



SEEC FORM 3

Political Committee (PAC) Registration STATE ELECTIONS ENFORCEMENT COMMISSION Revised September 2012

REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
Sheet Metal Workers Local #40					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 100-A OLD FORGE RD			Email tomlocal40@sbcglobal.net		
City ROCKY HILL	State CT	Zip Code 06067	Website		
6. CHAIRPERSON NAME					
First Name David	MI	Last Name Roche		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 657 STEVENS ST			Address 100A OLD FORGE RD		
City BRISTOL	State CT	Zip Code 06010	City ROCKY HILL	State CT	Zip Code 06067
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS		
(Include Area Code) 860 529 2616			droche@smwlocal40.org		
11. TREASURER NAME					
First Name John	MI M	Last Name Beal		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 5 SMITH ST			Address 100A OLD FORGE RD		
City EAST HAMPTON	State CT	Zip Code 06424	City ROCKY HILL	State CT	Zip Code 06067
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS		
(Include Area Code) 860 529 2616					
16. DEPUTY TREASURER NAME					
First Name Robert	MI G.	Last Name Daft		Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 100-A OLD FORGE RD			Address 100A OLD FORGE RD		
City ROCKY HILL	State CT	Zip Code 06067	City ROCKY HILL	State CT	Zip Code 06067
19. DEPUTY TREASURER TELEPHONE			20. DEPUTY TREASURER E-MAIL ADDRESS		
(Include Area Code) 860 529 2616			rdaft@smwlocal40.org		
21. DEPOSITORY INSTITUTION NAME					
Bank of America					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 10 Cold Spring Road, Rocky Hill, Ct 06067					

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes

24. COMMITTEE SUBTYPE (Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)

<p>A. <input type="radio"/> Two or More Individuals <input checked="" type="radio"/> Labor Union</p> <p> <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization</p> <p> <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership</p>	<p>B. <input type="checkbox"/> Legislative Caucus (Select subtype)</p> <p> <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats</p> <p> <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans</p>
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25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)

<p>A. <input checked="" type="radio"/> Ongoing (Select subtype)</p> <p> <input type="radio"/> State Elections Only</p> <p> <input type="radio"/> Municipal Elections Only</p> <p> <input checked="" type="radio"/> Both</p>	<p>B. <input type="radio"/> Durational (Select subtype)</p> <p> <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____</p> <p> <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____</p> <p> <input type="radio"/> Single Candidate <input type="radio"/> Event(s) (Names of Participating Committees,</p> <p> <input type="radio"/> Political Slate Committee _____</p>
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26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY	27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT
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<p><i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i></p>	<input type="radio"/> Support <input type="radio"/> Oppose
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28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY See Addendum

Position <input type="radio"/> Support <input type="radio"/> Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation
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29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY

Entity Name	Address	City	State	Zip Code
Sheet Metal Workers LU #40	100A OLD FORGE RD	ROCKY HILL	CT	06067

30. HOW WILL FUNDS BE RECEIVED?	31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY
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<p><i>Committees formed by a Labor Union or Other Organization ONLY</i></p> <p><input type="radio"/> Treasury <input checked="" type="radio"/> Voluntary Member Contributions</p>	<p><i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input checked="" type="radio"/> Yes (Name & Address) <u>AFL-CIO</u></p> <p><u>56 TOWNLINE RD, ROCKY HILL, CT, 06067</u></p>
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32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? See Addendum

No Yes If Yes, Name of Registered Lobbyist _____

Client Lobbyist
 Communicator Lobbyist
 Both

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

No Yes If Yes, Name of Official Member _____ See Addendum

34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?	35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?
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<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____	<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____
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36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

No Yes If Yes, Name of Agency _____

37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?

No Yes If Yes, see instructions for additional filing requirements.

NAME OF COMMITTEE	REGISTRATION TYPE
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38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?
 No Yes If Yes, Name of Contractor or Principal _____ See Addendum

39. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES

A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office? No Yes

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

40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?
 No Yes If Yes, Name of Principal _____ See Addendum

41. 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, 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.

David Roche

01/31/2007

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 20 complete as to the committee's first day of receiving contributions or distributions benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 20 within 48 hours after receiving the committee's first contribution or distribution.

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.

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.

John M Beal

01/31/2007

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes

41. 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.

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.

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.

Robert G. Daft

01/31/2007

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY

Legislative Leader

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

LEGISLATIVE LEADER SIGNATURE

DATE (mm/dd/yyyy)

ADDITIONAL PAGES FOR SEEC FORM 3

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.