# SEEC FORM 3

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

**Received by SEEC**

**11/15/2024 08:38 AM**

**REGISTRATION TYPE**
- ○ Original
- ◉ Amendment/ Biennial with Changes

| 1. NAME OF COMMITTEE | 2. ACRONYM |
|---|---|
| Roofers Political Education Legislative Fund Of Ct. | |

| 3. COMMITTEE ADDRESS | | | 4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE |
|---|---|---|---|
| Address: 19 Bernhard Rd | | | Email: office@rooferslocal12.com |
| City: North Haven | State: CT | Zip Code: 06473 | Website: www.rooferslocal12.com |

| 6. CHAIRPERSON NAME | | | |
|---|---|---|---|
| First Name: Kevin | MI: J | Last Name: Guertin | Suffix: |

| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: 8 Cook Rd | | | Address: 19 Bernhard Rd | | |
| City: Prospect | State: CT | Zip Code: 06712 | City: North Haven | State: CT | Zip Code: 06473 |

| 9. CHAIRPERSON TELEPHONE | 10. CHAIRPERSON E-MAIL ADDRESS |
|---|---|
| *(Include Area Code)* 203 707 4427 | kevin@rooferslocal12.com |

| 11. TREASURER NAME | | | |
|---|---|---|---|
| First Name: Kevin | MI: J | Last Name: Guertin | Suffix: |

| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: 8 Cook Rd | | | Address: 19 Bernhard Rd | | |
| City: Prospect | State: CT | Zip Code: 06712 | City: North Haven | State: CT | Zip Code: 06473 |

| 14. TREASURER TELEPHONE | 15. TREASURER E-MAIL ADDRESS |
|---|---|
| *(Include Area Code)* 203 707 4427 | kevin@rooferslocal12.com |

| 16. DEPUTY TREASURER NAME | | | |
|---|---|---|---|
| First Name: | MI: | Last Name: | Suffix: |

| 17. DEPUTY TREASURER RESIDENCE ADDRESS | | | 18. DEPUTY TREASURER MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: | | | Address: | | |
| City: | State: | Zip Code: | City: | State: | Zip Code: |

| 19. DEPUTY TREASURER TELEPHONE | 20. DEPUTY TREASURER E-MAIL ADDRESS |
|---|---|
| *(Include Area Code)* | |

| 21. DEPOSITORY INSTITUTION NAME |
|---|
| Connex Credit Union |

| 22. DEPOSITORY INSTITUTION ADDRESS | | | |
|---|---|---|---|
| Address: 412 Washington Avenue, North Haven, CT 0647 | 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 |
|---|---|
| Roofers Political Education Legislative Fund Of Ct. | ○ Original ◉ 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 |
|---|---|
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**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)*

**A.**
- ○ Two or More Individuals
- ○ Two or More Committees (*Event(s)*)
- ○ Business Entity
- ◉ Labor Union
- ○ Other Organization
- ○ Legislative Leadership

**B.** ☐ Legislative Caucus *(Select subtype)*
- ○ Senate Democrats
- ○ House Democrats
- ○ Senate Republicans
- ○ House Republicans

**25. PURPOSE OF COMMITTEE** *(Select a single committee purpose under A or B and applicable subtype)*

**A.** ◉ **Ongoing** *(Select subtype)*
- ○ State Elections Only
- ○ Municipal Elections Only
- ◉ Both

**B.** ○ **Durational** *(Select subtype)*
- ○ Single Election Date _____
- ○ Single Primary Date _____
- ○ Single Candidate
- ○ Political Slate Committee
- ○ Single Referendum Date _____
- ○ Constitutional Amendment Date _____
- ○ Event(s) *(Names of Participating Committees)* _____

**26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY**

*Brief description of subject matter of Referendum Question or Constitutional Amendment*

**27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT**

○ Support ○ Oppose

**28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY** ☐ *See Addendum*

| Position | Name of Candidate(s) | Office(s) Sought | Party Designation |
|---|---|---|---|
| ○ Support ○ Oppose | | | |

**29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY**

| Entity Name | Address | City | State | Zip Code |
|---|---|---|---|---|
| Roofers Local 12 | 19 Bernhard Rd | North Haven | CT | 0647 |

**29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?**

◉ No ○ Yes

**30. HOW WILL FUNDS BE RECEIVED?**

*Committees formed by a Labor Union or Other Organization ONLY*

○ Treasury ◉ Voluntary Member Contributions

**31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY**

*(i.e. AFL-CIO, AFSCME, CBIA, etc.)* ○ No ◉ Yes *(Name & Address)* AFL-CIO

**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 ?**

○ No ○ Yes If Yes, District Number _____

**35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?**

○ No ○ Yes If Yes, District Number _____

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
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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.

**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.

Kevin J Guertin — CHAIRPERSON SIGNATURE

12/24/2020 — 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. 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. 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. 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.

Kevin J Guertin — TREASURER SIGNATURE

11/15/2024 — DATE (mm/dd/yyyy)

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
| Roofers Political Education Legislative Fund Of Ct. | ○ Original ◉ 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.

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.