# SEEC FORM 8

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

Received by SEEC
11/15/2024 04:01 PM

**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**
*Name of previous committee (if different from above)*

| 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 |
|---|---|
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| OFFICER RESIDENCE ADDRESS | | | |
|---|---|---|---|
| Address | City | State | Zip Code |
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| 23C. OFFICER NAME | TITLE OR POSITION |
|---|---|
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| 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 |
|---|---|
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| 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

**Independent Expenditure Only Political Committees**
**Revised 2024**



| 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)*
- ◉ State Elections Only
- ○ Municipal Elections Only
- ○ Both

**B.** ○ **Durational** *(Select subtype)*
- ○ Single Election Date _____
- ○ Single Referendum Date _____
- ○ Single Primary Date _____
- ○ Constitutional Amendment Date _____

**26. REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT ONLY**

*Brief description of subject matter of Referendum Question or Constitutional Amendment*

**27. GROUP'S POSITION ON THE 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*

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**

**A.** Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office? ○ No ◉ Yes

**B.** Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly? ○ 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*

| 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 — CHAIRPERSON SIGNATURE

11/15/2024 — 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 — TREASURER SIGNATURE

11/15/2024 — DATE (mm/dd/yyyy)

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
| Planned Parenthood Votes! Connecticut PAC | ○ Original ◉ Amendment/ Biennial with Changes |

**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.

**SEEC FORM 8**
Revised 2024

**ADDITIONAL SECTION 23**
**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 |
|---|---|
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| OFFICER RESIDENCE ADDRESS | | | |
|---|---|---|---|
| Address | City | State | Zip Code |
| | | | |

| 23M. OFFICER NAME | TITLE OR POSITION |
|---|---|
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| OFFICER RESIDENCE ADDRESS | | | |
|---|---|---|---|
| Address | City | State | Zip Code |
| | | | |

| 23N. OFFICER NAME | TITLE OR POSITION |
|---|---|
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| OFFICER RESIDENCE ADDRESS | | | |
|---|---|---|---|
| Address | City | State | Zip Code |
| | | | |

| 23O. OFFICER NAME | TITLE OR POSITION |
|---|---|
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| OFFICER RESIDENCE ADDRESS | | | |
|---|---|---|---|
| Address | City | State | Zip Code |
| | | | |

**SEEC FORM 8**
Revised 2024

**ADDITIONAL SECTION 31 TO SEEC FORM 8**

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
| Planned Parenthood Votes! Connecticut PAC | ○ Original ◉ Amendment/ Biennial with Changes |

**31. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST**

| Name of Registered Lobbyist | | | |
|---|---|---|---|
| Gretchen Raffa | ◉ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
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| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |
| | ○ Client Lobbyist | ○ Communicator Lobbyist | ○ Both |

**SEEC FORM 8**
Revised 2024

**ADDITIONAL SECTION 32 TO SEEC FORM 8**

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
| Planned Parenthood Votes! Connecticut PAC | ○ Original ◉ Amendment/ Biennial with Changes |

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

| |
|---|
| 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 |

**SEEC FORM 8**
Revised 2024

**ADDITIONAL SECTION 35**
**TO SEEC FORM 8**

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
| Planned Parenthood Votes! Connecticut PAC | ○ Original ◉ 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 |
| Name of Contractor or Principal |
| Name of Contractor or Principal |
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| Name of Contractor or Principal |
| Name of Contractor or Principal |

**SEEC FORM 8**
**Revised 2024**

**ADDITIONAL SECTION 37**
**TO SEEC FORM 8**

| NAME OF COMMITTEE | REGISTRATION TYPE |
|---|---|
| Planned Parenthood Votes! Connecticut PAC | ○ Original ◉ Amendment/ Biennial with Changes |

**37. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM**

| |
|---|
| Name of Principal |
| Name of Principal |
| Name of Principal |
| Name of Principal |
| Name of Principal |
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