

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

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Office Use Only  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

EUGENE DYKES CAMPAIGN FUND

ADDRESS (number and street) 105 2ND STREET

(Check if address is changed) BRAYMER MO 64624 - 0367

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  (Check if address is changed) eugenedykescampaignfunds@centurylink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address is changed) www.newmanontheblock.com

2. DATE 07<sup>th</sup> ' 20<sup>th</sup> ' 2012

3. FEC IDENTIFICATION NUMBER C

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 Gayle D. Bay

Signature of Treasurer *Gayle D. Bay* Date 07<sup>th</sup> ' 20<sup>th</sup> ' 2012

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.

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

FEC FORM 1  
(Revised 02/2009)

12030862307

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 LONNIE EUGENE DYKES

Candidate Party Affiliation N/A 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:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  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

12030862308

Write or Type Committee Name

EUGENE DYKES CAMPAIGN FUND

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

NONE

Mailing Address

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

12030862309

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 GAYLE D. BAY

Mailing Address 105 2ND STREET

BRAYMER MO 64624 - 0367

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 660 - 645 - 2275

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 GAYLE D. BAY

Mailing Address 105 2ND STREET

PO BOX 367

BRAYMER MO 64624 - 0367

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 660 - 645 - 2275

Full Name of Designated Agent

Mailing Address

Title or Position

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.

BANK NORTHWEST

Mailing Address

201 S. DAVIS STREET

HAMILTON

MO

64644

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

120308862310

Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked

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No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

  
PREPARER

7/26/12  
DATE PREPARED

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