Image# 12961223192				10/30/2012 15 : 28
FEC FORM 1	STATEMEN ORGANIZA		Offi	PAGE 1 / 5
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	· · · · ·
COMMITTEE (in full)	is changed)	over the lines.		
Hykes For The A	merican Dream			
ADDRESS (number and street)	P O Box 87323			
(Check if address is changed)				
	Atlanta		GA 3033	37          -
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	darrell.hykes@gmail.co	<b>m</b>		
	Optional Second E-Mail Add	lress		
	hykes2012@hotmail.			
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
2. DATE 09 / 29				
3. FEC IDENTIFICATION NU	IMBER ► C co	0497834		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
T	Temeka Evette Hykes			
Type or Print Name of Treasurer				
Signature of Treasurer	za Evette Hykes	[Electronically Filed]	Date	30 / Y Y Y Y 2012
NOTE: Submission of false, errone	eous, or incomplete information r ANY CHANGE IN INFORMATIC			penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	•			
	F	EC For	m 1 (Revised 02/2009)	Page <b>2</b>
5.			OMMITTEE	
	Cano		Committee:	
	(a)	X	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. (Complet information below.)	te the candidate
	Name Candio		Darrell Hykes	
	Candio		Office	State GA
	Party	Affiliatio	on Sought: House Senate X President	District 00
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candio			
	Party	y Com	mittee:	
	(d)			emocratic, publican, etc.) Party.
	Politi	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	cted organization is a:
			Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one 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 or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	nittees Participating in Joint Fundraiser	
		1.		
		2.		· · · · · · · · · · · · · · · · · · ·
		3.		
				· · · · · · · · · · · · · · · · · · ·
		4.		

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Write or Type Committee Name

## Hykes For The American Dream

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

	Mailing Address		
		CITY	STATE ZIP CODE
	Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone number op	tional) and position of the person in possession of committee
		vette Hykes	
	Full Name		
	Mailing Address	P O Box 87323	
		Atlanta	GA 30337
	Title or Position	CITY	STATE ZIP CODE
			404  510  6066    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	Temeka Evette Hykes
Mailing Address	P O Box 87323
	Atlanta
	CITY STATE ZIP CODE
Title or Position Treasurer	Image:

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		I										
Mailing Address																												
																					L							
								CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																												
												Tel	eph	ione	e ni	umt	ber											

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.

Gar	dner Bank	
Mailing Address	P O Box 429	
	Gardner	KS66030-0429
	CITY	STATE ZIP CODE
Name of Bank, Deposite	ory, etc.	
L		
Mailing Address		
	CITY	STATE ZIP CODE

## :97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: F1N Transaction ID :

Gardner Bank Phone #:

Form/Schedule: Transaction ID: