



# SEEC FORM 8

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

Received by SEEC

10/09/2025 04:52 PM

REGISTRATION TYPE

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>					<b>2. ACRONYM</b>				
Solidarity in Action									
<input type="checkbox"/> <b>Previously Registered as Different Committee</b> <small>Name of previous committee (if different from above)</small>									
<b>3. COMMITTEE ADDRESS</b>					<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>				
Address 12 Long Mountain Rd					Email sklee@local786.org				
City New Milford			State CT	Zip Code 06776	Website				
<b>6. CHAIRPERSON NAME</b>									
First Name Renato				MI	Last Name Basile				Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>					<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>				
Street Address 24 Theresa Ct					Address				
City Stamford			State CT	Zip Code 06907	City		State	Zip Code	
<b>9. CHAIRPERSON TELEPHONE</b>					<b>10. CHAIRPERSON EMAIL ADDRESS</b>				
<small>(Include Area Code)</small> 203 667 1818					rbasile786@gmail.com				
<b>11. TREASURER NAME</b>									
First Name Steven				MI	Last Name Klee				Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>					<b>13. TREASURER MAILING ADDRESS (If different)</b>				
Street Address 12 Long Mountain Rd					Address				
City New Milford			State CT	Zip Code 06776	City		State	Zip Code	
<b>14. TREASURER TELEPHONE</b>					<b>15. TREASURER EMAIL ADDRESS</b>				
<small>(Include Area Code)</small> 860 416 0161									
<b>16. DEPUTY TREASURER NAME</b>									
First Name				MI	Last Name				Suffix
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>					<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>				
Street Address					Address				
City			State	Zip Code	City		State	Zip Code	
<b>19. DEPUTY TREASURER TELEPHONE</b>					<b>20. DEPUTY TREASURER EMAIL ADDRESS</b>				
<small>(Include Area Code)</small>									
<b>21. DEPOSITORY INSTITUTION NAME</b>									
webster bank									
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>									
Address 665 w main street new britain, ct 06053					City			State	Zip Code

**SEEC FORM 8**Independent Expenditure Only Political Committees  
Revised 2024

NAME OF COMMITTEE		REGISTRATION TYPE		
Solidarity in Action		<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

SEEC FORM 8

Independent Expenditure Only Political Committees  
Revised 2024

NAME OF COMMITTEE	REGISTRATION TYPE
Solidarity in Action	<input checked="" type="radio"/> Original <input type="radio"/> 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)

<p><b>A. <input type="radio"/> Ongoing</b> (Select subtype)</p> <p><input type="radio"/> State Elections Only</p> <p><input type="radio"/> Municipal Elections Only</p> <p><input type="radio"/> Both</p>	<p><b>B. <input checked="" type="radio"/> Durational</b> (Select subtype)</p> <p> <input checked="" type="radio"/> Single Election Date <u>Nov 4, 2025 - Sp. Elec - JOP</u>    <input type="radio"/> Single Referendum Date _____ </p> <p> <input type="radio"/> Single Primary Date _____    <input type="radio"/> Constitutional Amendment Date _____ </p>
---	--

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?**

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**

<p><b>A.</b> Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office?</p> <p style="text-align: center;"><input checked="" type="radio"/> No      <input type="radio"/> Yes</p>	<p><b>B.</b> Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly?</p> <p style="text-align: center;"><input type="radio"/> No      <input checked="" type="radio"/> Yes</p>
--	--

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

No     Yes *If Yes, Name of Principal* \_\_\_\_\_

See Addendum

**SEEC FORM 8**Independent Expenditure Only Political Committees  
Revised 2024

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

**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.

Renato Basile

10/09/2025

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.

Steven Klee

10/07/2025

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

**SEEC FORM 8**Independent Expenditure Only Political Committees  
Revised 2024

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

**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.

\_\_\_\_\_  
DEPUTY TREASURER SIGNATURE\_\_\_\_\_  
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.