STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION			2012 OCT 31 AM 11: 59 FEOTOMOREMETER			
NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	· -	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OHIO REF	UBLI	CAN LEADE	RSHIF	FEDERAL	СОММ	ITTEE	لـــــا
ADDRESS (number a	nd street)	P. O. BOX	74127	4			
(Check if address is changed)		BOYNTON	BEAC	H	FL	33474	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) RepublicanLeadershipCommittees@yahoo.com (Check if address is changed)							
COMMITTEE'S WEE	PAGE ADI	DRESS (URL)					
(Check if is change							
2. DATE 10° ' 24° ' 20°12 '							
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATE	MENT X	NEW (N) O	R [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 Rolling Bush Date 10° 24° 2012							
NOTE: Submission of false, erroneous, or incomplete information Inday 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 Commissi Toll Free 800-424-9530		FEC FORI	

FE	C Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
(a)	date	Committee: This committee is a principal campaign committee. (Complete the candidate information below.)				
1						
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate					
Candida		Office C County C Sanata C Sanata	State			
Party A	muauc	on Sought: House Senate President	District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name o Candida						
Party	Com	nmittee:				
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Politic	al A	ction Committee (PAC):				
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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 se	egregated fund or party			
		committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lohbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising 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.					
	2.					
,	3.	FEC ID number C				
,	4.					

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'AUB	

Write or Type Committee Name				
OHIO REPUBLI	CAN LEADERSHIP FEDERAL C	OMMITTEE		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundralsing Represe	entative, or Leiddership PAC Sponsor		
NONE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mailing Address				
	CITY	TATE ZIP CODE		
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Re	presentative Leadership PAC Sponsor		
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position	of the person in possession of committee		
Full Name	ARD BUSH			
Mailing Address	P. O. BOX 741274			
	BOYNTON BEACH	FL 33474		
Title or Position	CITY ST	TATE ZIP CODE		
POLITICAL AFFA	NRS DIRECTOR Telephone number	. [561,]-[444,]-[5340,]		
8. Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the cossistant treasurer).	mmittee; and the name and address of		
Full Name of Treasurer	ARD BUSH			
Mailing Address	P. O. BOX 741274			
	2007201274			
		FL 33474 - ZIP CODE		
Title or Position TREASURER	Telephone number	1561 1 <i>444</i> 15340		

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Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	
Mailing Address	ELLS FARGO BANK 200 NORTH CONGRES	Ş AYENUE , , , , ,	
Mailing Address	200 NORTH CONGRES	S AYENUE, , , , ,	
			.00400
	BOYNTON BEACH		33426
	СІТҮ	STATE	ZIP CODE
Name of Bank, Depos	itory, etc.		
ι,			
L			
Mailing Address		 	
		للا للسلس	L
	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.

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Delivery Confirmation [™] or Signa	ture Confirmation™ Label			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
N€	ext Business Day Delivery			
Received from House Records & Registration C	Date of Receipt Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
PY	10/31/2012			
PREPARER	DATE PREPARED			

(3/2005)