



SEEC FORM 8

Independent Expenditure Only Political Committee
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

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Received by SEEC

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REGISTRATION TYPE

- ☐ Original
☒ Amendment/
Biennial with Changes

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

NAME OF COMMITTEE		REGISTRATION TYPE	
Planned Parenthood Votes! Connecticut PAC		☐ Original ☒ Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23A. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23B. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23C. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23D. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23E. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23F. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23G. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code

NAME OF COMMITTEE		REGISTRATION TYPE	
Planned Parenthood Votes! Connecticut PAC		☐ Original ☒ 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)			
A. ☒ Ongoing (Select subtype)		B. ☐ Durational (Select subtype)	
☒ State Elections Only		☐ Single Election Date _____ ☐ Single Referendum Date _____	
☐ Municipal Elections Only			
☐ Both		☐ Single Primary Date _____ ☐ Constitutional Amendment Date _____	
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		☐ Support ☐ Oppose	
28. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER ORGANIZATION OR ASSOCIATION ONLY			
Entity Name		Address	City State Zip Code
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		☒ Client Lobbyist	
Susan L. Yolen		☐ 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			
A. Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office?		B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly?	
☐ No ☒ Yes		☐ No ☐ Yes	
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	☐ Original ☒ 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. 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.

Jamie M Daniel

11/15/2024

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. 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 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. 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 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. 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.

DEPUTY TREASURER SIGNATURE_____
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.

NAME OF COMMITTEE		REGISTRATION TYPE	
Planned Parenthood Votes! Connecticut PAC		☐ Original ☒ Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23I. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23J. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23K. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23L. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code

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TO SEEC FORM 8

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TO SEEC FORM 8[illegible]

Revised 2024

TO SEEC FORM 8[illegible]

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