



# SEEC FORM 8

**Independent Expenditure Only Political Committee**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised 2024

Received by SEEC  
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REGISTRATION TYPE	
<input type="radio"/> Original	
<input checked="" type="radio"/> Amendment/ Biennial with Changes	

1. NAME OF COMMITTEE				2. ACRONYM			
Impact CT, Inc.							
<input type="checkbox"/> Previously Registered as Different Committee <i>Name of previous committee (if different from above)</i>							
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					
<i>(Include Area Code)</i>		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					
<i>(Include Area Code)</i>		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					
<i>(Include Area Code)</i>		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

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Impact CT, Inc.		<input type="radio"/> Original <input checked="" type="radio"/> 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

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

02/22/2024

CHAIRPERSON SIGNATURE

DATE (mm/dd/yyyy)

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 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 prohibitions, 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 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.

**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

11/20/2024

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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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.