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2012 NOV -5 AM 9: 40

FEC MAIL CENTER

Committee Name:

WYOMING 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

12030950558

STATEMENT OF

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FORM 1		ORGA	INIZA	ATIC	'N 			40V −5 ∞ N3000	AM 9:	
1. NAME OF COMMITTEE (in	full)	(Check if is change			ple:If typing, type the lines.	12FE		2 1 184 LE	. Carri	ER
WYOMING	PEM	OCRATIC	TRU	JŞŢ	FUND		111			لــــا
ADDRESS (number a	nd street)	P. O. BO	X 839	94				 		
(Check if an is changed)		DELRAY	BEA	СН		, FL	33	482	<u> </u>	
			C	CITY		STATE		ZIP (CODE	
COMMITTEE'S E-MA	address				ress) OcraticTru	ustFund	@yal	100.C	om .	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)								
(Check if is change										
2. DATE 10)" ['] 29'	´ 2012 `	4							
3. FEC IDENTIFIC	CATION NU	MBER	С							
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED (A	A)				
I certify that I have of		RICHAF		_	_	lief it is true, c	orrect and	complete		
Signature of Treasure	er 🗸	uff)	<u></u>	,		Date	10 °′	29 °	201 2	Ž
NOTE: Submission of		ous, or ind ompl ete in						penalties o	f 2 U.S.C. §	§437g.
Office Use Only					For further Informal Federal Election Com Toll Free 800-424-95 Local 202-694-1100	nmission		FEC F		

_	F	EC Fo	rm 1 (Revised 02/2009)	Page 2
5.	_		OMMITTEE	
	Can	didate	Committee:	
	(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below	w.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	emplete the candidate
	Name Cand	_		
	Cand Party	idate Affiliati	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	nmittee:	
	(d)		(National, State This committee is a 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 c	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.	Cooperative
	(f)	\bowtie	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	t Func	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 committees/organizations, none of which is an authorized committee of a federal candidate.	two 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		, ago o
-	EMOCRATIC TRUST FUND	
	ted Orgânization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONEIII	<u> </u>	
Mailing Address		
		111111
	CITY STATE	ZIP CODE
Relationship: Conf	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name	ÇHARD KEVINSTON	
Mailing Address	P. O. BOX 8394	
•		
	DELRAY, BEACH , , , , , , , , , , , , , , , , , , ,	3482
Title or Position	CITY STATE	ZIP CODE
GOVERNMENT	RELATIONS DIRECTOR Telephone number [561,].	_ [945,
8. Treasurer: List the name any designated agent (ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	e name and address of
Full Name of Treasurer	CHARD KEVINSTON	
Mailing Address	P. O. BOX 8394	
		111111
	DELRAY BEACH FL 133	482 -
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number [561]	_ 945 _ 2234

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nu	mber	
safety deposit boxes or ma Name of Bank, Depository,		ttee deposits	funds, holds accounts, rents
-	6473 WEST ATLANTIC AVENUE	- 111	
Mailing Address			
			
	[DELRAY BEACH	FL	[33484]
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	, etc.		
L		 	
Mailing Address		1 1 1 1 1	
		<u> </u>	
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	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
	ceipt or Postmarked
Other (Specify):	
Im 12	11/5/12
	, , , ,
PREPARER (3/2005)	DATE PREPARED