FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1				<u></u>		F EdmoMa	Umy CENTER
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	5	
NORTH CA	ROLIN	A REPUBLIC	AN LE	ADERSHIP	FEDER	AL CO	MMITTEE
				<u> </u>			
ADDRESS (number a	nd street)	P. O. BOX 74	41274	\$ 	111	1-1-1-1-	
(Check if a is changed)		BOYNTON B	SEAC	H	FL	33474	1 1
			CITY		STATE	ZI	P CODE
COMMITTEE'S E-M/	AIL ADDRES	S (Please provide only one					
(Check if	address	RepublicanL	eade	rshipCommi	ttees@	yahoo	.com
is change							
COMMITTEE'S WEE	PAGE ADD	RESS (URL)					
(Check if	address						
is change		<u> </u>	111				
2. DATE 10)° ′ 24°	´ 2012 `					
3. FEC IDENTIFIC	CATION NU	MBER C					
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)			
I certify that I have	examined this	s Statement and to the be	est of my	knowledge and belief it	is true, corre	ct and compl	ete.
Type or Print Name	of Treasurer	EDWARD B	JUSH				
Signature of Treasur	er	Eduard	Bus	<u>/</u>	Date 1)°′24°	' ŽO '12 `
NOTE: Submission of	-	ous, or incomplete information	-			•	s of 2 U.S.C. §437g.
Office Use Only				For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100			FORM 1 sed 02/2009)

l	F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
5.			OMMITTEE					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below)				
	(b)	ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name Candi							
	Candi	idate Affiliati	Office Sought: House Senate President	State				
	rany	Aimau	on Sought: House Senate President	District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Dort	v Con	nmittee:					
			(National, State This committee is a or subordinate) committee of the	(Democratic,				
	(d)			Republican, etc.) Party.				
		ical A	ction Committee (PAC):					
	(e)	Ш	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	•				
			Corporation Corporation w/o Capital Stock	Labor Organization				
			Membership Organization Trade Association	Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.					
	(1)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate s 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.)					
	loint	Eune	Iralsing Representative:	·				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for	wo or more political				
	(9)	Ш	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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
		Com	mittees Participating in Joint Fundraiser					
		1.						
		2.	-					
		3.	FEC ID number C					
		4.						

Page 3 FEC Form 1 (Revised 02/2009) Write or Type Committee Name NORTH CAROLINA REPUBLICAN LEADERSHIP FEDERAL COMMITTEE Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor ONE Mailing Address CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 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 INTON 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

CITY STATE ZIP CODE Title or Position TREASURER |561 _|5340 Telephone number

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Full Name of					
Designated Agent					
Mailing Address					
	CITY	STATE	ZIP CODE		
Title or Position					
	Telepho	one number			
safety deposit boxes or ma	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
Name of Bank, Depository	y, etc.				
ĮWĘL	LS FARGO BANK				
Mailing Address	200 NORTH CONGRESS AVEN	NUE, , , ,			
		<u> </u>			
	BOYNTON BEACH	ıl Etl	33426		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository	y, etc.				
ــــــ					
Mailing Address					
	CITY	STATE	ZIP CODE		

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Postmark Illegible	·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PY	10/31/2012
PREPARER	DATE PREPARED

(3/2005)