

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2015 JUL -6 PM 12:31

Office Use Only

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

12FE4M5

Evan Thomas for Congress Committee

ADDRESS (number and street)

41739 Firenze St

(Check if address  
is changed)

Lancaster

CA

93536

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

treasurer@thomas4congress.org

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

<http://www.thomas4congress.org>

(Check if address  
is changed)

2. DATE **07** ' **1** ' **2015**

3. FEC IDENTIFICATION NUMBER

C00550194

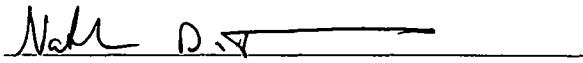
4. IS THIS STATEMENT  NEW (N)  AMENDED (A)

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

Natalie D. Thomas

Signature of Treasurer



Date

**07** ' **01** ' **2015**

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  
Only

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

FEC FORM 1  
(Revised 02/2009)

## 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

Evan Thomas

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

CA

District

25

(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
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> 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

## Evan Thomas for Congress Committee

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CITY

STATE

ZIP CODE

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

**Treasurer**

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Title or Position

CITY

STATE

ZIP CODE

\_\_\_\_\_  
\_\_\_\_\_

Telephone number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**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**Natalie D Thomas**

Mailing Address

**41739 Firenze St**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Title or Position

CITY

STATE

ZIP CODE

**Treasurer**

Telephone number

**661** **943** **0069** **\_\_\_\_\_**

Full Name of  
Designated  
Agent

Kathy Partch

Mailing Address

9824 Baden Ave

Chatsworth

CITY

CA

91311

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

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.

Mailing Address

Chase Bank

Name of Bank, Depository, etc.

Mailing Address

1140 W Ave K

Lancaster

CITY

CA

93534

ZIP CODE

PRESS FIRMLY TO SEAL



UNITED STATES  
POSTAL SERVICE®

TO SEAL

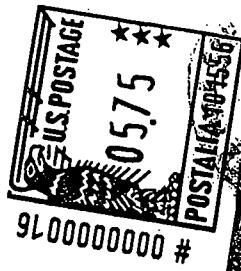
SECURITY MAIL

USPS TRACKING® #



9114 9999 4431 3089 3007 61

7690-16-000-7948  
Label 400 Jan 2013



POSTAL CENTER  
2013 JUL 6 PM 12:30

VISIT US AT [USPS.COM](http://USPS.COM)®

EP14W Sept 2014



## 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
<input type="checkbox"/>	Hand Delivered	
<input type="checkbox"/>	Postmarked	Date of Receipt
<input type="checkbox"/>	USPS First Class Mail	
<input type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/>	USPS Priority Mail	Postmarked 7/2/15
<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
PREPARER (3/2015)	<i>MP</i>	7/6/15 DATE PREPARED