Only

STATEMENT OF

PAGE 1 / 6 =

(Revised 06/2012)

FEC FORM 1		ORGA								Of	fice Use	Only		
1. NAME OF		(Check if			e:If typing	g, type	_	12F	E4M		iice Ose			
COMMITTEE (ir	,	is change	d)	over the	e lines.							-		
Turnout PA	VC													
ADDRESS (number a	and atract)	PO Box 617614	1 1 1 1			1 1	1 1	1 1		1 1	1 1		1 1	
(Chook if	,													
is changed	d)	Chicago						ılL		606	<u> </u>			
		CITY A						STAT				 71D (CODE 4	
								SIAII				ZIF	/ODL Z	
COMMITTEE'S E-MA	AIL ADDRES		11											
		hapascal@gma	ail.com											
g .	•	Optional Second B	E-Mail Add	ress										
COMMITTEE'S WEE (Check if is changed)	address	http://www.turnoutp	ac.org/											
2. DATE 0	11 17	2018												
3. FEC IDENTIFIC	CATION NU	MBER ▶	C co	0622175										
4. IS THIS STATE	MENT X	NEW (N)	OR		AMEND	DED (A))							
I certify that I have	examined thi	s Statement and to	the best of	of my know	wledge ar	nd belie	f it is	true,	correc	ct and	comple	ete.		
Type or Print Name	of Treasurer	Pascal, Harry, , ,												
Signature of Treasure	er <i>Pascal</i>	Harry, , ,		[El	ectronicall <u>'</u>	y Filed]		ate	М	M /	17	/	20′	18
NOTE: Submission of		ous, or incomplete in		-		_	-				penaltie	s of 2	U.S.C.	§437g.
Office Use					further in			tact:			FEC	FOF		

Toll Free 800-424-9530

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion 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 Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital 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 is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		. ago C
Turnout PAC		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dershin PAC Sponsor
		dership i No oponsor
Progressive Turnout Pr	'ojecτ 	
Mailing Address	PO Box 617614	
· ·		
	Chicago IL 6066	61
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
 Custodian of Records: Identification books and records. Pascal, Hair Full Name 	ify by name, address (phone number optional) and position of the person in ry, , ,	
Mailing Address		
	Chicago IL 606	
Title or Position	CITY STATE	ZIP CODE
Treasurer		
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Pascal, Har	ry, , , ,	
Mailing Address	PO Box 617614	
		61
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

FEC Fo rm	1 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	<u> </u>	
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, holds are or maintains funds. Depository, etc. CBIC Bank USA	ccounts, rents
Mailing Address	1000 Green Bay Rd	
	Winnetka IL 60093	
	CITY STATE ZIF	P CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY STATE ZIF	CODE

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Progressive Take	over		
Mailing Address	PO Box 618154		
	Chicago	IL L	60661
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositors, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

1.	g Participant:			
		FEC II	0 number	С
2.		FEC II	0 number	С
3.		FEC II	0 number	C
4.		FEC II) number	С
lame of Any Connected	Organization, Affiliated Committee, Join	Fundraising Rep	presentative	e, or Leadership PAC Spons
Mailing Address	PO Box 618293			
	Chicago	1	IL	60661
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Full Name	by name, address (phone number – option			
Mailing Address				
TITLE OR POSITION	CITY A		STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	Telephone N		ZIP CODE A
Sanks or Other Depositor afety deposit boxes or ma	ries: List all banks or other depositories in	Telephone N	umber	
Banks or Other Depositor afety deposit boxes or ma	ries: List all banks or other depositories in	Telephone N	umber	