STATEMENT OF

RECEIVE"

FORM 1		ORGANIZ	ZATIC	ON		2012 001 31	
					<u>L</u>	Former use AnyL	CENTER
1. NAME OF COMMITTEE (in	r full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	5	
LOUISIAN	ARE	PUBLICAN LE	APE	RSHIP FED	ERAL (COMMITT	EE.
				<u> </u>			لببب
ADDRESS (number and street) P. O. BOX 741274							
(Check if a				<u> </u>		00474	لــــــــــــــــــــــــــــــــــــــ
is changed)		BOYNTON E	SEAC	H	FL	33474	لــــا
			CITY		STATE	ZIP CO	DE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one	e e-mail ad	iress)			
(Check if	address	Republicant	-eade	rshipÇommi	ttees@	yahoo.co	$\mathbf{m}_{\perp \perp \perp}$
is change							لببب
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)					
(Check if	address						
(Check if address is changed)							
2. DATE 10° ′ 24° ′ 2012 °							
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
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 EDWARD BUSH							
Signature of Treasurer Laurand Bush Date 10° 24° 20°12°							
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 of Federal Election Commission Toll Free 800-424-9530		FEC FOR	

1	F	EC Fo	m 1 (Revised 02/2009)	Page 2
5.		_	OMMITTEE Committee	
		alaate	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. (Cor information below.)	nplete the candidate
	Name Candi			
	Candi Party	ioate Affiliatio	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	у Соп	mittee:	
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Polit	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 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 s 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.)	
	Joint	t Eund	raising Representative:	•
		. rund		nuo ex mere political
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, st 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 tocommittees/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.		

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Write or Type Committee Nam	PUBLICAN LEADER	OCHID EEDE		
	Organization, Affiliated Committee, J			
NONE			11111	
Mailing Address				
			با ليا	لـــا-لـــا
	СПҮ		STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Sponsor
 Custodian of Records: ide books and records. 	ntify by name, address (phone number	optional) and position	n of the person in	possession of committee
Full Name	ARD BUSH			
Mailing Address	P. O. BOX 741274			
	BOYNTON BEACH		FL 334	174
Title or Position	CITY	\$	STATE	ZIP CODE
POLITICAL AFF	AIRS DIRECTOR	Telephone numb	per [561] -	<u> 444</u> - 5340
8. Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the o	committee; and the	name and address of
Full Name of Treasurer	ARD BUSH		<u> </u>	
Mailing Address	P. O. BOX 741274			
	BOYNTON BEACH	ر لسسس	FL 334	
Title or Position	CITY		STATE er 561, _	ZIP CODE 444 _ 5340
		Telephone numb	er [ŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢ	ا المنتقاء الليات ا

FEC Form 1 (Re	avised 0.2/2009)		Page 4
			
Full Name of Designated Agent			
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position			
<u> </u>	<u> </u>	elephone number	
safety deposit boxes or Name of Bank, Deposit WE Mailing Address		/ENUE	
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	ory, etc.		
			
Mailing Address			
		لبا لبي	
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
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USPS Express Mail	Postmarked				
Postmark Illegible	·				
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Busi	ness 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				
Other (Specify):	of Receipt or Postmarked				
PY	10/31/2012				
PREPARER	DATE PREPARED				

(3/2005)