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FEC FORM 1	STATEM ORGANI												P	AGE	1/1	0 —
1. NAME OF	(Check if name	Eva	mple:I	typin	a type	<u>,</u>				Of	fice L	Jse C	Only			
COMMITTEE (in full)	is changed)		r the li		9, 9,		12	FE4	M5			_				
Dem Turnout 2026			1 1	1 1	1 1	1 1		I	I		I	1 1	I	I		I
1																
	PO Box 5327															
ADDRESS (number and street)																
(Check if address is changed)																
	Evanston						IL			602	204		-	-		I
	CITY 🔺						STA	TE 🔺				Z		COD	E▲	
COMMITTEE'S E-MAIL ADDRES	S															
(Check if address	harry@turnoutpac.org															
is changed)																
	Optional Second E-Mail	Address	1 1	1 1	1 1	1 1		I	I		I	1 1	I	I	1 1	I
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COMMITTEE'S WEB PAGE ADD	RESS (URL)															
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	• <u>·····</u>															
2. DATE 12 / 20	2024															
3. FEC IDENTIFICATION NU	MBER ► C	C0089429	5													
4. IS THIS STATEMENT	NEW (N)		A	MEND	DED (/	4)										

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, , ,		
Signature of Treasurer	Pascal, Harry, , ,		Date	12 / D D / Y Y Y Y 20 / 2024
NOTE: Submission of fal			bject the person signing this State HOULD BE REPORTED WITHIN	ement to the penalties of 52 U.S.C. §30109. 10 DAYS.
Office			For further information contact:	FEC FORM 1

L	Office Use Only		For further information conta Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ct: FEC FORM 1 (Revised 06/2012)
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FE	EC 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 the information below.)	ne candidate
	Name of Candidate	
	Candidate 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: (National, State (Democrati	С,
	(d) This committee is a or subordinate) committee of the Republican	, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock Labor C	Organization
	Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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) X This committee is a political committee with both contribution and non-contribution accounts (Hybrid P.	AC).

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.

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

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FEC Form 1 (Revised 02/2009)			Page 3
Write or Type Committee Name			
Dem Turnout 2026			
6. Name of Any Connected Organization, Affiliat	ted Committee, Joint Fundrai	sing Representative, or Lead	lership PAC Sponsor
	ECT		
Mailing Address			
			04
	CITY 🔺	STATE A	ZIP CODE

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

Joint Fundraising Representative

Leadership PAC Sponsor

Connected Organization X Affiliated Organization

books and records.

Relationship:

Pascal, Ha	arry, , ,	
Full Name		
Mailing Address	PO Box 5327	
	Evanston IL 60204	
	CITY A STATE A Z	
Title or Position ▼		
Treasurer	Telephone number	23 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	Pascal, Harry, , ,
of Treasurer	
Mailing Address	PO Box 5327
	Evanston IL 60204
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
	331 223 4353

FEC Form 1 (Revised 02	2/2009)																		F	Page	e 4	ŀ		l
Full Name of Designated Agent			 		1	[1			
Mailing Address																								
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Title or Position ▼																								
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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.

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Mailing Address	Ĺ	120 S LaSal	le St												1									1			
	L																										
	L	Chicago													IL I			6	060)2							
				C	CITY	∕▲							ę	STA	ΤE						ZII	PC	OD	E.			
Name of Bank, D	Depository, etc																										
		ated Bank	(
Mailing Address	ľ	275 7th Av																									
	l																										
	L	New York													I Y			1)1 							
				C	CITY	∕▲							ę	STA	TE						ZII	PC	OD	E.			

-EC	Form	1S	(Revised	02/2017)
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-	rganization, Affiliated Committee, Joint	- .	C C C C
3 4 Name of Any Connected O	-	FEC ID number FEC ID number Fundraising Representative	C
4	-	FEC ID number	C
Name of Any Connected O	-	Fundraising Representativ	
-	-	- .	/e, or Leadership PAC Sponsor
	VE PEOPLE: TYRANTS RACISTS UNQUA		
1		LIFIEDS MISOGYNISTS PI	
Mailing Address	PO BOX 5326		
		, , , , , , , I	60204
Relationship:	CITY ▲		
Connected 0	Drganization × Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Spons
Full Name			
Mailing Address			
TITLE OR POSITION V	CITY A	STATE 🔺	ZIP CODE
		Telephone Number	

FEC Form 1S (Revised 02/2017)

,	r(h). Joint Fundraising	g Participant:					
	1		FEC I	D number	С		
	2.		J FEC I	D number	С		
	3.		J FEC I	D number	С		
	4.		J FEC I	D number	С		
	Name of Any Connected	Organization, Affiliated Committee, Joint Fu	undraising Re	presentative	e. or Leade	rship PAC	Sponsor
	Mailing Address	PO BOX 5308					
				IL	60204		
	Relationship:			STATE A		ZIP COD	DE 🔺
	Connected	Organization X Affiliated Committee	Joint Fundraisir	ng Representa	ative L	.eadership	PAC Sponsor
. I	Decignated Agent: Identity	, by name, address (nhone number - ontional					
	Full Name	by name, address (phone number - optional)				1
) 				
	Full Name						
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-	Full Name Mailing Address TITLE OR POSITION			Number			
-	Full Name			Number			
-	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc			Number			
-	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc			Number			

EC	Form	1S	(Revised	02/2017)
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5(g) or	(h). Joint Fundraising	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	ising Representative, or Leadership PAC Sponsor
		S	
	Mailing Address	PO BOX 5326	
			IL 60204
	Relationship:	CITY A	STATE A ZIP CODE A
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representative
-			
- 3. [Designated Agent: Identify	by name, address (phone number - optional)	
- 3. [by name, address (phone number - optional)	
- 3. [Full Name	by name, address (phone number - optional)	
- 3. [Full Name	by name, address (phone number - optional)	
- 3. [Full Name		
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-	Full Name Mailing Address TITLE OR POSITION		
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	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.		ephone Number

EC Form	1S	(Revised	02/2017)
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		Participant:						
1. [FEC	ID number	С		
2.				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
Name	of Any Connected (Drganization. Affilia	ated Committee, Joint	t Fundraising R	epresentativ	e. or Leade	rship PAC S	Sponsor
			- 		•			
N	Address	PO BOX 5327						
		EVANSTON				60204		
F	Relationship:		CITY A		STATE A		ZIP CODE	
	Connected	Organization X	Affiliated Committee	Joint Fundrais	ina Representa	ative	eadership P	AC Sponso
Ful	I Name							
	I Name							
Ma		<pre></pre>						
Ma	iling Address	<pre></pre>	1	Telephone				
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EC Form	1S	(Revised	02/2017)
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) or (h).	-								
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3.				FEC I	D number	С			
4.				FEC	D number	С			
Name	of Any Connected (Drganization, Affilia	ted Committee, Joint	Fundraising Re	presentative	e, or Lead	ership P	AC Spo	nsor
		∃							
٨	Mailing Address	PO BOX 5327							
		EVANSTON				6020	4	-	
F	Relationship:		CITY 🔺		STATE A		ZIP C		
	Connected	Organization X A	ffiliated Committee	Joint Fundraisir	ng Representa	ative	Leadersh	ip PAC S	Sponso
Design	nated Agent: Identify	by name, address (phone number – option	nal)					
-	nated Agent: Identify	by name, address (phone number – option	nal)	1 1 1 1				
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FEC Form 1S (Revised 02/2017)

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5(g) or (h).	Joint Fundraising	Participant:	
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2	2.		number C
3	3.		number C
4	I. <u> </u>		number C
6. Nam	e of Any Connected (Drganization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leadership PAC Sponsor
	EM TURNOUT 2024		
	Mailing Address	PO BOX 5327	
			IL 60204
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor
8. Desi	gnated Agent: Identify	by name, address (phone number - optional)	
	gnated Agent: Identify	by name, address (phone number - optional)	
F		by name, address (phone number – optional)	
F	Full Name	by name, address (phone number - optional)	
F	Full Name	by name, address (phone number - optional)	
F	Full Name		
F	Full Name		
9. Ban l	Full Name	CITY CITY Telephone N	umber
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