2012 NOV 15 AM II: 30 FEC MAIL CENTER

Committee Name:

IDAHO REPUBLICAN CLUB

If registered, FEC ID:

Today's Date:

11/10/2012

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:

PETERSON TRUMP

, Treasurer

12030961599

FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

2012 NOV 15 AM 11: 30

FORM 1		UNGAN	IZAIIC	/IY		COLCADA 12	All III 50
		··			-	Diffice Custofobily (CENTER
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M	5	
IDAHO RE	PUBL	ICAN ÇLUB					
		<u> </u>	1 1 1			<u> </u>	
ADDRESS (number a	nd street)	P. O. BOX	667313	3	1111		
(Check if an is changed)		POMPANO	BEAC	H	FL	33066	
			CITY		STATE	ZIP CO	DE
COMMITTEE'S E-MA	address	S (Please provide only o UnitedState		_{iress)} iblicanClubs	@gma	il.com	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)	· · · · · · · · · · · · · · · · · · ·	<u></u>	. <u></u>		
		1	1 1 1 1			1 1 1 1 1 1	1
(Check if is change							
2. DATE 11	" ′ ÎO"	' ′ 20 12					
3. FEC IDENTIFIC	CATION NUI	MBER C					
4. IS THIS STATE	MENT 🔀	NEW (N)	R	AMENDED (A)			
I certify that I have o	examined this	s Statement and to the	best of my k	nowledge and belief it	is true, corre	ct and complete.	
Type or Print Name	of Treasurer	PETERSO	N TRU	JMP			······
Signature of Treasure	ər <u> </u>	Reterson 7	Tump		Date 1	1" ′ 10" ′	Ż01Ž ′
NOTE: Submission of		ous, or incomplete information. INY CHANGE IN INFOR				•	U.S.C. §437g.
Office Use Only				For further Information co Federal Election Commission Toil Free 800-424-9530		FEC FOI (Revised 02	

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	luluate	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. (Co information below.)	implete the candidate
Nam Can	e of didate		
	didate	Office	State
Party	y Affiliati	on Sought: House Senate President	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam	e of didate		
			-
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected 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)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate 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.)	
	it Fund	Iraising 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.		
	2.		
	3.	FEC ID number C	
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		raye 3
IDAHO REPUB		
	Organization, Affiliated Committee, Joint Fundralsing Representative, or I	Leadership PAC Sponsor
NONE		
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the perso	on in possession of committee
Full Name PETE	ERSON TRUMP	
Mailing Address	P. O. BOX 667313	
	POMPANO BEACH FL [FL]	33066
Title or Position	CITY STATE	ZIP CODE
FINANCE DIREC	CTOR Telephone number 954	[268,
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name PETE of Treasurer	ERSON TRUMP	
Mailing Address	P. O. BOX 667313	
	POMPANO BEACH FL	33066
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 954	

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of			
Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone no	umber	
safety deposit boxes or Name of Bank, Deposit	tory, etc.	ittee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	ittee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	ittee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	ittee deposits	funds, holds accounts, rents
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(3/2005)

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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** 11/13/2012 Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): PREPARER DATE PREPARED