SEEC FORM 26

Independent Expenditure Statement for an Entity
(NOT Individuals or Committees)

Rev. 8/10

FILED SEEC
2010 AUG 6 A 10: 23

10237b
Official Use Only

☐ Original
☐ Amendment

1. NAME OF ENTITY *(Full Legal Name of Entity, Exactly as Entered in Entity's Registration or Other Legal Document)*
PLANNED PARENTHOOD VOTES CONNECTICUT

2. TAX EXEMPT STATUS
☑ 501(c) 4 ☐ 527 ☐ N/A

3. MAILING ADDRESS OF ENTITY

Street Address	City	State	Zip Code
345 WHITNEY AVE	NEW HAVEN	CT	06511

4. PRINCIPAL BUSINESS ADDRESS OF ENTITY

Street Address	City	State	Zip Code
345 WHITNEY AVE	NEW HAVEN	CT	06511

5. CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

First Name	MI	Last Name	Suffix
JUDY		TABAR	

Title: PRESIDENT & CEO

6. TELEPHONE & EMAIL ADDRESS OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

(Include Area Code)	Email Address
(203) 752-2816	JUDY.TABAR@PPSNE.ORG

7. NAME OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS

First Name	MI	Last Name	Suffix
SUSAN	L	YOLEN	

Title: VICE PRESIDENT, PUBLIC AFFAIRS & COMMUNICATION

8. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO FILE

(Include Area Code)	Email Address
(203) 752-2807	SUSAN.YOLEN@PPSNE.ORG

9. AGENT FOR SERVICE OF PROCESS IN CONNECTICUT
CAROLYN KONE

10. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT

Street Address	City	State	Zip Code
271 WHITNEY AVE	NEW HAVEN	CT	06511

11. TELEPHONE & EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT

(Include Area Code)	Email Address
(203) 772-2600	CKONE@BSWLAW.COM

12. DATE
☑ Primary 8/10/10
☐ Election _____
☐ Referendum _____

13. BRIEF DESCRIPTION OF REFERENDUM QUESTION *(If applicable)*

14. POSITION *(If applicable)*
☐ Support
☐ Oppose

15. STATE OR POLITICAL SUBDIVISION
☐ State ☐ Political Subdivision(s): *(Please list)*

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INDEPENDENT EXPENDITURES

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*

PLANNED PARENTHOOD VOTES CONNECTICUT

16. TYPE OF REPORT *(Check One Box)*

- ☐ January 10
- ☐ April 10
- ☐ July 10
- ☐ October 10
- ☐ 7th day preceding primary
- ☐ 30 days following primary
- ☐ 7th day preceding election
- ☐ 7th day preceding special election
- ☐ 45 days following special election
- ☐ 7th day preceding referendum
- ☐ 45 days following referendum
- ☑ 48/24 hour Independent Expenditure Statement for Primary
- ☐ 48/24 hour Independent Expenditure Statement for Election
- ☐ 48/24 hour Independent Expenditure Statement for Special Election
- ☐ Amendment to (Type of Report) _____

17. PERIOD COVERED

Beginning Date 8/5/10 through Ending Date 8/6/10

18. CERTIFICATION OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this Independent Expenditure Statement are true, accurate and complete to the best of my knowledge and belief, and further that any individual designated herein to file Independent Expenditure Statements on behalf of the Entity has indicated to me his/her acceptance of my appointment of them to that position.

SIGNATURE _____ PRINT NAME OF SIGNER _____ DATE (mm/dd/yyyy) _____

19. CERTIFICATION OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file Independent Expenditure Statements on behalf of the Entity. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the Entity, for the period covered, and that these expenditures and obligations were made independent of any other individual, entity, candidate, committee or their agents, and that the entity has not been reimbursed nor does it have an expectation of reimbursement for these expenditures from any such source; and that I understand that the acceptance of any such reimbursement at any time in the future may constitute a serious and punishable violation of Connecticut's Campaign Finance Laws.

SIGNATURE [signature] PRINT NAME OF SIGNER SUSAN LLOYD YOVEN DATE (mm/dd/yyyy) 08/05/2010

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
20. Expenditures Made by Entity (A - Page 3)	$5257.30	
21. Expenditures Obligated by Entity During this Period but Not Paid (B - Page 4)	$875.00	
22. Total Outstanding Expenditures Obligated by Entity still Unpaid (B - Page 4)		

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INDEPENDENT EXPENDITURES

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*: PLANNED PARENTHOOD VOTES CONNECTICUT

TYPE OF REPORT: 48/24 HOUR INDEPENDENT EXP. STATEMENT FOR PRIMARY

DOCUMENT TYPE *(Check One Box)*: ☑ Original ☐ Amendment

A. Independent Expenditures Made by Entity

Name of Payee	Street Address	City	State	Zip Code	Amount
AMERICAN DIRECTIONS GROUP	1350 CONNECTICUT AVE NW SUITE 1102	WASHINGTON	DC	20036	$4975.25

Date of Expenditure	Purpose of Expenditure (by code)	Description	Associated with Referendum?
6/5/10	A - ATM	AUTOMATED CALLS - COMPTROLLER RACE	☐ Yes ☑ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
KEVIN LEMBO	COMPTROLLER	☑ Supported ☐ Opposed	☐ Yes ☑ No *If yes, complete Section A. Addendum*
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	

Name of Payee	Street Address	City	State	Zip Code	Amount
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND	345 WHITNEY AVENUE	NEW HAVEN	CT	06511	$282.05

Date of Expenditure	Purpose of Expenditure (by code)	Description	Associated with Referendum?
8/5/10	MISC.	REIMBURSE FOR STAFF, S. YOLEN	☐ Yes ☑ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
KEVIN LEMBO	COMPTROLLER	☑ Supported ☐ Opposed	☐ Yes ☑ No *If yes, complete Section A. Addendum*
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	

Name of Payee	Street Address	City	State	Zip Code	Amount

Date of Expenditure	Purpose of Expenditure (by code)	Description	Associated with Referendum?
			☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
		☐ Supported ☐ Opposed	☐ Yes ☐ No *If yes, complete Section A. Addendum*
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	

SUBTOTAL Section A - This Page	$5257.30
TOTAL of additional Section A Pages	
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY THE ENTITY THIS PERIOD *(Enter total on Line 20)*	$5257.30

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INDEPENDENT EXPENDITURES

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*: PLANNED PARENTHOOD VOTES CONNECTICUT

TYPE OF REPORT: 48/24 HOUR INDEPENDENT EXP. STATEMENT FOR PRIMARY

DOCUMENT TYPE *(Check One Box)*: ☒ Original ☐ Amendment

B. Independent Expenditures Obligated to be Made but Not Paid by the Entity During this Period

Name of Creditor	Street Address	City	State	Zip Code	Amount Incurred
JEFFREY B. GARFIELD	143F CLIFFSIDE DRIVE	MANCHESTER	CT	06042	$875.00

Date Incurred	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
8/5/10	MISC.	LEGAL COUNSEL	☐ Yes ☒ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
KEVIN LEMBO	COMPTROLLER	☒ Supported ☐ Opposed	☐ Yes ☒ No
		☐ Supported ☐ Opposed	*If yes, complete Section B. Addendum*

Name of Creditor	Street Address	City	State	Zip Code	Amount Incurred

Date Incurred	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
			☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
		☐ Supported ☐ Opposed	☐ Yes ☐ No
		☐ Supported ☐ Opposed	*If yes, complete Section B. Addendum*

Name of Creditor	Street Address	City	State	Zip Code	Amount Incurred

Date Incurred	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
			☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
		☐ Supported ☐ Opposed	☐ Yes ☐ No
		☐ Supported ☐ Opposed	*If yes, complete Section B. Addendum*

SUBTOTAL Section B - This Page	$875.00
TOTAL of additional Section B Pages	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED TO BE MADE BUT NOT PAID BY THE ENTITY THIS PERIOD *(Enter total on Line 21)*	$875.00
Previous Reported Expenditures Unpaid and Still Outstanding	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED TO BE MADE BUT NOT PAID *(Enter total on Line 22)*	

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INDEPENDENT EXPENDITURES

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*
PLANNED PARENTHOOD VOTES CONNECTICUT

TYPE OF REPORT
48/24 HR INDEPENDENT EXP. STATEMENT FOR PRIMARY

DOCUMENT TYPE *(Check One Box)*
☑ Original ☐ Amendment

D. Top Five Contributors

If the Entity has IRC §§ 501(c) or 527 tax exempt status and has made or obligated to make independent expenditures during this filing period for any written, typed or other printed communication or any web-based, written communication covered in this report. Please identify the name(s) of the five contributors making the largest contributions to the entity during this filing period.

Name of Contributor: SUSAN HESSEL
Street Address of Contributor | City | State | Zip Code
Telephone Number *(Include Area Code)* | Email Address

Name of Contributor: RICHARD SUGARMAN
Street Address of Contributor | City | State | Zip Code
Telephone Number *(Include Area Code)* | Email Address

Name of Contributor: FRANCINE GOLDSTEIN
Street Address of Contributor | City | State | Zip Code
Telephone Number *(Include Area Code)* | Email Address

Name of Contributor: NANCY HUTSON
Street Address of Contributor | City | State | Zip Code
Telephone Number *(Include Area Code)* | Email Address

Name of Contributor: BARRY KRAMER
Street Address of Contributor | City | State | Zip Code
Telephone Number *(Include Area Code)* | Email Address

Name of Contributor
Street Address of Contributor | City | State | Zip Code
Telephone Number *(Include Area Code)* | Email Address

☐ **See Additional Page(s)**