RECEIVED 2012 NOV 15 AM II: 29 FEC MAIL CENTER

**Committee Name:** 

## ARIZONA 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,

Vetens Tourp

Treasurer's Name: PETERSON TRUMP

, Treasurer

	STATEMENT OF	RECEIVED
FEC FORM 1	ORGANIZATION	2012 NOV 15 AM 11:29
		FEGMATUANDINCENTER
1. NAME OF COMMITTEE (ir	full) (Check if name Example: If typin is changed) over the lines.	ng, type 12FE4M5
ARIZONA	REPUBLICAN CLUB	
	<u> </u>	
ADDRESS (number a	P. O. BOX 667313	
(Check if an is changed)		FL 33066
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	nClubs@gmail.com
(Check if is change	address	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
Check if	address	
LJ is change	(t)	
2. DATE 11	<sup>∞</sup> ′ 10° ′ 2012 ′	
3. FEC IDENTIFIC	CATION NUMBER C	
4. IS THIS STATE		DED (A)
I certify that I have o	examined this Statement and to the best of my knowledge a	and belief it is true, correct and complete.
Type or Print Name	of Treasurer PETERSON TRUMP	
Signature of Treasure	er Retersos Trung	<sub>Date</sub> 11 <sup>4</sup> 10° 20 <sup>v</sup> 12
NOTE: Submission of	false, erroneous, or incompleter information may subject the personal ANY CHANGE IN INFORMATION SHOULD BE RE	
Office	For further	

Office	For further info Federal Election	ormation contact:	FEC FORM 1	_
Use Only	Toll Free 800-42 Local 202-694-1	24-9530	(Revised 02/2009)	

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FEC Form 1 (Revised 02/2009)

Par	ar	2

5.	TYPE	OFC	DMMITTEE	
	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. (Con information below.)	nplete the candidate
	Name Candi			
	Candi Party	date Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Con	mittee:	
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
				prooted organization is at
	( <del>0</del> )		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	innected 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)	$\mathbf{X}$	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.)	
	Joint	Fund	raising Representative:	· ····· · ··· · ··· · · · · · · · · ·
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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	nittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number C	
		3.		
		4.		

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

books and records.

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6. "Name of Any Connected (	Orga	int	zati	on	, A	ffil	láte	De	Co	mn	nitt	ee,	Jo	int	Fu	ndr	ais	sing	g Ro	epr	es	ent	tat	ive	), C	or I	Lea	de	rsi	nip	P/	۱C	Sp	on	sor	•	
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Relationship: Connecte	d Oi	rgai	niza	atio	n		Aff	ilia	ted	Co	mr	nitte	90		]տ	oint	Fu	ndr	ais	ing	Re	pr	es(	ənt	ati	ve	[	]	-08	de	rsh	ip	PA	CS	Spo	nsc	)r 
7. Custodian of Records: Ide	ntify	by	na	me	), a	dd	res	s (	pho	me	nu	mb	er ·	0	ptic	ona		and	ро	siti	on	of	th	e	pei	rsc	n i	ח ח ז ח	oos	se	ssio	on	of	cor	nmi	itter	e

Mailing Address	P. O. BOX 667313		
Title or Position	CITY	STATE	ZIP CODE
FINANCE DIRE		ephone number [954	4 [268 _ ] _ [8672

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		
Mailing Address	P. O. BOX 667313	
	1	<u></u>
		[FL] [33066] - []
	CITY	STATE ZIP CODE
Title or Position		none number 954 - 268 - 8672

FEC Form 1 (Revised 02/2009)

Name of Bank, Depo			
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Name of Bank, Depo	esitory, etc.		
Name of Bank, Depo	sitory, etc.		
	CITY	STATE	ZIP CODE
			33064
Mailing Address	400 EAST SAMPLE ROAD		
M	ÆLLS FARGO		
Name of Bank, Depo	sitory, etc.		
Banks or Other Dep safety deposit boxes	<b>positories:</b> List all banks or other depositories in which the or maintains funds.	committee deposits fund	s, holds accounts, rents
		hone number	]-[]-[
Title or Position	CITY	STATE	
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		<u></u>	<u> </u>
Mailing Address			

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI 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
Delivery Confirmation <sup>™</sup> or Signature Co	nfirmation <sup>™</sup> 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
Date o Other (Specify):	f Receipt or Postmarked
PY	11/30/2012
PREPARER	DATE PREPARED
(3/2005)	

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