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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVET

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OMOFIECOMAIL CENTER

1. NAME OF COMMITTEE (in full)	(Check if no is changed)	•	typing, type 12FE	4M5		
JACKSON EATON FO	R CONGRES	S				
ADDRESS (number and street)	2335 W. LIVI	NGSTON ST.,	# P2A			
(Check if address is changed)	ALLENTOW	V	PA	18104		
		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRES	COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) IJACKSONEATONFORCONGRESSFEC@GMAIL.COM					
(Check if address is changed)						
COMMITTEE'S WEB PAGE ADD (Check if address is changed)		SONEATONFO	PRCONGRESS.CC	PM		
2. DATE 11 15	° ′ 20111 ′ ′			•		
3. FEC IDENTIFICATION NUMBER C TO BE ASSIGNED						
4. IS THIS STATEMENT	NEW (N)	OR A	MENDED (A)			
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 DAVID NATHAN MELMAN						
Signature of Treasurer	Darish	melman	Date	11" ′ 15" ′ 2011 ′ ′		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use		Federa	rther Information contact: d Election Commission ee 800-424-9530	FEC FORM 1 (Revised 02/2009)		

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TYP	E OF C	OMMITTEE	
Can	ıdidate	e Committee:	
(a)	\times	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. (Compleinformation below.)	ete the candidate
Nam Cand	e of didate	J. JACKSON EATON	لنسسي
	didate / Affiliati	on DEM Office Sought: House Senate President	State PA
•			District 15
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
		Corporation Wo Capital Stock	_abor Organization
			Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	oooporuuvo
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segr	enated fund or narty
(-)	Ц	committee. (i.e., nonconnected committee)	ogalou iono el party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least bite of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	Com	Total Control of the	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.		. '

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	Vrite or Type Committee Nam	е
J	ACKSON EATON F	OR CONGRESS
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
ı		
ī	1 1 1 1 1 1	
_	Mailing Address	
	Walling Address	
		CITY STATE ZIP CODE
	Relationship: Connecte	od Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Ide	ntify by name, address (phone number optional) and position of the person in possession of committee
	Full Name	NATHAN MELMAN
	Mailing Address	1908 W. ALLEN ST.
		ALLENTOWN PA 18104 -
	Title or Position	CITY STATE ZIP CODE
	TREASURER	Telephone number [610,] - [432,] - [500,1,]
8.	Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name of Treasurer	NATHAN MELMAN
	Mailing Address	1908 W. ALLEN ST.
		ALLENTOWN PA 18104 -
	Title or Position	CITY STATE ZIP CODE

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
		elephone number	
			
Banks or Other Deposit safety deposit boxes or n	t ortes: List all banks or other depositories in which naintains funds.	the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depositor			
			•
LAF/	AYETTE AMBASSSADOR BANK,		
Mailing Address	4127 W, TILGHMAN, S.T.		
		<u> </u>	
	ALLENTOWN,	PA PA	18104
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	ry, etc.		
			
Mailing Address		 	
			
		لنا لبب	لىسا-لىسا
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** 1/15/12 Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 1/19/12