RECEIVED

ZOI2 NOV 15 AM II: 32 FEC MAIL CENTER

Committee Name:

NEW YORK 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

FEC FORM 1		ORGANIZATION				IS AMII IAIL CENT Only		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ole:If typing, type ne lines.	12FE4N	15		
NEW YOR	KRĘ	PUBLICAN CLI	JB _			1111		لــــ
	1 1 1 1	1111111	<u> </u>		المرا المساعل			
ADDRESS (number a	nd street)	P. O. BOX 66	7313	1.1.1.1.1.1.	1111			لـــا
(Check if address is changed)		POMPANO B	EAC	4	FL	33066	<u> </u>	
			CITY		STATE	Zii	PCODE	
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only one e UnitedStatesi			s@gma	ail.com	 	
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)						
(Check if is change			 				 	
2. DATE 11	¹ 10	[°] ′ 2012 ′						
3. FEC IDENTIFIC	CATION NU	JMBER C						
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A)				
I certify that I have o	examined th	is Statement and to the best	of my kn	owledge and belief i	t is true, corr	ect and comple	ete.	
Type or Print Name	of Treasurer	PETERSON	TRU	MP				
Signature of Treasure	ər <u>-</u>	leteroop Trun	b		Date 1	1 [™] ′ 1̈́0°	[′] 2012	· ·
NOTE: Submission of	false, errone	ous, or incomplete information	may subje	climati person stanina	this Statement	to the penalties	s of 2 U.S.C. &4	137a.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Offic	e]]]		For further information contact:
Use	•	l i		Federal Election Commission
Onl	. 1	1		Toll Free 800-424-9530

FEC FORM 1 (Revised 02/2009)

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TYPE OF C	OMMITTEE			
Cendidate	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. (Corinformation below.)	mplete the candidate		
Name of Candidate				
Candidate Party Affiliation	Office Sought: House Senate President	State		
		District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Com	mittee:			
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Political A	ction Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	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	raising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which ie an authorized committee of a federal candidate			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tocommittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
Com	mittees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number C			
3.				
4.				

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FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N		
NEW YORK F	REPUBLICAN CLUB	
	ed Organization, Affiliated Committee, Joint Fundralsing Representative, or L	eadership PAC Sponsor
NONE		11111111
<u> </u>		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected 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	n in possession of committee
Full Name	TERSON TRUMP	<u></u>
Mailing Address	P. O. BOX 667313	<u></u>
-		
	POMPANO BEACH FL	33066
Title or Position	CITY STATE	ZIP CODE
FINANCE DIR	ECTOR Telephone number 1954	_ 268 8672
3. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and .g., assistant treasurer).	the name and address of
Full Name of Treasurer	TERSON TRUMP	
Mailing Address	P. O. BOX 667313	
	POMPANO BEACH FL 3	33066 ZIP CODE
Title or Position TREASURER	Telephone number]- 268

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Full Name of Designated Agent	1	
Mailing Address	•	• • • • • • • • • • • • • • • • • • •
		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit t	r Depositories: List all banks or other depositories in which the committee deposits oxes or maintains funds. Depository, etc.	s funds, holds accounts, rents
safety deposit t	Depository, etc. WELLS FARGO [400 EAST SAMPLE ROAD]	
safety deposit t Name of Bank,	Depository, etc. WELLS FARGO JACO FAST SAMPLE BOAD	funds, holds accounts, rents
safety deposit t Name of Bank,	Depository, etc. WELLS FARGO [400 EAST SAMPLE ROAD]	
safety deposit t Name of Bank, Mailing Address	POMPANO BEACH	[33064,]-[,] ,
safety deposit t Name of Bank, Mailing Address	POMPANO BEACH CITY STATE	[33064,]-[, , ,
safety deposit t Name of Bank, Mailing Address	Depository, etc. WELLS FARGO 400 EAST SAMPLE ROAD POMPANO BEACH CITY STATE Depository, etc.	[33064,]-[, , , ,
safety deposit the Name of Bank, Mailing Address Name of Bank,	Depository, etc. WELLS FARGO 400 EAST SAMPLE ROAD POMPANO BEACH CITY STATE Depository, etc.	[33064,]
safety deposit the Name of Bank, Mailing Address Name of Bank,	Depository, etc. WELLS FARGO 400 EAST SAMPLE ROAD POMPANO BEACH CITY STATE Depository, etc.	[33064,]

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 11/13/2012
Delivery Confirmation™ or Signature Co	nfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness 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
Other (Specify):	of Receipt or Postmarked
PY	11/30/2012
PREPARER (3/2005)	DATE PREPARED
(3/2005)	