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FEC

08/21/2023 11 : 08

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STATEMENT OF ORGANIZATION

FORM 1			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
	ut Project		
ADDRESS (number and street)	PO Box 5327		
 (Check if address is changed) 	1		
	Evanston CITY ▲		IL 60204 STATE▲ ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	harry@turnoutpac.org		
	Optional Second E-Mail Add	dress	
is changed)			
2. DATE 08 / 2'			
3. FEC IDENTIFICATION NU	JMBER ► C co	00580068	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	r Pascal, Harry, , ,		
Signature of Treasurer Pasc	al, Harry, , ,		Date 08 / D D / Y Y Y Y 21 2023
NOTE: Submission of false, errone		may subject the person signing the TION SHOULD BE REPORTED V	is Statement to the penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

	Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: Page 2
	Candidate Committee:
	a) This committee is a principal campaign committee. (Complete the candidate information below.)
(I	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name of Candidate
	Candidate Office State State Sought: House Senate President District
(0	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 (Democratic, or subordinate) committee of the Republican, etc.) Party
F	Political Action Committee (PAC):
(6	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.
(1	f) X 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.
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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).

In addition, this committee is a Lobbyist/Registrant 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
 1.
 2.

FEC Form 1 (Revised 02/2009)	Page 3
Nrite or Type Committee Name	
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Progressive Turnout Project

6.	Name of Any Connected Or	ganization, Affiliated	Committee,	Joint F	undraising	g Representative, o	r Leadership	p PAC Sponsor
	STOP THESE OPPRESSIVE	PEOPLE: TYRANTS	RACISTS UN	QUALIF	IEDS MIS	OGYNISTS PROPAG	GANDISTS (S	
	Mailing Address	PO BOX 5326						
							60204	
			CITY 🔺			STATE A	ZI	P CODE
	Relationship: Connected	Organization X Affilia	ited Organizati	on	Joint Fun	draising Representati	ve Lea	adership PAC Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Pascal, Ha	arry, , ,			
Full Name				
Mailing Address	PO Box 5327			
	Evanston			60204
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer			Telephone number	331 - 223 - 4353

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 5327
	Evanston IL 60204 IL IL IL IL
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number 331 - 223 - 4353

FEC Form 1 (Revised 02	/20	09)																			I	Pag	je 4	4		
Full Name of Designated Agent														ĺ													
Mailing Address																											
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						CI	TΥ								5	STA	ΛΤΕ				ZI	P(ЭЕ			
Title or Position ▼																											
										-	Tele	əph	one	e ni	umt	ber				- [

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.

	CIBC Bank USA		
Mailing Address	1000 Green Bay Rd		
	Winnetka		93
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE

EC Form 1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			FEC ID	number	С			_
2.			FEC ID	number	С			
3.			FEC ID	number	С			
4.			FEC ID	number	С			
Name of Any Connected	Organization, Affiliated	l Committee, Joint Fur	draising Rep	resentative	e, or Lea	dership	PAC S	ponso
	PO Box 5327							
Mailing Address								
	Evanston				602	204		
				OTATE A		710	~~~	
Relationship: Connected			int Fundraising	STATE A Representa	tive		CODE ship PA	
Connected		ated Committee	int Fundraising		tive			
Connected Designated Agent: Identify		ated Committee	int Fundraising		.tive			
Connected Designated Agent: Identify Full Name		ated Committee	int Fundraising		tive			
Connected Designated Agent: Identify Full Name		ated Committee	int Fundraising					
Connected	by name, address (pho	ated Committee				Leader		
Connected	by name, address (pho	ated Committee Jo		Representa		Leader	ship PA	

-EC	Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ing Participant:				
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	С
4.			FEC	ID number	С
Name of Any Connecte	d Organization, Affili	ated Committee, Joint	Fundraising R	epresentativ	ve, or Leadership PAC Spons
Progressive Takeov	er				
Mailing Address	PO Box 5308				
Mailing Address					
					60204
Relationshin:				OTATE A	
	ed Organization	CITY A	Joint Fundraisi	STATE ▲	
Connec Designated Agent: Iden Full Name	ed Organization	Affiliated Committee	_		
Connec	ed Organization	Affiliated Committee	_		
Connec Designated Agent: Iden Full Name	ed Organization	Affiliated Committee	_		
Connec Designated Agent: Iden Full Name	ed Organization	Affiliated Committee	_		
Connec Designated Agent: Iden Full Name	ed Organization	Affiliated Committee	_		
Connec Designated Agent: Iden Full Name	ed Organization	Affiliated Committee	_	ng Represent	tative Leadership PAC Spo

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

	or(h). Joint Fundraising	g Participant:			
	1.			FEC ID number	С
	2.			FEC ID number	C
	3.			FEC ID number	C
	4.			FEC ID number	С
6.		Organization, Affiliated (Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
	Stop Republicans				
	· · · · ·	PO Box 5326			
	Mailing Address				
		Evanston			60204
	Relationship:			STATE 🔺	ZIP CODE
	Connected	Organization × Affiliate	ed Committee	t Fundraising Represen	tative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (pnon	e number – optionai)		
	Mailing Address				
	Mailing Address				
	Mailing Address				
	Mailing Address TITLE OR POSITION	<pre></pre>			
			1	I I I I I I I I I I I I I I I I I I I	
9.	TITLE OR POSITION	• ies: List all banks or othe	т	elephone Number	ZIP CODE ▲
9.	TITLE OR POSITION	• ies: List all banks or othe	т	elephone Number	
9.	TITLE OR POSITION	• ies: List all banks or othe	т	elephone Number	
9.	TITLE OR POSITION	• ies: List all banks or othe	т	elephone Number	
9.	TITLE OR POSITION	• ies: List all banks or othe	т	elephone Number	