

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |   |   |  |
|---|---|---|--|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00086582 | <b>2</b> Total pages filed:<br>5                                       |
| <b>3</b> COMMITTEE NAME<br>Our America  |   | <b>OFFICE USE ONLY</b>                                      |  |
|   |   | Date Received<br>ELECTRONICALLY FILED<br>01/07/2025         |  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>322 Beverly Dr<br><br>Wilmette, IL 60091                  |   |  |
|   | Date Hand-delivered or Date Postmarked  |   |  |
|   | Receipt #   | Amount  |  |
|   | Date Processed  |   |  |
| Date Imaged   |   |   |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST   | MI   |
|   |   | Julie   |  |
|   |   | NICKNAME  | LAST SUFFIX  |
|   |   |   | Cho  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>322 Beverly Dr<br><br>Wilmette, IL 60091 |   |  |
|   | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>715 Sheridan Rd.<br><br>Wilmette, IL 60091                |   |  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>322 Beverly Dr<br><br>Wilmette, IL 60091 |   |  |
|   | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>715 Sheridan Rd.<br><br>Wilmette, IL 60091                |   |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |
|   |   | (312) 296-0627  |  |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15  | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Dissolution (Attach PAC-DR)                   |
|   | <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election            | <input type="checkbox"/> 10th day after campaign treasurer termination |
|   |   | <input type="checkbox"/> Runoff                             |  |
|   |   |   |  |
| <b>10</b> PERIOD COVERED  | Month Day Year  | THROUGH   | Month Day Year   |
|   | 07/01/2024  |   | 12/31/2024   |
| <b>11</b> ELECTION  | ELECTION DATE   | ELECTION TYPE   |  |
|   | Month Day Year  | <input type="checkbox"/> Primary                            | <input type="checkbox"/> Runoff <input type="checkbox"/> Other         |
|   |   | <input checked="" type="checkbox"/> General                 | <input type="checkbox"/> Special                                       |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Our America | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00086582 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |    |      |
|-------------------------------|---|----|------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 0.00 |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | 0.00 |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ | 0.00 |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ | 0.00 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 0.00 |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Julie Cho  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

|  |   |
|--|---|
| <b>17</b> COMMITTEE NAME<br>Our America  | <b>18</b> Filer ID (Ethics Commission Filers)<br>00086582 |
| <b>19</b> SCHEDULE SUBTOTALS   | SUBTOTAL AMOUNT   |
| NAME OF SCHEDULE   |   |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 0.00   |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 0.00   |
| 3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0.00   |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9. <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0.00   |
| 10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS             | \$ 0.00   |
| 11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                     | \$ 0.00   |
| 12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS            | \$ 0.00   |
| 13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                | \$ 0.00   |
| 14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                     | \$  |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER      | \$  |

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 4/5

2 FILER NAME  
Our America

3 Filer ID (Ethics Commission Filers)  
00086582

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/5  |
| <b>2</b> FILER NAME<br>Our America   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086582   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> Employer (See Instructions)  |