



SEEC FORM 8

Independent Expenditure Only Political Committee
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

Received by SEEC
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REGISTRATION TYPE	
<input type="radio"/> Original	
<input checked="" type="radio"/> Amendment/ Biennial with Changes	

1. NAME OF COMMITTEE				2. ACRONYM		
Planned Parenthood Votes! Connecticut PAC				PPV!CT PAC		
<input type="checkbox"/> 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

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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

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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			
<input type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Business Entity <input type="radio"/> Other Organization			
25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)			
A. <input checked="" type="radio"/> Ongoing (Select subtype)		B. <input type="radio"/> Durational (Select subtype)	
<input checked="" type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input type="radio"/> Both		<input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> 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		<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
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?			
<input checked="" type="radio"/> No <input type="radio"/> Yes			
30 SECTION RESERVED			
31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <input type="checkbox"/> See Addendum			
<input type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist		<input checked="" type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both	
Susan L. Yolen			
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?			
<input type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official, Member or Agent			<input checked="" type="checkbox"/> See Addendum
33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency			
34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?			
<input type="radio"/> No <input type="radio"/> Yes See instructions for additional filing requirements.			
35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal			<input type="checkbox"/> 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? <input type="radio"/> No <input checked="" type="radio"/> Yes		B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly? <input type="radio"/> No <input type="radio"/> Yes	
37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal			<input type="checkbox"/> See Addendum

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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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Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original <input checked="" type="radio"/> 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.

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

NAME OF COMMITTEE	REGISTRATION TYPE		
Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original	<input checked="" type="radio"/> Amendment/ Biennial with Changes	
31. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST			
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
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
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
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
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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

NAME OF COMMITTEE	REGISTRATION TYPE
Planned Parenthood Votes! Connecticut PAC	<input type="radio"/> Original <input checked="" type="radio"/> 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	
Name of Member, Official or Agent	
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Name of Member, Official or Agent	
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
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Name of Contractor or Principal
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
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	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
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