## STATEMENT OF

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FORM 1 ORGANIZATION				(	MIN ICIONALII. 20	
				FEG. MAH, CENTER		
1. NAME OF COMMITTEE (in	n fuil)	(Check if name is changed)		imple:If typing, type r the lines.	12FE4M	5
ILLINOIS F	REPU	BLIÇAN LEA	.DERS	HIP FEDER	ĄL ÇQ	MMITTEE
ADDRESS (number a	nd street)	P. O. BOX	74127	<b>4</b>		
(Check if address					<del></del>	
is changed)	•	BOYNTON	BEAC	H	FL	33474
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only only only only only only only only		<sup>Idress)</sup> ershipCommi	ttees@	)yahoo.com
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)				
(Check if address is changed)						
		<u> </u>				
2. DATE TO		° ′ Ž011Ž Č	•			
4. IS THIS STATE	MENT 🔀	NEW (N)	R [	AMENDED (A)		
I certify that I have	examined th	is Statement and to the	best of my	knowledge and belief it	is true, corre	ct and complete.
Type or Print Name	of Treasure	EDWARD	BUSH	<b> </b>		
Signature of Treasure	er	leduaro	1 B	rush	Date 1	0°′ <b>24</b> °′ <u>2</u> 0′12
NOTE: Submission of		eaus, or incomplete inform	•			to the penalties of 2 U.S.C. §437g. S.
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	ı	FEC Fo	m 1 (Revised 02/2009)	Page 2				
5.	TYPE	E OF C	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 Cand	e of lidate						
		dida <b>l</b> o / Affiliati	Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Cand	e of lidate						
	Parl	ty Con	mittee:	• •				
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	Poli	tical A	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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.					
	<b>(f)</b>	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party				
			In addition, this committee is a Lebbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	loin	t Eune	raising Representative:					
			• .					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
		Com	mittees Participating in Joint Fundraiser					
		1.	FEC ID number C					
		2.						
		3.	FEC ID number C					
		4.						

Title or Position

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name ILLINOIS REPUBLICAN LEADERSHIP FEDERAL COMMITTEE Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative; or Leadership PAC Sponsor Mailing Address CITY STATE ZIP CODE **Affiliated Committee** Joint Fundraising Representative \_eadership PAC Sponsor Relationship: Connected Organization 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 of Treasurer Mailing Address

STATE

Telephone number

|561

ZIP CODE

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	1	elephone number	<u> </u>
safety deposit boxes Name of Bank, Dep	epositories: List all banks or other depositories in which so remaintains funds.  Ossitory, etc.  VELLS FARGO BANK	h the committee deposits fu	unds, holds accounts, rents
Mailing Address	1200 NORTH CONGRESS A	<del>'</del> <b>VENUE</b> , , , , ,	<del> </del>
Maning / Hadisəs		1 1 1 1 1 1 1 1 1	
	BOYNTON BEACH	FL.	33426
	СПҮ	STATE	ZIP CODE
Name of Bank, Dep	pository, etc.		
Ĺ	<del></del>		
Mailing Address			
	<u> </u>	ليا ليب	السلام السلام
	СПҮ	STATE	ZIP CODE

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Date of Other (Specify):	Receipt or Postmarked					

PREPARER (3/2005)

10/31/2012

DATE PREPARED