SEEC FORM 8

Independent Expenditure Only Political Committee
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

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REGISTRATION TYPE
- ○ Original
- ◉ Amendment/ Biennial with Changes

1. NAME OF COMMITTEE	2. ACRONYM
Impact CT, Inc.	

☐ **Previously Registered as Different Committee**
Name of previous committee (if different from above)

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 EMAIL ADDRESS
(Include Area Code)	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: 06514-2	City:	State:	Zip Code:

14. TREASURER TELEPHONE	15. TREASURER EMAIL ADDRESS
(Include Area Code)	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 EMAIL ADDRESS
(Include Area Code)	eaduey@gmail.com

21. DEPOSITORY INSTITUTION NAME
Windsor Federal Savings

22. DEPOSITORY INSTITUTION ADDRESS			
Address: 250 Broad Street, Windsor, CT 06095	City:	State:	Zip Code:

NAME OF COMMITTEE	REGISTRATION TYPE
Impact CT, Inc.	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME		TITLE OR POSITION
Evonne	Klein	Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
19 Salt Box Ln	Darien	CT	06820

23A. OFFICER NAME		TITLE OR POSITION
Carmen	Colon	Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
404 Cleveland Ave	Bridgeport	CT	06604

23B. OFFICER NAME		TITLE OR POSITION
Jeffrey	Ogbar	Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
125 Scarborough St	Hartford	CT	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

NAME OF COMMITTEE	REGISTRATION TYPE
Impact CT, Inc.	○ Original ◉ Amendment/ Biennial with Changes

24. COMMITTEE SUBTYPE

○ Two or More Individuals ○ Labor Union ○ Business Entity ○ Other Organization

25. PURPOSE OF COMMITTEE *(Select a single committee purpose under A or B and applicable subtype)*

A. ◉ **Ongoing** *(Select subtype)*
- ○ State Elections Only
- ○ Municipal Elections Only
- ◉ Both

B. ○ **Durational** *(Select subtype)*
- ○ Single Election Date _____
- ○ Single Referendum Date _____
- ○ Single Primary Date _____
- ○ Constitutional Amendment Date _____

26. REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT ONLY

Brief description of subject matter of Referendum Question or Constitutional Amendment

27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT

○ Support ○ Oppose

28. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER ORGANIZATION OR ASSOCIATION ONLY

Entity Name	Address	City	State	Zip Code
Impact CT, Inc.	2 Concorde Way # 3C	Windsor Locks	CT	06096

29. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL AS DEFINED IN PUBLIC ACT 24-28?

◉ No ○ Yes

30 SECTION RESERVED

31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? ☐ *See Addendum*

○ No ○ Yes *If Yes, Name of Registered Lobbyist* _____

○ Client Lobbyist
○ Communicator Lobbyist
○ Both

32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

○ No ○ Yes *If Yes, Name of Official, Member or Agent* _____ ☐ *See Addendum*

33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

◉ No ○ Yes *If Yes, Name of Agency* _____

34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?

◉ No ○ Yes *See instructions for additional filing requirements.*

35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?

◉ No ○ Yes *If Yes, Name of Contractor or Principal* _____ ☐ *See Addendum*

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? ○ No ◉ Yes

B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly? ○ No ○ Yes

37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?

◉ No ○ Yes *If Yes, Name of Principal* _____ ☐ *See Addendum*

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38. CERTIFICATION

Chairperson

I 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, 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, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions. independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Toni Harp — CHAIRPERSON SIGNATURE

02/22/2024 — DATE (mm/dd/yyyy)

Treasurer

○ **Initial Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my ap-pointment by the chairperson to serve as the designated treasurer of this political committee, and that I am ***either*** submitting this registration statement ***together with*** a SEEC FORM 40 complete as to the committee's first day of receiving contributions or disbursements benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 40 within 48 hours after receiving the committee's first contribution or disbursement. 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 pro-hibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

○ **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 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 expendi-tures. 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

◉ **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 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

John Motley — TREASURER SIGNATURE

11/20/2024 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
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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.