

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

ELI JOHNSON

ADDRESS (number and street)

 (Check if address
is changed)

12482 Tropic Drive E

Jacksonville

FL

32225

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

eli.johnson1970@gmail.com

Optional Second E-Mail Address

eli.johnson1970@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
08 / 17 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00919886

4. IS THIS STATEMENT



NEW (N)

OR



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 JOHNSON, ELI, , MR,

Signature of Treasurer JOHNSON, ELI, , MR,

Date

M M / D D / Y Y Y Y
09 / 16 / 2025NOTE: 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

ELI JOHNSON**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****NONE**

Mailing Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

JOHNSON, ELI, , MR,

Full Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mailing Address

12482 Tropic Drive E

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Jacksonville

FL

32225

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURE

Telephone number

813 - 481 - 9996

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

JOHNSON, ELI, , MR,

Mailing Address

12482 Tropic Drive E

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Jacksonville

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32225

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURE

Telephone number

813 - 481 - 9996

Full Name of
Designated
Agent

JOHNSON, ELI, , MR,

Mailing Address

12482 Tropic Drive E

Jacksonville

FL

32225

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

813 - 481 - 9996

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.

VYSTAR CREDIT UNION

Mailing Address

1801 KERNAN BLVD

J

FL

32225

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲