03/30/2025 23 : 53

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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA	-	Office	PAGE 1 / 11
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Stop Republican	<b>IS</b>			
ADDRESS (number and stree	PO Box 5326			
(Check if address is changed)	s			
	Evanston └ │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		IL     60204       STATE ▲	
COMMITTEE'S E-MAIL AD	DRESS			
(Check if address is changed)	s harry@turnoutpac.org			
Ç ,	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 03	D D / Y Y Y Y 22 2025			
3. FEC IDENTIFICATIO	N NUMBER ► C CO	0633404		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examin	ed this Statement and to the best of	of my knowledge and belief it i	s true, correct and co	mplete.
Type or Print Name of Trea	surer Pascal, Harry, , ,			
Signature of Treasurer	Pascal, Harry, , ,		Date 03	30 / Y Y Y Y 2025
NOTE: Submission of false, e	erroneous, or incomplete information n ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		nalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		EC FORM 1 Revised 06/2012)

FE	EC Form 1	(Revised 03/2022)	Page <b>2</b>
5.	TYPE O	F COMMITTEE:	
	Candid	ate 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.)	candidate
	Name Candid		
	Candid		State
	Party A	Affiliation Sought: House Senate President	District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Cano	e of Iidate	
	Party C	Committee: This committee is a (National, State (Democratic, or subordinate) committee of the Republican, e	etc.) Party
	Politica	Il Action Committee (PAC):	
	(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	ganization
		Membership Organization Trade Association Cooperati	ve
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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	C).

## 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.

FEC Form	1	(Revised	02/2009)	
		(11001300	02/2000)	

Write or Type Committee Name

## Stop Republicans

<b>5</b> .	Name of Any Connected	-									-														
						QU													518 	5 (S		л —			') 
	Mailing Address	PO BOX 5326																							
		EVANSTON											Ľ				Ľ	5020 	)4				. L		
			С	ITY									ST	ATE						ZI	P(	COI	DE		
	Relationship: Connect	ted Organization 🗙 Affili	ated (	Orga	nizati	on	Г	J	oint	Fur	drai	sing	Re	pre	sen	tativ	/e	- F	1	Lea	ade	rshi	рР	AC	Spon

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	ry, , ,	
Full Name		
Mailing Address	PO Box 5327	
	Evanston         IL         60204           -         -         -	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Treasurer	Telephone number     331     223     439	93 

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	,
Treasurer	Telephone number     331     -     223     -     4393

FEC Form 1 (Revised 02	2/2	200	9)																						Pag	je 4	4		
Full Name of Designated Agent					1										1		1	1											
Mailing Address	L																												
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	L																			L						- L			
								CI	ΤY								STA	λΤΕ					Z	IP (	COI	DE			
Title or Position ▼																													
												Tel	epł	non	e n	uml	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.

Amal	gamated Bank		
Mailing Address	275 7th Ave		
	New York	NY 1000	1
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Deposito	ry, etc.		
	Bank USA		
Mailing Address	120 S LaSalle St.		
	Chicago		2
	CITY 🔺	STATE A	ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

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

Form/Schedule: Transaction ID:

EC Form	1S	(Revised	02/2017)
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(g) or (h).	Joint Fundraising	Participant:			
1.			FEC	C ID number	С
2.			FEC	C ID number	С
3.			FEC	C ID number	C
4.			FEC	C ID number	C
Name	e of Any Connected C	rganization, Affiliated Committee, Joint I	undraising	Representativ	e, or Leadership PAC Sponsor
	JRNOUT THE VOTE		Juniority		-,
	Mailing Address	PO BOX 5327			
					60204
	Relationship:	CITY 🔺		STATE A	ZIP CODE A
		by name, address (phone number - option	al)		
Fu	ull Name	by name, address (phone number – option	al)		
Fu		by name, address (phone number – option	al)		
Fu	ull Name	by name, address (phone number - option	al)           		
Fu	ull Name	by name, address (phone number - option	al)		
Fu	ull Name		al)		
Fu	ull Name   <u>   </u>			STATE ▲	· · · · · · · · · · · · · · · · · · ·
Fu M T Banks safety Name	ull Name		Telephone	e Number	

EC Form	1S	(Revised	02/2017)
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(g) or (h).	Joint Fundraising	Participant:					
1.					FEC I	D number	C
2.					FEC I	D number	С
3.					FEC I	D number	С
4.					FEC I	D number	C
. Name	of Any Connected C	Organization, Aff	iliated Committee, J	loint Fundrai	sing Re	presentativ	e, or Leadership PAC Sponsor
Pro	ogressive Turnout P	roject					
	Mailing Address	PO Box 5327					
		Evanston					60204
ļ	Relationship:		CITY A			STATE 🔺	ZIP CODE
	Connected	Organization ×	Affiliated Committee	Joint F	undraisir	g Represent	ative Leadership PAC Sponsor
. Desigi	nated Agent: Identify	by name, addres	s (phone number – d	optional)			
	nated Agent: Identify	by name, addres	s (phone number – d	optional)			
Fu		by name, addres	s (phone number - o	optional)			
Fu	II Name	by name, addres	s (phone number - 0	optional)			
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EC Form	1S	(Revised	02/2017)
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(g) or (h).	Joint Fundraising	Participant:					
1.					FEC II	0 number	C
2.					FEC II	0 number	С
3.					FEC II	0 number	С
4.					FEC II	) number	С
. Name	e of Any Connected C	Drganization, Affi	liated Committee, Jo	oint Fundrais	ing Re	presentativ	e, or Leadership PAC Sponsor
Pro	ogressive Takeover						
	Mailing Address	PO Box 5308					
		Evanston					60204
	Relationship:		CITY 🔺			STATE 🔺	ZIP CODE
	Connected	Organization ×	Affiliated Committee	Joint Fu	Indraisin	g Represent	ative Leadership PAC Sponso
. Desig	nated Agent: Identify	by name, address	s (phone number – o	ptional)			
	ull Name	by name, address	s (phone number — o	ptional)			
Fu		by name, address	s (phone number – o	ptional)			
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Fu	ull Name						· · · · · · · · · · · · · · · · · · ·
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FEC Form 1S (Revised 02/2017)

on, Affiliated Committee, Jon         5327         FON         CITY ▲         Affiliated Committee		EC ID number EC ID number EC ID number EC ID number g Representativ		hip PAC Spon:
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5327 TON CITY	<pre></pre>	EC ID number	C	hip PAC Spon:
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Affiliated Committee	Joint Fundr			adership PAC Sp
CITY A		STATE A	ZI	P CODE 🔺
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	I banks or other depositories	Telepho	Telephone Number	Telephone Number

EC	Form	1S	(Revised	02/2017)
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) or (h).	Joint Fundraising	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 C	Drganization, Affil	iated Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
Der	m Turnout 2026					
Ν	Mailing Address	PO Box 5327				
		Evanston		1	I IL I	60204
F	Relationship:				STATE ▲	
	Connected	Organization X	Affiliated Committee	Joint Fundrais	ina Represent	ative Leadership PAC Spons
Design	nated Agent: Identify	by name, address	(phone number – optior	nal)		
		by name, address	(phone number – optior	nal)		
Ful	II Name	by name, address	(phone number – option	nal)		<u> </u>
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Ful	II Name	by name, address	(phone number – option	nal)		
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Ful Ma	II Name			nal)		<ul> <li></li></ul>
Ful Ma TI Banks safety Name	II Name				Number	Image: set funds, holds accounts, rents
Ful Ma TI Banks safety Name	II Name				Number	
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Ful Ma TI Banks safety Name Deposi	II Name				Number	
Ful Ma TI Banks safety Name Deposi	II Name				Number	

FEC Form 1S (Revised 02/2017)

	-	Participant									_						
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2.								FE	C ID	number	C						
3.								FE	C ID	number	C						
4.								FE	C ID	number	C						
Name of Any	Connected O	organization,	Affiliate	ed Cor	nmittee	e, Joint	Fundr	aising	Rep	resentati	ive, o	or Lea	aders	hip F	AC S	pon	SO
	RACYFIRST F	PAC			1 1												
		I PO BOX 53	327														
Mailing	Address																
			N 									60	204		- _		
Relation	nship:			CI	ſY ▲					STATE A			Z	ZIP C	ODE		
Designated A	gent: Identify	by name, ad	dress (p	hone r	number	– optio	nal)										
<b>Designated A</b> Full Name		by name, ad	dress (p	hone r	umber	- optio	nal)										1
	9	by name, ad	dress (p	hone r	iumber	- optio	nal)										
Full Name	9	by name, ad	dress (p	hone r	number	- optio	nal)										
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