

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

Planned Parenthood Votes

ADDRESS (number and street)

123 William St.

(Check if address is changed)

New York

CITY

NY

STATE

10038

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

elections.reporting@ppfa.org

Optional Second E-Mail Address susan@lebinyates.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 / 01 / 2020

3. FEC IDENTIFICATION NUMBER

C C00489799

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

NEW (N) checkbox

AMENDED (A) checked checkbox

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 Barrow-Klein, Vickie, , ,

Signature of Treasurer Barrow-Klein, Vickie, , ,

[Electronically Filed]

Date

10 / 01 / 2020

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.

Table with 5 columns for Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Planned Parenthood Votes

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 Kramer, Jordan, , ,

Mailing Address 123 William St.

New York

NY

10038

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 212 - 261 - 4374

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 Barrow-Klein, Vickie, , ,

Mailing Address 123 William St.

New York

NY

10038

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 212 - 261 - 4639

Full Name of Designated Agent Shukla, Keyur, , ,

Mailing Address 123 William St.

[Empty address line]

New York NY 10038

CITY STATE 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.

Bank of America

Mailing Address PO Box 25118

[Empty address line]

Tampa FL 33622

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address [Empty address line]

[Empty address line]

[Empty address line]

CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule:
Transaction ID: