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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. Progressive Turnout Project PO Box 215 ADDRESS (number and street) (Check if address is changed) Northbrook 60065 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS harry@turnoutpac.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.turnoutpac.org (Check if address is changed) DATE 2015 C00580068 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. Ram Villivalam Type or Print Name of Treasurer Ram Villivalam [Electronically Filed] 06 2015 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 (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Dama avatia
(d)		· · · ·	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected 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)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)	
Join	ıt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		
	•••		

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Write or Type Committee N		raye 3
	urnout Project	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	acted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) and position of the person	ı in possession of committee
Full Name	'illivalam	
Mailing Address	4640 N Kilbourn	
	Unit 1	
	Chicago IL 6	60630
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 312	
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Ram V of Treasurer	illivalam	
Mailing Address	4640 N Kilbourn	
	Unit 1	
		0630
Title or Position Treasurer	CITY STATE 312 Telephone number	ZIP CODE

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds.	
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc.	
-	oxes or maintains funds. Depository, etc. The Private Bank	
-	oxes or maintains funds. Depository, etc. The Private Bank 120 S LaSalle St	
Name of Bank,	oxes or maintains funds. Depository, etc. The Private Bank 120 S LaSalle St	
Name of Bank,	oxes or maintains funds. Depository, etc. The Private Bank 120 S LaSalle St	
Name of Bank,	oxes or maintains funds. Depository, etc. The Private Bank 120 S LaSalle St	ZIP CODE
Name of Bank,	Depository, etc. The Private Bank 120 S LaSalle St Chicago CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. The Private Bank 120 S LaSalle St Chicago CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. The Private Bank 120 S LaSalle St Chicago CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. The Private Bank 120 S LaSalle St Chicago CITY CITY CITY CITY CHARLE CONTROL CHARLE CONTROL CONTROL	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. The Private Bank 120 S LaSalle St Chicago CITY CITY CITY CITY CHARLE CONTROL CHARLE CONTROL CONTROL	ZIP CODE
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