



# SEEC FORM 3

**Political Committee (PAC) Registration**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised 2024

Received by SEEC

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**REGISTRATION TYPE**

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>	
Leading with Heart				LWH	
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 7 Douglas Cir			Email leadingwithheartpac@gmail.com		
City West Hartford	State CT	Zip Code 06110	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name Kenneth	MI S	Last Name Rasmussen-Tuller		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 7 Douglas Cir			Address		
City West Hartford	State CT	Zip Code 06110	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
(Include Area Code) 203 509 4295			kenrasmussen87@gmail.com		
<b>11. TREASURER NAME</b>					
First Name Kenneth	MI S	Last Name Rasmussen-Tuller		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 7 Douglas Cir			Address		
City West Hartford	State CT	Zip Code 06110	City	State	Zip Code
<b>14. TREASURER TELEPHONE</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
(Include Area Code) 203 509 4295			kenrasmussen87@gmail.com		
<b>16. DEPUTY TREASURER NAME</b>					
First Name Andrew	MI M	Last Name Rasmussen-Tuller		Suffix	
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 7 Douglas Cir			Address		
City West Hartford	State CT	Zip Code 06110	City	State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>			<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>		
(Include Area Code) 860 382 8585			andrewtuller@aol.com		
<b>21. DEPOSITORY INSTITUTION NAME</b>					
Thomaston Savings Bank					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 120 Farmington Ave, Bristol, CT 06010			City		State Zip Code

*Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.*

NAME OF COMMITTEE		REGISTRATION TYPE	
Leading with Heart		<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





NAME OF COMMITTEE	REGISTRATION TYPE
Leading with Heart	<input checked="" 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. 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. 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. 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.

Andrew M Rasmussen-Tuller

12/17/2025

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.