



# SEEC FORM 8

**Independent Expenditure Only Political Committee**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised 2024

**Received by SEEC**

**11/15/2024 09:04 AM**

**REGISTRATION TYPE**

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>					<b>2. ACRONYM</b>					
Planned Parenthood Votes! Connecticut PAC					PPV!CT PAC					
<input type="checkbox"/> <b>Previously Registered as Different Committee</b> <i>Name of previous committee (if different from above)</i>										
<b>3. COMMITTEE ADDRESS</b>					<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>					
Address 345 Whitney Ave					Email gretchen.raffa@ppsne.org					
City New Haven		State CT	Zip Code 06511		Website					
<b>6. CHAIRPERSON NAME</b>										
First Name Danielle			MI	Last Name Eason				Suffix		
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>					<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>					
Street Address 25 Stillman Ln					Address					
City Greenwich		State CT	Zip Code 06831		City		State	Zip Code		
<b>9. CHAIRPERSON TELEPHONE</b>					<b>10. CHAIRPERSON EMAIL ADDRESS</b>					
<i>(Include Area Code)</i> 917 734 3318					eason.danielle@gmail.com					
<b>11. TREASURER NAME</b>										
First Name Gretchen			MI	Last Name Raffa				Suffix		
<b>12. TREASURER RESIDENCE ADDRESS</b>					<b>13. TREASURER MAILING ADDRESS (If different)</b>					
Street Address 335 Orange St # 301					Address					
City New Haven		State CT	Zip Code 06511		City		State	Zip Code		
<b>14. TREASURER TELEPHONE</b>					<b>15. TREASURER EMAIL ADDRESS</b>					
<i>(Include Area Code)</i> 203 506 9265					gretchen.raffa@ppsne.org					
<b>16. DEPUTY TREASURER NAME</b>										
First Name Jamie			MI M	Last Name Daniel				Suffix		
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>					<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>					
Street Address 1554 Main St					Address					
City South Windsor		State CT	Zip Code 06074		City		State	Zip Code		
<b>19. DEPUTY TREASURER TELEPHONE</b>					<b>20. DEPUTY TREASURER EMAIL ADDRESS</b>					
<i>(Include Area Code)</i> 860 849 1243					jamiemarietdaniel@gmail.com					
<b>21. DEPOSITORY INSTITUTION NAME</b>										
Bank of America Merrill Lynch										
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>										
Address 185 Asylum St, Hartford, CT 06103					City			State	Zip Code	

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NAME OF COMMITTEE		REGISTRATION TYPE		
Planned Parenthood Votes! Connecticut PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes		
23. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23A. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23B. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23C. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23D. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23E. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23F. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code
23G. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address		City	State	Zip Code

**SEEC FORM 8**

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NAME OF COMMITTEE	REGISTRATION TYPE
Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

**24. COMMITTEE SUBTYPE**

Two or More Individuals     
  Labor Union     
  Business Entity     
  Other Organization

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

<p><b>A. <input checked="" type="radio"/> Ongoing</b> (Select subtype)</p> <p> <input checked="" type="radio"/> State Elections Only  <input type="radio"/> Municipal Elections Only  <input type="radio"/> Both         </p>	<p><b>B. <input type="radio"/> Durational</b> (Select subtype)</p> <p> <input type="radio"/> Single Election Date _____    <input type="radio"/> Single Referendum Date _____  <input type="radio"/> Single Primary Date _____    <input type="radio"/> Constitutional Amendment Date _____         </p>
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26. REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT ONLY	27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT
Brief description of subject matter of Referendum Question or Constitutional Amendment	<input type="radio"/> Support <input type="radio"/> Oppose

**28. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER ORGANIZATION OR ASSOCIATION ONLY**

Entity Name	Address	City	State	Zip Code
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**29. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL AS DEFINED IN PUBLIC ACT 24-28?**

No       Yes

**30 SECTION RESERVED**

**31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?**  See Addendum

No     Yes *If Yes, Name of Registered Lobbyist*

\_\_\_\_\_  
 Susan L. Yolen

Client Lobbyist  
 Communicator Lobbyist  
 Both

**32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?**

No     Yes *If Yes, Name of Official, Member or Agent*

See Addendum

**33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?**

No     Yes *If Yes, Name of Agency*

**34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?**

No     Yes *See instructions for additional filing requirements.*

**35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?**

No     Yes *If Yes, Name of Contractor or Principal*

See Addendum

**36. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES**

<p><b>A. Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office?</b></p> <p style="text-align: center;"><input type="radio"/> No    <input checked="" type="radio"/> Yes</p>	<p><b>B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly?</b></p> <p style="text-align: center;"><input type="radio"/> No    <input type="radio"/> Yes</p>
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**37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?**

No     Yes *If Yes, Name of Principal*

See Addendum

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NAME OF COMMITTEE	REGISTRATION TYPE
Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

**38. 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, that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee, 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. independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Danielle Eason
06/16/2021

CHAIRPERSON SIGNATURE
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 40 complete as to the committee’s first day of receiving contributions or disbursements benefiting the committee or that I understand that I shall become obligated to file the committee’s first SEEC FORM 40 within 48 hours after receiving the committee’s first contribution or disbursement. 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 this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee. 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. 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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee. 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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee. 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.

Gretchen Raffa
11/15/2024

TREASURER SIGNATURE
DATE (mm/dd/yyyy)

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NAME OF COMMITTEE	REGISTRATION TYPE
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**38. 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. I further hereby certify and state under penalties of false statement, this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

**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. 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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

**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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Jamie M Daniel

DEPUTY TREASURER SIGNATURE

06/16/2021

DATE (mm/dd/yyyy)

**ADDITIONAL PAGES FOR SEEC FORM 8**

If additional pages are needed to complete all information required in Sections 23, 31, 32, 35 or 37 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 8.

<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
Planned Parenthood Votes! Connecticut PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>23H. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23I. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23J. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23K. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23L. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23M. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23N. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23O. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code

NAME OF COMMITTEE	REGISTRATION TYPE		
Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original	<input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>31. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST</b>			
Name of Registered Lobbyist  Gretchen Raffa	<input checked="" type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
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Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both

NAME OF COMMITTEE	REGISTRATION TYPE
Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>32. COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF</b>	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
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Name of Member, Official or Agent	
Name of Member, Official or Agent	

NAME OF COMMITTEE	REGISTRATION TYPE
Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

35. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR
Name of Contractor or Principal
Name of Contractor or Principal
Name of Contractor or Principal
Name of Contractor or Principal
Name of Contractor or Principal
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Name of Contractor or Principal
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NAME OF COMMITTEE	REGISTRATION TYPE
Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>37. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM</b>	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
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Name of Principal	
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