

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2018 MAY 1 Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

DONALD EASON JR FOR CONGRESS

ADDRESS (number and street)  PO BOX 88153

(Check if address  
is changed)

INDIANAPOLIS

CITY ▲

I N

46208

STATE ▲

ZIP CODE ▲

## COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

donald@donaldeasonjr.com

Optional Second E-Mail Address

## COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

/  /

3. FEC IDENTIFICATION NUMBER ►

4. IS THIS STATEMENT

NEW (N)

AMENDED (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

E. LOIS THOMAS

Signature of Treasurer

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further Information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 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 candidate information below.)

Name of Candidate

DONALD EASON JR

Candidate Party Affiliation

REP

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:**

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

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 fund or party committee. (i.e., nonconnected committee)

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

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g)  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.

(h)  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.  FEC ID number  C
2.  FEC ID number  C
3.  FEC ID number  C
4.  FEC ID number  C

Write or Type Committee Name

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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[REDACTED]  
[REDACTED]

Mailing Address

[REDACTED]  
[REDACTED]  
[REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name

[REDACTED] E. LOIS THOMAS [REDACTED]

Mailing Address

[REDACTED]  
[REDACTED]  
[REDACTED] INDIANAPOLIS [REDACTED] IN [REDACTED] 46208 [REDACTED]

Title or Position

CITY

STATE

ZIP CODE

TRESURER

Telephone number

[REDACTED]-[REDACTED]-[REDACTED]

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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  
of Treasurer

[REDACTED] E. LOIS THOMAS [REDACTED]

Mailing Address

[REDACTED]  
[REDACTED]  
[REDACTED] INDIANAPOLIS [REDACTED] IN [REDACTED] 46208 [REDACTED]

Title or Position

CITY

STATE

ZIP CODE

TRESURER

Telephone number

[REDACTED]-[REDACTED]-[REDACTED]

Full Name of  
Designated  
Agent

Donald Eason

Mailing Address

12537 623rd Corp OG

Indianapolis

CITY

IN

46236

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

317-1645-3084

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.

FIFTH THIRD BANK

13681 E 116th St

INDIANAPOLIS FISHERS

IN

46037

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

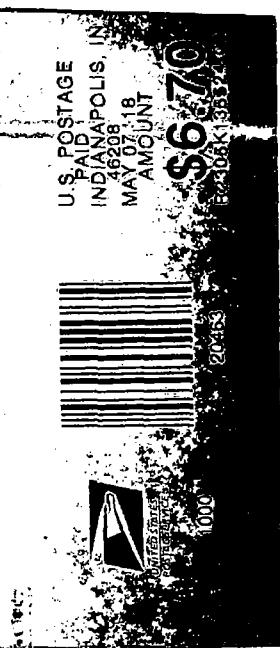
Mailing Address

CITY

STATE

ZIP CODE

CERTIFIED MAIL



5029 32203 2000 0560 8107

Donald Eason  
PO Box 88153  
Indianapolis, IN 46208

REC'D  
RECEIVED  
CENTER  
AM 10:38  
8 MAY 1988

Federal Election Committee  
999 E Street, N. W.  
Washington DC 20463

20463-1

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	Postmarked	Date of Receipt
<input checked="" type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C) 5-7-18
<input type="checkbox"/>	USPS Priority Mail	Postmarked
<input type="checkbox"/>	USPS Priority Mail Express	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
<i>mf</i> PREPARER (3/2015)		5-14-18 DATE PREPARED