

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Vote Planned Parenthood Northern California, a Project of Planned Parenthood Northern California Action Fund

ADDRESS (number and street)

555 Capitol Mall, Suite 400

☐ (Check if address is changed)

Sacramento

CITY ▲

CA

STATE ▲

95814

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

Compliance@olsonremcho.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

09 / 15 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00715904

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kamau, Kimani, , ,

Signature of Treasurer Kamau, Kimani, , ,

[Electronically Filed]

Date

09 / 02 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

1. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_

Write or Type Committee Name

Vote Planned Parenthood Northern California, a Project of Planned Parenthood Northern California Action Fund

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Andrews, Emily A., , ,

Mailing Address

555 Capitol Mall, Suite 400

Sacramento

CA

95814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

916

442

2952

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Kamau, Kimani, , ,

Mailing Address

2185 Pacheco Street

Concord

CA

94520

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

925

887

5223

Full Name of  
Designated  
Agent

Gonzales, Assistant Treasurer, Gilda, , ,

Mailing Address

2185 Pacheco Street

Concord

CITY

CA

STATE

94520

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address

400 Capitol Mall

Sacramento

CITY

CA

STATE

95814

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE