

FEC
FORM 1

STATEMENT OF
ORGANIZATION

15 SEP 14 - AM 11:27

Office Use Only

12FE4M5

1. NAME OF
COMMITTEE (in full)

☐ (Check if name is
changed)

Example: If typing, type
over the lines.

John Dickerson for Senate

ADDRESS (number and street) PO Box 20270

☐ (Check if address is
changed)

Indianapolis
CITY

IN
STATE

46220
ZIP CODE

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

☒ (Check if address is
changed)

chctribble@msn.com; admin@evanskatz.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is
changed)

http://johndickersonforsenate.com

2. DATE

08/31/2015

3. FEC IDENTIFICATION NUMBER

C C00583559

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

Hope C. Tribble

Signature of Treasurer

Hope C. Tribble

Date 9/5/2015

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				
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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)

201509140200239964

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

John Martin Dickerson

Candidate

Party Affiliation

DEM

Office
Sought☐ House☒ Senate☐ President

State

IN

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. _____
2. _____
3. _____
4. _____

FEC ID Number

C

FEC ID Number

C

FEC ID Number

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FEC ID Number

C

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Write or Type Committee Name

John Dickerson for Senate

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

NONE

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 Hope C. Tribble

Mailing Address 3210 Washington Blvd

Indianapolis

CITY

IN

STATE

46205

ZIP CODE

Title or Position

Treasurer

Telephone Number

8. Treasurer: List the name, 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 Hope C. Tribble

Mailing Address 3210 Washington Blvd

Indianapolis

CITY

IN

STATE

46205

ZIP CODE

Title or Position

Treasurer

Telephone Number

(202) 548-0880

201509140200239966

Full Name of
Designated
Agent

Michael R Carney

Mailing Address 2979 North Collins Rd

Vincennes

CITY

IN

STATE

47591

ZIP CODE

Title or Position

Assistant Treasurer

Telephone Number (202) 548-0880

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.

The National Bank of Indianapolis

Mailing Address 107 North Pennsylvania St

Indianapolis

CITY

IN

STATE

46204

ZIP CODE

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address 1825 K Street NW

Washington

CITY

DC

STATE

20006

ZIP CODE

201509140200239967

ate

FOR
INSPECTION

United States Senate
Post Office

FOR
INSPECTION

United States Senate
Post Office

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PRESS FIRMLY TO SEAL



1007



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FROM: (PLEASE PRINT)

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PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED: Note: The mailer must check the Signature Required box if the mailer: (1) requires the addressee's signature, OR (2) purchases additional insurance, OR (3) purchases COD service, OR (4) purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
* Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE () - () - ()

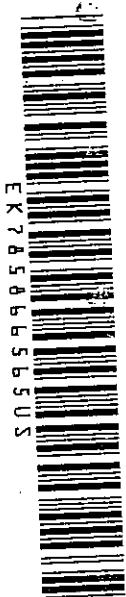
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A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED



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United States
Post Office

Screened by 24
Senate Post Office

SEP 10 2015

SEP 10 2015
Pro State

ORIGIN (POSTAL SERVICE USE ONLY)

☐ Military ☐ DPO

Date Accepted (MM/DD/YYYY)	Scheduled Delivery Date (MM/DD/YYYY)	Postage	Insurance Fee	COD Fee
4/10/2015	4/10/2015	\$ 1.14	\$ 0.00	\$ 0.00
Time Accepted	Time	Return Receipt Fee	Live Arrival Transportation Fee	
10:30 AM	10:30 AM	\$ 0.00	\$ 0.00	
Weight lbs.	Rate	Total Postage & Fees		
1.3	\$ 1.14	\$ 1.14		
DELIVERY (POSTAL SERVICE USE ONLY)				
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature		
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature		

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996

3-ADDRESSEE COPY

896652002071605UNITED STATES

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 _____
Postmark
USPS PRIORITY MAIL **9/9/15**
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 ☐ POSTMARK ☐

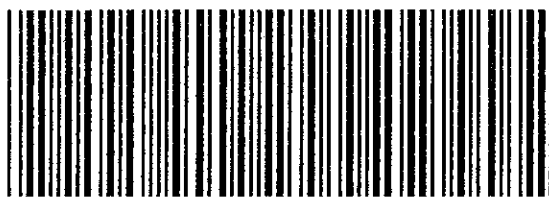
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

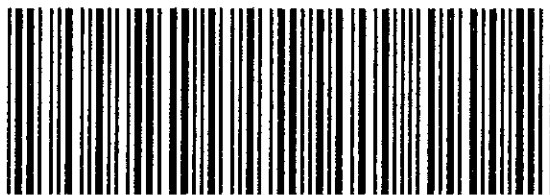
PREPARER **MN** DATE PREPARED **9/14/15**

2/28/2015

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SEN PATCH



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