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

July 10 Filing - Original

6. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

7. CERTIFICATION

☑ 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**	**07/10/2026 5:11:11PM**
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	**July 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		**$13,524.47**
9. Balance on hand at the beginning of Reporting Period	**$16,182.19**	
10. Monetary Receipts (Section A and B)	**$15,453.00**	**$18,553.00**
11. Loans (Section C)	**$0.00**	**$0.00**
12. Total Monetary Receipts (add totals for lines 10 through 11)	**$15,453.00**	**$18,553.00**
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	**$31,635.19**	**$32,077.47**
14. Expenses Paid by Committee (Section G)	**$801.60**	**$1,243.88**
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both columns)	**$30,833.59**	**$30,833.59**
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)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	July 10 Filing - Original

A. Total Contributions from Small Individual Contributors-Received this Period ONLY — **$0.00**

(See instructions for definition of Small Individual Contributor)

Subtotal Section A

B. Itemized Monetary Receipts

Name: Christopher Bellis

Street Address	City	State	Zip Code
1340 Gulf Blvd Unit 3A	Clearwater Beach	FL	33767-2808

Principal Occupation (if applicable)	Name of Employer (if applicable)
Fundraiser	Planned Parenthood of Southern New England

Source Type: [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt: [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $350.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Description (if applicable)

Date Received: 06/30/2026

Amount Received: $100.00

Name: Connie Malave Branyan

Street Address	City	State	Zip Code
543 Wilcoxson Ave	Stratford	CT	06614-4236

Principal Occupation (if applicable)	Name of Employer (if applicable)
Healthcare Administrator	Beth Israel Lahey Health

Source Type: [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt: [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $700.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Description (if applicable)

Date Received: 06/30/2026

Amount Received: $500.00

Name: Anne Stanback

Street Address: 44 Clipper Point Rd | City: Mystic | State: CT | Zip Code: 06355

Principal Occupation (if applicable): retired | Name of Employer (if applicable): retired

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $3,500.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $1,000.00

Description (if applicable)

Date Received: 06/29/2026

Name: Henry Lord

Street Address: 313 Audubon Ct | City: New Haven | State: CT | Zip Code: 06510-1203

Principal Occupation (if applicable): retired | Name of Employer (if applicable): retired

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $3,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $1,000.00

Description (if applicable)

Date Received: 06/25/2026

Name: Valerie Friedman

Street Address: 36 W Morris Rd | City: Washington | State: CT | Zip Code: 06510-1203

Principal Occupation (if applicable): N/A | Name of Employer (if applicable): N/A

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [x] Cash [ ] Check [ ] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $1,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $1,000.00

Description (if applicable)

Date Received: 06/25/2026

Name: Katherine Kraschel

Street Address: 34 Rossie St | City: Mystic | State: CT | Zip Code: 06355

Principal Occupation (if applicable): Professor | Name of Employer (if applicable): Northeastern University

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $175.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $50.00

Description (if applicable)

Date Received: 06/24/2026

Name: Susan Hessel

Street Address: 26-1 Mount Archer Rd | City: Lyme | State: CT | Zip Code:

Principal Occupation (if applicable): retired | Name of Employer (if applicable): retired

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $2,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $1,000.00

Description (if applicable):

Date Received: 06/19/2026

Name: Cecelia Calhoun

Street Address: 275 Winchester Ave Apt 412 | City: New Haven | State: CT | Zip Code: 06511

Principal Occupation (if applicable): Physician | Name of Employer (if applicable): Yale School of Medicine

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $750.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $500.00

Description (if applicable):

Date Received: 06/16/2026

Name: Gayle Capozallo

Street Address: 10 W 66th St Apt 5F | City: New York | State: NY | Zip Code: 10023

Principal Occupation (if applicable): consultant | Name of Employer (if applicable): retired

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [x] Cash [ ] Check [ ] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $2,600.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $2,000.00

Description (if applicable)

Date Received: 06/15/2026

Name: Alison Williams

Street Address: 98 Highland Ave | City: Middletown | State: CT | Zip Code: 06457

Principal Occupation (if applicable): Diversity Officer | Name of Employer (if applicable): CT State Comm Coll Housatonic

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $75.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $50.00

Description (if applicable)

Date Received: 06/08/2026

Name: Helen Jaffe

Street Address: 59 Summersweet Ln | City: New Canaan | State: CT | Zip Code: 06840

Principal Occupation (if applicable): n/a | Name of Employer (if applicable): n/a

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $3,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $2,000.00

Description (if applicable)

Date Received: 05/29/2026

Name: Sheila Mossman

Street Address: 17 Laurel Ln | City: Greenwich | State: CT | Zip Code: 06830

Principal Occupation (if applicable): retired | Name of Employer (if applicable): retired

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $5,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $1,000.00

Description (if applicable)

Date Received: 05/29/2026

Name: Jamie Daniel

Street Address: 1554 Main St | City: South Windsor | State: CT | Zip Code: 06074

Principal Occupation (if applicable): Producer & Creative Director | Name of Employer (if applicable): The CT Forum

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $2,875.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $750.00

Description (if applicable)

Date Received: 05/29/2026

Name: Danielle Eason

Street Address: 25 Stillman Ln | City: Greenwich | State: CT | Zip Code: 06831

Principal Occupation (if applicable): homemaker | Name of Employer (if applicable): homemaker

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $2,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $1,000.00

Description (if applicable)

Date Received: 05/13/2026

Name: Melody Downes

Street Address: 7 Mortar Rock Rd | City: Westport | State: CT | Zip Code: 06880-5055

Principal Occupation (if applicable): retired | Name of Employer (if applicable): retired

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $2,500.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $2,500.00

Description (if applicable)

Date Received: 04/28/2026

Name: Samantha Bee

Street Address: 482 Trinity Pass Rd | City: New Canaan | State: CT | Zip Code: 06840

Principal Occupation (if applicable): writer | Name of Employer (if applicable): Randy and Pam's Quality Entertainment

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $3,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $1,000.00

Description (if applicable)

Date Received: 04/28/2026

Name				
Andres Arteaga				
Street Address	**City**		**State**	**Zip Code**
6 Crosswood Rd	Farmington		CT	06032
Principal Occupation (if applicable)	**Name of Employer (if applicable)**			
Marketer				

Source Type : [X] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [X] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [X] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [ ] EFT [X] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $6.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [X] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Description (if applicable)	Date Received	Amount Received
	04/01/2026	$3.00

Total of Section B	**$15,453.00**
TOTAL OF ALL RECEIPTS (Sections A & B) *(Total on Line 10 of Summary Page)*	**$15,453.00**

I. RECEIPTS (Section A-E)

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

C. Loans Received this Period

Name of Lender	Source of Loan: Bank Individual Committee Other	Date of Receipt

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	July 10 Filing - Original

D. In-Kind Contributions

Name

Street Address	City	State	Zip Code

Type of Contributor: Individual / Sole Proprietorship Committee Other Affiliated Business Entity Affiliated Organization

Date Received

Aggregate Receipts

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No

Is contributor a state contractor, prospective state contractor or principal thereof? Yes No

If yes, indicate which branch or branches of government the contract is with: Executive Legislative

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section F? Yes No

If yes, list Event#

Description of In-Kind Contribution

Total of Section D	

I. Receipts (Sections A - E

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

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Day Campaign	04/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
		☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$0.52

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
Day Campaign	04/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
		☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$100.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

III. EXPENDITURES (Sections G - J)

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

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Day Campaign	05/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$40.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	☐ Final or Full Payment ☐ Partial with Balance Owing
☐ Yes ☒ No		I		

Name of Payee	Date of Payment	Method of Payment
Day Campaign	05/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$40.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	☐ Final or Full Payment ☐ Partial with Balance Owing
☐ Yes ☒ No		I		

III. EXPENDITURES (Sections G - J)

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

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Day Campaign	05/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$120.80

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$30.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

III. EXPENDITURES (Sections G - J)

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

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$2.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	☐ Final or Full Payment ☐ Partial with Balance Owing
☐ Yes ☒ No		I		

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$20.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	☐ Final or Full Payment ☐ Partial with Balance Owing
☐ Yes ☒ No		I		

III. EXPENDITURES (Sections G - J)

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

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☐ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
		☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$40.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☐ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
		☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$2.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

III. EXPENDITURES (Sections G - J)

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

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☐ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
		☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$40.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☐ No If yes, complete Section G. Addendum	credit card fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
		☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$40.40

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

III. EXPENDITURES (Sections G - J)

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

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Planned Parenthood Votes! Connecticut	06/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
345 Whitney Ave	New Haven	CT	06511

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

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	WAGE	G		☐ Yes ☒ No	$297.48

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☐ No If yes, complete Section G. Addendum	credit card swipe fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$24.80

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Total of Section G	$801.60

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	July 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

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code

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 #

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

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum? Yes No	Amount
		H			

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	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum	Description			Event #
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

Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum (Yes / No)	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum? (Yes / No)	Amount
		I			

Total of Section I	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Planned Parenthood Votes! Connecticut PAC	July 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 J / Number	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	July 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	July 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 / Opposed	Amount Allocated

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 / Opposed	Amount Allocated

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 Opposed	Amount Allocated