FEC

Only

STATEMENT OF

PAGE 1/8 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Stop Republicans PO Box 5326 ADDRESS (number and street) (Check if address is changed) Evanston 60204 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address harry@turnoutpac.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00633404 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Pascal, Harry,, Date 03 13 2024 Signature of Treasurer Pascal, Harry, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candid	ate information below.)
(b) This committee is an authorized committee, and is NOT a principal camp information below.)	paign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Sena	State President District
(c) This committee supports/opposes only one candidate, and is NOT an au	
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 organi	ization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital S	Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X This committee supports/opposes more than one Federal candidate, and committee. (i.e., nonconnected committee)	is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify spons	sor on line 6.)
(g) This committee is an independent expenditure-only political committee (S	Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-co	ontribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and discommittees/organizations, at least one of which is an authorized committee.	·
(j) This committee collects contributions, pays fundraising expenses and discommittees/organizations, none of which is an authorized committee of a	·
Committees Participating in Joint Fundraiser	
1. [, , , , , , , , , , , , , , , , , ,	C

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	rite or Type Committee Name		
	Stop Republican		
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea PEOPLE: TYRANTS RACISTS UNQUALIFIEDS MISOGYNISTS PROPAGAND	-
	Mailing Address	PO BOX 5326	
		EVANSTON IL 602	204
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in poss	session of committee
	Pascal, Hai	ry, , ,	
	Mailing Address	PO Box 5327	
		1	
		Evanston IL 602	204
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	4393
3.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and th ssistant treasurer).	e name and address of
	Full Name Pascal, Har of Treasurer	ry, , , , , , , , , , , , , , , , , , ,	
	Mailing Address	PO Box 5327	
		Evanston IL 602	204
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	4393

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ 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. CIBC Bank USA Mailing Address	
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number 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. CIBC Bank USA	
Title or Position ▼ Telephone number Telephone number	
Title or Position ▼ Telephone number Telephone number	
Title or Position ▼ Telephone number Telephone number	
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. CIBC Bank USA	
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. CIBC Bank USA	
CIBC Bank USA	
1000 Green Bay Rd	
Winnetka IL 60093 — — — — — STATE ▲ ZIP CODE ▲	
Name of Bank, Depository, etc.	
Amalgamated Bank	
Mailing Address 275 7th Ave	
New York NY 10001	
CITY ▲ STATE ▲ ZIP CODE ▲	

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Form/Schedule: F1A Transaction ID:

This amendment is in response to the FEC letter requesting the additional bank information.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** 8___

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Mai	iling Address	PO Box 5327					
		Evanston		, , , , , ,	_	60204	I
Rel	lationship:		CITY A		STATE A	ZIP CODE A	
			Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership PAC	Sp
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FEC Form 1S (Revised 02/2017)

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

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Progressive Takeover Mailing Address PO Box 5308 Evanston IL 60204 Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership
A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Progressive Takeover IL 60204 Evanston IL 60204 Relationship: CITY STATE ZIP COL Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership Designated Agent: Identify by name, address (phone number – optional)
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Progressive Takeover Mailing Address PO Box 5308 Evanston Evanston CITY A STATE A ZIP COE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Designated Agent: Identify by name, address (phone number – optional)
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Progressive Takeover Mailing Address PO Box 5308 Evanston IL 60204 Relationship: CITY A STATE A ZIP COL Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership Designated Agent: Identify by name, address (phone number – optional) Full Name
Progressive Takeover Mailing Address PO Box 5308 Evanston IL 60204 Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Designated Agent: Identify by name, address (phone number – optional) Full Name
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Designated Agent: Identify by name, address (phone number – optional) Full Name
Designated Agent: Identify by name, address (phone number – optional) Full Name
Full Name
Mailing Address
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE
Title On Position ▼ Telephone Number = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =
Telephone Number
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account
safety deposit boxes or maintains funds.
Name of Bank, Depository, etc.
Mailing Address
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FEC Form 1S (Revised 02/2017)

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

Page	of ⁸	
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4.			FEC ID number	С
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TURNOUT IE PAC				
Mailing Address	PO BOX 5327			
	1			
	EVANSTON		, <u> </u>	60204
Relationship:	CITY	<i>(</i> ^	STATE A	ZIP CODE ▲
Connected	Organization X Affiliated Co	ommittee Joint Fun	draising Representa	ative Leadership PAC Sp
Full Name	1			
Mailing Address				
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TITLE OR POSITION	▼ CITY		STATE ▲	ZIP CODE ▲
		Teleph	none Number	
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afety deposit boxes or mai				
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