

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2018 APR 25 PM 12:19

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

NEAL DIKEMAN FOR SENATE

ADDRESS (number and street)

PO BOX 19088

(Check if address is changed)

HOUSTON

CITY

TX

STATE

77224

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@dikeman.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.NEALDIKEMAN.COM

2. DATE

04 / 21 / 2018

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

Sara J. Tyler

Signature of Treasurer

[Handwritten Signature]

Date

04 / 21 / 2018

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)

201804250200559547

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 NEAL M. DUKAKIAN

Candidate Party Affiliation LIB Office Sought:  House  Senate  President State TX 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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

201804250200359548

Write or Type Committee Name

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

NONE

Mailing Address

[Empty address fields]

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

KAREN LYNN DIKEMAN

Mailing Address

P.O. BOX 19088

HOUSTON

TX

77224

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

[Empty phone number fields]

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

SARA JEAN TYLER

Mailing Address

P.O. BOX 19088

HOUSTON

TX

77224

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

[Empty phone number fields]

20104250200359549

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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 OF TEXAS [Grid]

Mailing Address

12764 MEMORIAL DR [Grid]

[Grid for Mailing Address Line 2]

HOUSTON TX 77024 [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

201804250200359550

5(g) or (h). **Joint Fundraising Participant:**

- 1. \_\_\_\_\_ FEC ID number C
- 2. \_\_\_\_\_ FEC ID number C
- 3. \_\_\_\_\_ FEC ID number C
- 4. \_\_\_\_\_ FEC ID number C

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

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

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

\_\_\_\_\_

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

CITY ▲ STATE ▲ ZIP CODE ▲

201804250200559551

PRESS FIRMLY TO SEAL

# PRIORITY MAIL <sup>TM</sup> EXPRESS

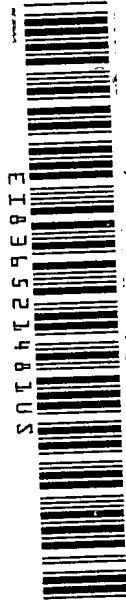
FASTEST SERVICE IN THE U.S.

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CUSTOMS DECLARATION  
FORM MAY BE REQUIRED.



July 2013 OD: 12.5 x 9.5

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<b>ORIGIN (POSTAL SERVICE USE ONLY)</b>		<b>Day of Delivery</b>		<b>Postage</b>	
PO ZIP Code	11024	<input type="checkbox"/> Next	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	\$ 24.70
Date Accepted	04/18	<b>Scheduled Date of Delivery</b>		<b>Return Receipt Fee</b>	
Mo. Day Year	04 18	Month	Day	\$	
Time Accepted	AM	<b>Scheduled Time of Delivery</b>		<b>COD Fee</b>	
<input type="checkbox"/> AM		Mo. Day Year	Time	\$	
<input type="checkbox"/> PM		Mo. Day Year	Time	<b>Insurance Fee</b>	
<input type="checkbox"/> PM		Mo. Day Year	Time	\$	
<b>Flat Rate</b> <input type="checkbox"/> <b>or Weight</b> <input type="checkbox"/>		<input type="checkbox"/> Non	<input type="checkbox"/> 3PM	<b>Total Postage &amp; Fees</b>	
lbs. ozs.		<input type="checkbox"/> Military		\$ 24.70	
		<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 3rd Day	<b>Acceptance Emp. Initials</b>	
		<b>Int'l Alpha Country Code</b>			
<b>FROM: (PLEASE PRINT)</b>		IE 1836521481US			
Sen. T. Lee		1007 2 APR 18			
Senate Post Office		Screened by CAS			
11024		2219			

**FOR PICKUP OR TRACKING**  
 Visit [www.usps.com](http://www.usps.com)  
 Call 1-800-222-1811

U.S. POSTAGE  
 PAID  
 HOUSTON, TX  
 77024  
 APR 22 18  
 AMOUNT  
**\$24.70**  
 R2304E106827-16

**EXPRESS MAIL**  
 UNITED STATES POSTAL SERVICE®  
 Addressee Copy  
 Label 1-B, March 2004

<b>DELIVERY (POSTAL USE ONLY)</b>		<b>Employee Signature</b>	
Mo. Day	Time	Mo. Day	Time
04 18	10:18 AM		
<b>DELIVERY ATTEMPT</b>		<b>Employee Signature</b>	
Mo. Day	Time	Mo. Day	Time
<b>DELIVERY DATE</b>		<b>Employee Signature</b>	
Mo. Day	Time	Mo. Day	Time

**CUSTOMER USE ONLY**

**NO DELIVERY** (Weekend/Holiday)

**MAILER SIGNATURE**

TO: (PL NT) E I 1836521481US

77024

ZIP 4-4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

2 6 5 7 7 6

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

259653002052708102

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_

USPS PRIORITY MAIL <sup>Postmark</sup> **4/21/18** \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

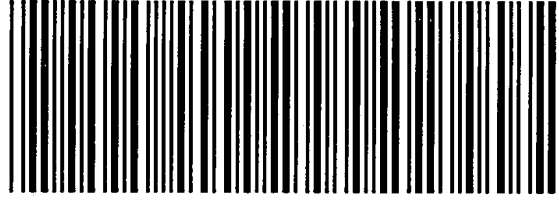
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

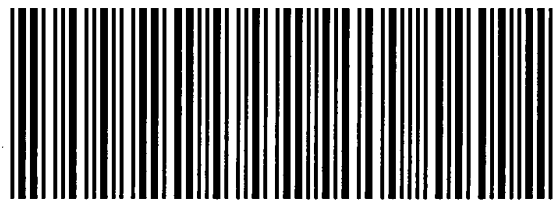
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **BP** DATE PREPARED **4/25/18**

201804250200359653



SEN PATCH



SEN PATCH

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