

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Planned Parenthood Votes! Connecticut PAC			

3. TREASURER NAME			
First	MI	Last	Suffix
Gretchen		Raffa	

4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
335 Orange St # 301	New Haven	CT	06511

5. TYPE OF REPORT
April 10 Filing - Original

6. PERIOD COVERED	
Beginning Date	Ending Date
01/01/2025	thru 03/31/2025

7. CERTIFICATION		
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof. Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national.		
Electronic Filing	Gretchen Raffa	04/09/2025 11:39:07PM
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
 For Independent Expenditure Political Committees
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$2,293.68
9. Balance on hand at the beginning of Reporting Period	\$2,293.68	
10. Monetary Receipts (Section A and B)	\$1,103.00	\$1,103.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$1,103.00	\$1,103.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$3,396.68	\$3,396.68
14. Expenses Paid by Committee (Section G)	\$442.80	\$442.80
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$2,953.88	\$2,953.88
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$270,441.14	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Planned Parenthood Votes! Connecticut PAC	TYPE OF REPORT April 10 Filing - Original
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A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>	Subtotal Section A	\$0.00
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B. Itemized Monetary Receipts

Name Christopher Bellis				
Street Address PO Box 1349		City North Conway	State NH	Zip Code 03860
Principal Occupation (if applicable) Fundraiser		Name of Employer (if applicable) Planned Parenthood of Southern New England		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$250.00
If yes, list Event #		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Description (if applicable)			Date Received 03/12/2025	\$100.00

Name Andres Arteaga				
Street Address 6 Crosswood Rd		City Farmington	State CT	Zip Code 06032
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$3.00
If yes, list Event #		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Description (if applicable)			Date Received 03/10/2025	\$3.00

Name Deborah Freedman			
Street Address 59 Hartford Tpke		City Hamden	State CT
Zip Code 06517		Principal Occupation (if applicable) Writer	
Name of Employer (if applicable) Self employed		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts \$1,500.00	
If yes, list Event #		Method of Receipt <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Description (if applicable)		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Date Received 02/11/2025		Amount Received \$1,000.00	
Total of Section B			\$1,103.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			\$1,103.00

I. RECEIPTS (Section A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Planned Parenthood Votes! Connecticut PAC			April 10 Filing - Original	
C. Loans Received this Period				
Name of Lender		Source of Loan:		Date of Receipt
		<input type="checkbox"/> Bank	<input type="checkbox"/> Individual	<input type="checkbox"/> Committee
		<input type="checkbox"/> Other		
Street Address		City	State	Zip Code
				Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address		City	State	Zip Code
				Total of Section C

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original

D. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received	Aggregate Receipts
Other	Affiliated Business Entity	Affiliated Organization		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with:	Yes No	Fair Market Value of this Contribution
		Executive	Legislative	
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution		
If yes, list Event#				

Total of Section D

I. Receipts (Sections A - E)

NAME OF COMMITTEE	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original

E. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	

Total of Section E

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original

F. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event?	
			Yes	No
Location: Street Address	City	State	Zip Code	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Planned Parenthood Votes! Connecticut PAC	TYPE OF REPORT April 10 Filing - Original
G. Expenses Paid By Committee	

Name of Payee Day Campaign		Date of Payment 02/11/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 112 Bloomfield Ave		City Windsor		State CT	Zip Code 06095
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) cc swipe fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$140.40
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Name of Payee Day Campaign		Date of Payment 03/10/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 112 Bloomfield Ave		City Windsor		State CT	Zip Code 06095
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) cc swipe fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$0.52
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Planned Parenthood Votes! Connecticut PAC	TYPE OF REPORT April 10 Filing - Original
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G. Expenses Paid By Committee

Name of Payee Day Campaign	Date of Payment 03/10/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 112 Bloomfield Ave	City Windsor	State CT
		Zip Code 06095

If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) cc swipe fee	Event #
If yes, complete Section G. Addendum		

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$4.40
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Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I Number	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
	If yes, what is the expenditure number of the expense previously incurred?	

Name of Payee Planned Parenthood Votes! Connecticut	Date of Payment 03/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 345 Whitney Ave	City New Haven	State CT
		Zip Code 06511

If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) labor reimbursement	Event #
If yes, complete Section G. Addendum		

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) WAGE	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$297.48
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Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I Number	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
	If yes, what is the expenditure number of the expense previously incurred?	

Total of Section G	\$442.80
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)	Event #
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Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)	Office Sought	Supported Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H	Associated with Referendum? Yes No	Amount
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Total of Section H

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original

I. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor	Date Incurred
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Street Address	City	State	Zip Code
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If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum	Description	Event #
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Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)	Office Sought	Supported Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number I	Associated with Referendum? Yes No	Amount
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Total of Section I	
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
		Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? Yes No If yes, complete Section J. Addendum		Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)		Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number J		Associated with Referendum? Yes No
				Amount

Total of Section J

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number	
	Section	Number
Address of Person Making Contribution - City	State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	April 10 Filing - Original
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)		State
		Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

G. Expenses Paid By Committee - Addendum

Expenditure Number as reported in Section G	Total Amount of the Expenditure
G	

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

H. Expenses Incurred on Committee Credit Card - Addendum

Expenditure Number as reported in Section H	Total Amount of Expenditure
H	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

I. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure Number as reported in Section I	Total Amount of the Expenditure
I	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

Section J. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

J. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure Number as reported in Section J

Total Amount of the Expenditure

J

Description

Expenditure Code

Name of Candidate

Office Sought (if applicable)

Supported

Amount Allocated

Opposed