



SEEC FORM 8

Independent Expenditure Only Political Committee
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

Received by SEEC

05/28/2025 10:32 PM

REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

| | | | | | |
|---|-------------|---|--|-------------------|-------------------|
| 1. NAME OF COMMITTEE | | | | 2. ACRONYM | |
| Waterbury Working Class Pac | | | | WWCP | |
| <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 547 Bucks Hill Rd | | | Email wwcp1414@gmail.com | | |
| City Waterbury | State CT | Zip Code 06704 | Website | | |
| 6. CHAIRPERSON NAME | | | | | |
| First Name Christian | | MI M | Last Name Cuevas | | Suffix |
| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS (If different) | | |
| Street Address 296 Juniper Ridge Dr | | | Address | | |
| City Waterbury | State CT | Zip Code 06708 | City | State | Zip Code |
| 9. CHAIRPERSON TELEPHONE | | 10. CHAIRPERSON EMAIL ADDRESS | | | |
| <i>(Include Area Code)</i> 203 525 8215 | | Cuev1414@yahoo.com | | | |
| 11. TREASURER NAME | | | | | |
| First Name Juan | | MI F | Last Name Miranda | | Suffix Jr |
| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS (If different) | | |
| Street Address 547 Bucks Hill Rd | | | Address | | |
| City Waterbury | State CT | Zip Code 06704 | City | State | Zip Code |
| 14. TREASURER TELEPHONE | | 15. TREASURER EMAIL ADDRESS | | | |
| <i>(Include Area Code)</i> 203 982 4668 | | Jmira1963@gmail.com | | | |
| 16. DEPUTY TREASURER NAME | | | | | |
| First Name Catherine | | MI M | Last Name Ortiz-Negron | | Suffix |
| 17. DEPUTY TREASURER RESIDENCE ADDRESS | | | 18. DEPUTY TREASURER MAILING ADDRESS (If different) | | |
| Street Address 1083 E Main St | | | Address | | |
| City Waterbury | State CT | Zip Code 06705 | City | State | Zip Code |
| 19. DEPUTY TREASURER TELEPHONE | | 20. DEPUTY TREASURER EMAIL ADDRESS | | | |
| <i>(Include Area Code)</i> 203 592 6564 | | CatherineOrtizn@gmail.com | | | |
| 21. DEPOSITORY INSTITUTION NAME | | | | | |
| Bank of America | | | | | |
| 22. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address 1030 Wolcott St Waterbury Ct 06705 | | | City | | State Zip Code |

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| NAME OF COMMITTEE | | REGISTRATION TYPE | | |
|-----------------------------|--|--|-------|----------|
| Waterbury Working Class Pac | | <input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes | | |
| 23. OFFICER NAME | | TITLE OR POSITION | | |
| | | | | |
| OFFICER RESIDENCE ADDRESS | | | | |
| Address | | City | State | Zip Code |
| 23A. OFFICER NAME | | TITLE OR POSITION | | |
| | | | | |
| OFFICER RESIDENCE ADDRESS | | | | |
| Address | | City | State | Zip Code |
| 23B. OFFICER NAME | | TITLE OR POSITION | | |
| | | | | |
| OFFICER RESIDENCE ADDRESS | | | | |
| Address | | City | State | Zip Code |
| 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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|--|---------|---|---|
| NAME OF COMMITTEE | | REGISTRATION TYPE | |
| Waterbury Working Class Pac | | <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 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 | Address | City | State Zip Code |
| 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? | | | |
| <input checked="" type="radio"/> No <input type="radio"/> Yes | | | |
| 30 SECTION RESERVED | | | |
| | | | |
| 31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? | | | |
| <input type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Registered Lobbyist</i> _____ | | | <input type="checkbox"/> See Addendum <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="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Official, Member or Agent</i> _____ | | | <input type="checkbox"/> See Addendum |
| 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 <i>If Yes, Name of Agency</i> _____ | | | |
| 34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT? | | | |
| <input checked="" type="radio"/> No <input type="radio"/> Yes <i>See instructions for additional filing requirements.</i> | | | |
| 35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR? | | | |
| <input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Contractor or Principal</i> _____ | | | <input type="checkbox"/> 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? <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 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. 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.

Christian M Cuevas

05/28/2025

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.

Juan F Miranda Jr

05/28/2025

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. 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 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. 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 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. 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.

Catherine M Ortiz-Negron

DEPUTY TREASURER SIGNATURE

05/28/2025

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.