FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1		ORGANIZATION			FEC MAIL CENTER	
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4N	15	
ARKANSA	SREF	PUBLICAN LE	ADERSHIP FE	DERAL	COMMITTEE	
ADDRESS (number a	nd street)	P. O. BOX 74	41274			
(Check if address is changed)		BOYNTON	BEACH	FL	33474	
			СПУ	STATE	ZIP CODE	
COMMITTEE'S E-MA	address	S (Please provide only one RepublicanL	e-mail address) eadershipComi	mittees@	Dyahoo.com	
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)				
(Check if is change				 		
2. DATE 10)" [′] 24	° ′ 2012				
3. FEC IDENTIFIC	CATION NU	IMBER C				
4. IS THIS STATE	MENT 🛛	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 EDWARD BUSH						
Signature of Treasure	er	Ederand	Bush	Date	0°′24°′2012°	
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			For further information Federal Election Common Toll Free 800-424-9530	nission	FEC FORM 1 (Revised 02/2009)	

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<u>.</u>	TYPE OF C	COMMITTEE								
	Candidate	te 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		ل							
	Candidate Party Affiliation	Office State on Sought: House Senate President District								
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate									
	Party Com	nmittee: (National, State (Democratic,								
	(d)	This committee is a consumption of the committee of the committee is a consumption of the committee of the committee is a consumption of the committee of the committee is a consumption of the committee of the committee is a consumption of the committee of the committee is a consumption of the committee of the committee is a consumption of the committee of the committee of the committee is a consumption of the committee of the c	<u>.</u>							
	Political A	ction Committee (PAC):								
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	а:							
		Corporation Wo Capital Stock Labor Organization								
		Membership Organization Trade Association Cooperative								
		In addition, this committee is a Lobbyist/Registrant PAC.								
	(f) 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 Lebbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	1-1-4									
	Joint Fund	Iraising 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 C								
	3.	FEC ID number C								
	4.									

Page 3 FEC Form 1 (Revised 02/2009) Write or Type Committee Name ARKANSAS REPUBLICAN LEADERSHIP FEDERAL COMMITTEE ' Name of Any Connected Organization, Affiliated Committee, Soint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Relationship: Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. EDWARD BUSH Full Name Mailing Address **BOYNTON BEACH** Title or Position CITY STATE ZIP CODE Telephone number 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 DWARD BUSH of Treasurer Mailing Address

CITY

Telephone number

Title or Position

FEC Form 1 (F	Revised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address		11111	
		4.4.4.4	
	СПУ	STATE	ZIP CODE
Title or Position			
	Telephone n	umber	
safety deposit boxes o Name of Bank, Depos		nittee deposits	funds, holds accounts, rents
safety deposit boxes o Name of Bank, Depos	or maintains funds. uitory, etc.		funds, holds accounts, rents
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PY	10/31/2012
PREPARER	DATE PREPARED

(3/2005)