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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Vote Planned Parenthood Northern California, a Project of Planned Parenthood Northern California Action Fund 555 Capitol Mall, Suite 400 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Compliance@olsonremcho.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00715904 FEC IDENTIFICATION NUMBER > 3. X 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. Kamau, Kimani, , , Type or Print Name of Treasurer Kamau, Kimani, , , [Electronically Filed] 09 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	==C = 0	1 (Paying 02/2000)	Page 2
		omm 1 (Revised 02/2009) OMMITTEE	Page 2
		Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name Cand			
Cand Party	lidate Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

FF0		
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Write or Type Committee Nam		
Vote Planned Parenthoo	od Northern California, a Project of Planned Parenthood Northern Ca	lifornia Action Fund
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in po	ossession of committee
Andrews	, Emily A., , ,	
Full Name	,555 Capitol Mall, Suite 400	
Mailing Address		
	0.00	
	Sacramento CA 95814	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 916 –	442 2952
S. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name Kamau, K	Kimani, , ,	
Mailing Address	2185 Pacheco Street	
	Concord	
Title or Position	CITY STATE	ZIP CODE
Treasurer		887 - 5223

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Full Name of Designated Agent	Gonzales, Assistant Treasurer, Gilda, , ,	
Mailing Address	2185 Pacheco Street	
	Concord CA 94520 CITY STATE Z	IP CODE
Title or Position Assistant Treasu		
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, holds axes or maintains funds.	accounts, rents
Name of Bank, D	Depository, etc.	
	√Wells Fargo	
	Wells Fargo	
Mailing Address	Wells Fargo	
	400 Capitol Mall Sacramento CA 95814	IP CODE
Mailing Address	Sacramento CITY STATE Z	IP CODE
Mailing Address	Sacramento CITY STATE Z	IP CODE
Mailing Address Name of Bank, D	Sacramento CITY STATE Z	IP CODE
Mailing Address Name of Bank, D	Sacramento CITY STATE Z	IP CODE
Mailing Address Name of Bank, D	Sacramento CITY STATE Z	IP CODE
	400 Capitol Mall Sacramento CITY STATE Z Depository, etc.	IP CODE