RECEIVED

2012 NOY -5 AM 9: 38

Committee Name:

FEC MAIL CENTER

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MARYLAND DEMOCRATIC TRUST FUND

If registered, FEC ID:

Today's Date:

10/29/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name: RICHARD KEVINSTON

, Treasurer

FEC FORM 1	STATEMEN ORGANIZA		2	RECEIVED TO DIZ NOV -5 AM 9:38
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: if typing, type over the lines.	12FE4M5	
MARYLAND DE		ŲSŢ FŲŅŊ		
		<u></u>		
ADDRESS (number and street)	P. O. BOX 839)4		
(Check if address is changed)		CH	_I FL	<mark>33482</mark> _ -[]
	c	ITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS (Please provide only one e-n UnitedStatesD	nail address))emocraticTrust	Fund@	yahoo.com
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
(Check if address is changed)				
2. date Ï0 ^{™ ′} Ž	9°′Ž012Č			
3. FEC IDENTIFICATION 1	NUMBER C			
4. IS THIS STATEMENT		AMENDED (A)		
I certify that I have examined	this Statement and to the best of		is true, correct	and complete.
Type or Print Name of Treasur	" RICHARD KE	VINSTON		
Signature of Treasurer	Kuff		Date 10	* ´ 29° ´ 2012 `
NOTE: Submission of false, erro	neous, or incomplete information m			
Office		For further information co		EEC EOPM 1

Office	For further information contact: Federal Election Commission	FEC FORM 1
Use Only	Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

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FEC Form 1 (Revised 02/2009)

5.	TYPE	OFC	OMMITTEE
	Can	didate	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 Candi		<u></u>
	Candi Party	idate Affiliatio	on Office State State State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Part	v Con	nmittee:
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.
	Polit	ical A	ction 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)	\mathbf{X}	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	Fund	raising 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.
		•	
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	FEC ID number
		3.	FEC ID number C
		4.	FEC ID number C

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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

MARYLAND DEMOCRATIC TRUST FUND

6. Name of Any Connected	Organization	, Annais																	
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Mailing Address									1		11					1			
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			CIT	Υ						STAT	Ε			Z	IP C	COE	Ε		
Relationship: Connecte	d Organizatio	on Affi	CIT liated C		ttee [joi	nt Fun	Idraisi				ive						Spo	nsor
Relationship: Connecte 7. Custodian of Redords: Ide books and records.			liated C	Commi					ng R	epres	entat		·	.eac	erst	nip F	PAC		
7. Custodian of Redords: Ide books and records.		e, address	liated C	Commit					ng R	epres	entat		·	.eac	erst	nip F	PAC		
7. Custodian of Redords: Ide books and records.	ntify by name	e, address	liated C s (phon STO	Commit le num					ng R	epres	entat		·	.eac	erst	nip F	PAC		

DELRAY BEACH IFL | **33482** . Title or Position CITY STATE ZIP CODE GOVERNMENT RELATIONS DIRECTOR |561 1945 |_|2234 Telephone number

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer		
Mailing Address	P. O. BOX 8394	
		L
	CITY STATE ZIP CODE	_
Title ar Position	Telephone number 561 - 945 - 2234	

FEC Form 1 (Revised 02/2009)

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Full Name of Designated	1		1
Agent		<u></u>	
Mailing Address	·	<u>I I., I. I., I</u>	<u> </u>
	<mark><mark><mark></mark> <mark><mark>, , , , , , , , , , , , , , , , ,</mark></mark></mark></mark>	┟╌┟┈┟╌┟╌╷	
Title or Position			
	Telephone	number]-[]-[]
	Depositories: List all banks or other depositories in which the con exes or maintains funds. Depository, etc.	nmittee deposits	funds, holds accounts, rents
,			
		<u> </u>	
Mailing Address	6473 WEST ATLANTIC AVENUE		
		J [FL]	33484
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
	L		
Mailing Address			
	CITY	STATE	ZIP CODE

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Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Conf	firmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Date o	Receipt or Postmarked
Amp	11/5/12
PREPARER (3/2005)	DATE PREPARED

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