Committee Name:

MAINE 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,

Veterar Trump

Treasurer's Name: PETERSON TRUMP

, Treasurer

	STATEMENT OF	RECEIVED
FEC FORM 1	ORGANIZATION	2012 NOV 15 AM 11:31
		ETEC MAIL CENTER
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
MAINE REPL		
ADDRESS (number and stre	P. O. BOX 667313	
(Check if address		
is changed)	NAME OF COMMITTEE (in full) Check if name is changed) Example: If typing, type over the lines. 12FE4M5 MAINE REPUBLICAN CLUB	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL AD		
(Check if addre		s@gmail.com
COMMITTEE'S WEB PAGE	E ADDRESS (URL)	
_	1	
	0	
3. FEG IDENTIFICATIO		
4. IS THIS STATEMENT		
I certify that I have examin	ned this Statement and to the best of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Trea	asurer PETERSON TRUMP	
Signature of Treasurer	beterson Trump	_{Date} 11″′10°′2012
NOTE: Submission of false,	erroneous, or incompleter Information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 02/2009)

5.	TYPE	OF C	OMMITTEE
	Cano	didate	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. (Complete the candidate information below.)
	Name Candi	-	[]]]]]]]]]]]]]]]]]]]
	Candi Party	d ate Affiliatio	on Office State State District
	(c)	Π	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	v Com	nmittee:
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)	Π	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	.,		Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registraot PAC.
	(f)	X	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	Fund	Iraising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a fedoral eandidato.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
		المسما	committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number C
		3.	FEC ID number C
		4.	

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Page 2

Write or Type Committee Name

MAINE REPUBLICAN CLUB

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

			<u> </u>	
Mailing Address				
	CITY		STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	vint Fundraising F	Representative	Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

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Mailing Address	P. O. BOX 667313				LL			1-1		。 	L	
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			FL		Ŀ	330	66	لب	-L		1_1_	
Title or Position	CITY		STAT	E			ZI	PC	DDE			
FINANCE DIREC		phone n	umber	95	i4]-[268]	- [8	<u>67</u>	2	

8. 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 PETE	RSON TRUMP		
Mailing Address	P. O. BOX 667313	<u>↓</u>	
			33066
	CITY	STATE	ZIP CODE
Title or Position	Т Т	elephone number 95	42688672

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Mailing Address			<u></u>
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Name of Bank, Depositor	ry, etc.		
	СІТҮ	STATE	ZIP CODE
			33064,
Mailing Address	400 EAST SAMPLE ROAD		······································
WEL			
Name of Bank, Depositor	ry, etc.		
Banks or Other Deposit safety deposit boxes or n	torles: List all banks or other depositories in which the naintains funds.	committee deposits f	unds, holds accounts, rents
<u></u>			
	Teleot	one number	
	CITY		
			_ <u></u>
Mailing Address	· · · · · · · · · · · · · · · · · · ·		
Designated Agent			

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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 □ USPS First Class Mail □ USPS Registered/Certified ↓ USPS Priority Mail ↓ ↓ ↓ USPS Priority Mail ↓ ↓ <th></th>	
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USPS Express Mail Postmark Illegible	
No Postmark	
Shipping Date Overnight Delivery Service (Specify):	
Next Business Day Delivery	
Date of Receipt Date of Receipt Received from House Records & Registration Office	
Date of Receipt Date of Receipt	
Date of Receipt Date of Receipt	
Date of Receipt or Postmarked Other (Specify):	
PY 11/30/2012	
PREPARER DATE PREPARED (3/2005)	-

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