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STATEMENT OF ORGANIZATION

FORM 1	00/		C	office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Progressive Turnou	ut Project			
	PO Box 617614			
ADDRESS (number and street)				
 (Check if address is changed) 				
<i>3</i> ,	Chicago		IL 60	661
			STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
🗙 🖌 (Check if address	harry@turnoutpac.org			
is changed)				
	Optional Second E-Mail Add	dress		
2. DATE 08 17				
2. DATE 00	2023			
3. FEC IDENTIFICATION N	JMBER ► C co	00580068		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasure	r <u>Pascal, Harry, , ,</u>			
Signature of Treasurer Pasc	al, Harry, , ,		Date	/ D D / Y Y Y Y 17 2023
NOTE: Submission of false, errone		may subject the person signing t		penalties of 52 U.S.C. §3010
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page 2
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 information below.)	the candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(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 Republic	atic, an, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected organization is a:
	Corporation Corporation w/o Capital Stock	r Organization
	Membership Organization Trade Association Coop	erative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).

Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

Г

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۷	Write or Type Committee Name		
	Progressive Tur	nout Project	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
	Mailing Address	PO Box 617614	

IL

STATE

Joint Fundraising Representative

60661

ZIP CODE

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.

CITY

X Affiliated Organization

|Chicago

Connected Organization

Pa Full Name	cal, Harry, , ,
Mailing Address	PO Box 617614
	Chicago
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number

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	Pascal, Harry, , ,
Mailing Address	PO Box 617614
	Chicago IL 60661 IL - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Telephone number 331 223 4353

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	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.

Mailing Address	1000 Green Bay Rd		
	Winnetka	IL 60093	
	CITY 🔺	STATE 🔺	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

		L		· · · · · · · · · · · · · · · · · · ·
	Mailing Address			
	ository, etc.			
safe	iks or Other Depositori ety deposit boxes or main ne of Bank, ,	ies: List all banks or other depositories in which the ntains funds.	he committee deposit	s funds, holds accounts, rents
		I I I I I I I I I I I I Tel	ephone Number	
	TITLE OR POSITION		STATE A	ZIP CODE
	Mailing Address			
	ignated Agent: Identify Full Name	by name, address (phone number - optional)		
	Connected	Organization X Affiliated Committee Joint I	Fundraising Representa	tive Leadership PAC Sponsor
	Relationship:		STATE A	
		Chicago		60661
	Mailing Address	PO Box 618154		
L				
P L	Progressive Takeover			
	-	Drganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	4		FEC ID number	С
ć	3.		FEC ID number	C
2	2		FEC ID number	C
	1		FEC ID number	C

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.								FEC	C ID	numbei	r (C					
2.								FEC	C ID	numbei	r (C					
3.								FEC	D ID	numbei	r (С					
4.								FEC	C ID	numbei	r (2					
											_		_				
Name of <i>I</i>	Any Connected (Organizatio	n, Affiliat	ed Con	nmittee,	Joint	Fundr	aising	Repre	esentat	ive,	or Le	ader	ship	PAC	Spo	ons
Stop R	epublicans																
Maili	ng Address	PO Box 6	182933														
		Chicago							1	I IL		60	0661		_	Ι.	
									;	STATE .				7IP			
Rela	tionship:	Organizatior	Af	CIT	Y ▲ Committe	e	Joint	Fundra		Represe	entativ	/e	L	eader			
Designate	Connected	-	_	ffiliated C	Committe	_	_	Fundra			entativ	/e					
	Connected	-	_	ffiliated C	Committe	_	_	Fundra			entativ	/e					
Designate Full Na	Connected	-	_	ffiliated C	Committe	_	_	Fundra			entativ	/e					
Designate Full Na	Connected	-	_	ffiliated C	Committe	_	_	Fundra			entativ	/e					
Designate Full Na	Connected	-	_	ffiliated C	Committe	_	_	Fundra			entativ	/e					
Designate Full Na Mailing	Connected	by name, a	_	ffiliated C	Committe	_	_	Fundra	ising 			/e			ship	PAC	
Designate Full Na Mailing	Connected	by name, a	.ddress (p	filiated C bhone n	Committe	_	nal)	Fundrai	ising I	Represe		re		eader	ship	PAC	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	9 Participant:		
1.			FEC ID number	С
2			FEC ID number	С
3			FEC ID number	C
4			FEC ID number	C
	-	Drganization, Affiliated Committee, Joint Fundrai		
	Mailing Address	PO BOX 5326		
				60204
	Relationship:	CITY 🔺	STATE A	ZIP CODE A
	Connected	Organization X Affiliated Committee Joint F	undraising Represent	ative Leadership PAC Sponsor
		by name, address (phone number – optional)		
F	ull Name	by name, address (phone number - optional)		
F		by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	ull Name			
F	ull Name			 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
F	Tull Name		STATE A	· · · · · · · · · · · · · · · · · · ·
F M Bank safety Name	Full Name	Image: Image	ephone Number	
F M Bank safety Name	Full Name	Image: Image	ephone Number	
F M Bank safety Name	Full Name	Image: Image	ephone Number	
F M Bank safety Name	Full Name	Image: Image	ephone Number	