2012 NOV 13 PM 12: 24 FEC MAIL CENTER

Committee Name:

ILLINOIS REPUBLICAN TRUST FUND

If registered, FEC ID:

Today's Date:

11/08/2012

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:

JERRY MCKENDY

, Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 NOV 13 PH 12: 24

FORM 1	ORM 1 ORGANIZATION			2012 MOV 13 FM 12: 24		
					F	ECOMANILOGENTER
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M	5
ILLINOIS F	REPUI	BLICAN TRUS	ST FL	JND		
					1,11,1	
ADDRESS (number a	nd street)	P. O. BOX 39	9871	6		<u> </u>
(Check if ac is changed)		MIAMI BEAC	H		FL	33239
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only one USrepublica		stFund@gm	ail.com	
COMMITTEE'S WEB	PAGE ADE	PRESS (URL)				
(Check if is change	address d)					
2. DATE 11	* ' 8	° ′ 2012 `				
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT 🗵	NEW (N) OR		AMENDED (A)		
I certify that I have of		is Statement and to the be			is true, corre	ct and complete.
Signature of Treasure	er	Jeny MC	rendy)		Date 1	1 [™] ′ 08° ′ 2012 `
NOTE: Submission of		ous, or incompletto-inflormation	•			to the penalties of 2 U.S.C. §437g. S.
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-894-1100		FEC FORM 1 (Revised 02/2009)

F	EC Foi	m 1 (Revised 02/2009)	Page 2					
TYPE OF COMMITTEE								
Can	didate	Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below	v.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name Candi		Litition						
Candi Party	idate Affiliatio	Office Sought: House Senate President	State District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District					
Name Candi								
Part	y Com	mittee:						
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
Political Action 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)	\boxtimes	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 Fundraising Representative:								
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for						
	<u></u>	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.	FEC ID number C						
	2.	FEC ID number C						
	3.	FEC ID number C						
	4.	1						

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name ILLINOIS REPUBLICAN TRUST FUND Name of Any Connected Organization, Affiliated Committee, Joint Funtraising Representative, or Leadership PAC Sponsor ONE Mailing Address CITY STATE ZIP CODE Affiliated Committee Joint Fundraising Representative eadership PAC Sponsor Relationship: Connected Organization Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records. Full Name Mailing Address STATE Title or Position CITY 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

STATE

Telephone number

MIAMI BEACH

Title or Position

CITY

		-	·
FEC For	n 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	СПУ	STATE	ZIP CODE
Title or Position			
	Telephone nun	nber	<u></u>
Mailing Address	[1801,ALTON,ROAD]		
	MIAMI BEACH	FL	33139
	CITY		
	OH 1	STATE	ZIP CODE
Name of Bank,		SIAIE	ZIP CODE
Name of Bank,		SIAIE	ZIP CODE
Name of Bank, Mailing Address		SIAIE	ZIP CODE
		SIAIE	ZIP CODE
		SIAIE	ZIP CODE

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signa	nture Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration (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	11/30/2012
PREPARER (2/2005)	DATE PREPARED
(3/2005)	