Harp	Suffix				
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)				
Street Address 71 Edgewood Way			Address				
City New Haven	State CT	Zip Code 06515	City	State	Zip Code		
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS				
<small>(Include Area Code)</small>			tonijewelharp@gmail.com				
11. TREASURER NAME							
First Name John	MI	Last Name Motley	Suffix				
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)				
Street Address 39 Canterbury Rd			Address				
City Hamden	State CT	Zip Code 06514-20	City	State	Zip Code		
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS				
<small>(Include Area Code)</small>			john@motleyconsulting.com				
16. DEPUTY TREASURER NAME							
First Name Eric	MI	Last Name Duey	Suffix				
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address 10 Garden Gate			Address				
City Farmington	State CT	Zip Code 06032	City	State	Zip Code		
19. DEPUTY TREASURER TELEPHONE			20. DEPUTY TREASURER E-MAIL ADDRESS				
<small>(Include Area Code)</small>			eaduey@gmail.com				
21. DEPOSITORY INSTITUTION NAME							
Windsor Federal Savings							
22. DEPOSITORY INSTITUTION ADDRESS							
Address 250 Broad Street, Windsor, CT 06095							

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Impact CT, Inc.		<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes		
23. OFFICER NAME		TITLE OR POSITION		
Evonne Klein		Member		
OFFICER RESIDENCE ADDRESS				
Address 19 Salt Box Ln		City Darien	State CT	Zip Code 06820
23A. OFFICER NAME		TITLE OR POSITION		
Carmen I. Colon		Member		
OFFICER RESIDENCE ADDRESS				
Address 404 Clevelnad Ave		City Bridgeport	State CT	Zip Code 06604
23B. OFFICER NAME		TITLE OR POSITION		
Jeffrey Ogbar		Member		
OFFICER RESIDENCE ADDRESS				
Address 125 Scarborough St		City Hartford	State CT	Zip Code 06105
23C. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23D. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23E. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23F. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23G. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code

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Impact CT, Inc.		<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes		
24. COMMITTEE SUBTYPE				
<input type="radio"/> Two or More Individuals		<input type="radio"/> Labor Union		<input checked="" type="radio"/> Business Entity
<input type="radio"/> Other Organization				
25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)				
A. <input checked="" type="radio"/> Ongoing (Select subtype) <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input checked="" type="radio"/> Both		B. <input type="radio"/> Durational (Select subtype) <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____		
26. REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT ONLY		27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT		
Brief description of subject matter of Referendum Question or Constitutional Amendment		<input type="radio"/> Support <input type="radio"/> Oppose		
28. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER ORGANIZATION OR ASSOCIATION ONLY				
Entity Name Impact CT, Inc.	Address 2 Concorde Way # 3C	City Windsor Locks	State CT	Zip Code 06096
29. SECTION RESERVED		30. SECTION RESERVED		
31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <input type="checkbox"/> See Addendum				
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist _____		<input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both		
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF? <input type="checkbox"/> See Addendum				
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official, Member or Agent _____				
33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?				
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency _____				
34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?				
<input checked="" type="radio"/> No <input type="radio"/> Yes See instructions for additional filing requirements.				
35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR? <input type="checkbox"/> See Addendum				
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____				
36. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES				
A. Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office? <input type="radio"/> No <input checked="" type="radio"/> Yes		B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly? <input type="radio"/> No <input checked="" type="radio"/> Yes		
37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM? <input type="checkbox"/> See Addendum				
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____				

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38. CERTIFICATION *continued*

Deputy Treasurer

Initial Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Amended Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Biennial Committee Re-Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Eric Duey

DEPUTY TREASURER SIGNATURE

02/28/2024

DATE (mm/dd/yyyy)

ADDITIONAL PAGES FOR SEEC FORM 8

If additional pages are needed to complete all information required in Sections 23, 31, 32, 35 or 37 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 8.

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