FEC

STATEMENT OF

RECEIMP

2012 NOV 15 AM 11: 28

E.R

FORM 1		ORGANIZA	ATION		Office Usf E.C MAIL CENT
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
PENNSYL	VANIA R	EPUBLIÇAN	I EXECUTIVE B	OARD	
ADDRESS (number a	nd street)	O. BOX 667	7313		
(Check if an is changed)		OMPANO BE	EACH	FL	33066
		C	CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	ease provide only one e-r	mail address) ExecutiveBoard	ds@gma	il _r com
COMMITTEE'S WEB	PAGE ADDRES	3 (URL)			
(Check if is change	address				
2. DATE 11	l ⁼ ′ 10° ′	Ž01Ž Č			
3. FEC IDENTIFE	CATION NUMBE	r C			
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have on Type or Print Name	p	PETERSON	of my knowledge and belief it	is true, correct a	and complete.
Signature of Treasure	er Lete	Toos Trup		Date 11 [™]	′ 10° ′ 20′12 °
NOTE: Submission of		•	nay subject the person signing the DN SHOULD BE REPORTED WI		he penalties of 2 U.S.C. §437g.
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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5.		PE OF 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					
	Cand Party	idalə Affiliatio	Office Sought: House Senate President	State District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Cand					
	Part	y Con	mittee:			
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
	Polif	tical A	ction Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:		
			Corporation Wo Capital Stock	Labor Organization		
			Membership Organization Trade Association	Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated 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.)			
	Join	t Fund	raising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 toommittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
		Com	mittees Participating in Joint Fundraiser			
		1.	FEC ID number C			
		2.	FEC ID number C			
		3.	FEC ID number C			
		4.	FEC ID number C			

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_	Write or Type Committee Name	θ	
	PENNSYLVANI	A REPUBLICAN EXECUTIVE BOARD	
6.	Name of any Connected	Organization, Arfillated Committee, Joint Fundralsing Representative, or Lead	ership PAC Sponsor
ا	ΝΟΝΕ		
L			
	Mailing Address		
	-		 1
		CITY STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
	Full Name PETE	ŖŞON TRUMP	
		IP. O. BOX 667313	
	Mailing Address		
		POMPANO BEACH FL 330	066
	Title or Position	CITY STATE	ZIP CODE
	FINANCE DIREC	Telephone number 954 –	[268,]-[8672
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name of Treasurer	RSON TRUMP	
	Mailing Address	P. O. BOX 667313	1 1 1 1 1 1
			<u> </u>
		POMPANO BEACH FL 330	066 -
	Title or Position	CITY STATE	ZIP CODE
	TREASURER	Telephone number 954 –	268 _ 8672

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Full Name of Designated	1	
Agent		
Mailing Address		
		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	<u></u>
Banks or Other	 Depositories: List all banks or other depositories in which the committee deposits functions or maintains funds. 	ands, holds accounts, rents
carety copeen a		
Name of Bank,	Depository, etc.	
Name of Bank,		
Name of Bank,	Depository, etc.	
Name of Bank, Mailing Address	WELLS FARGO	
	WELLS FARGO	
	WELLS FARGO	
	WELLS FARGO [400 EAST SAMPLE ROAD [POMPANO BEACH] [FL]	
	WELLS FARGO	33064 1 -
	WELLS FARGO [400 EAST SAMPLE ROAD [POMPANO BEACH] CITY STATE	
Mailing Address	WELLS FARGO [400 EAST SAMPLE ROAD [POMPANO BEACH] CITY STATE	
Mailing Address	WELLS FARGO 400 EAST SAMPLE ROAD [POMPANO BEACH IFL CITY STATE Depository, etc.	
Mailing Address	WELLS FARGO 400 EAST SAMPLE ROAD [POMPANO BEACH IFL CITY STATE Depository, etc.	
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Federal Election Commis ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing to	COMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 11/13/2012
Delivery Confirmation™ or Signatu	re Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Nex	t Business Day Delivery
Received from House Records & Registration Of	Date of Receipt fice
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PY	11/30/2012
PREPARER (2/2005)	DATE PREPARED
(3/2005)	. •