RECEIVED

2012 NOV 15 AM 11: 29

FEC MAIL CENTER

Committee Name:

ARKANSAS 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

Retersor Tump

, Treasurer

12030961543

STATEMENT OF

RECEIVED

FORM 1		ORGA	NIZAT	ION		DV 15 AM II: 29 MAULGENTER
1. NAME OF COMMITTEE (in	n full)	(Check if is changed		Example:If typing, type over the lines.	12FE4M5	
ARKANSA	SRE	PUBLICAN	CLUE	}		
		 				
ADDRESS (number a	nd street)	P. O. BO	X 6673	13		
(Check if address is changed)		POMPAN	O BEA	ACH	FL 3	33066
			CITY	•	STATE	ZIP CODE
COMMITTEE'S E-MA	address		_	address) publicanClubs	@gmail.	com
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)				
(Check if is change						
2. DATE 11	[™] ′ ÎO	[°] ′ <u>2</u> 012 ′				
3. FEC IDENTIFIC	CATION NU	JMBER	С			
4. IS THIS STATE	MENT 🔀	NEW (N)	OR	AMENDED (A)		
I certify that I have	examined th	is Statement and to	the best of i	my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasure	PETERS	SON TI	RUMP		
Signature of Treasure	er	Leterns	Trung	2	Date 11"	′ 10° ′ 2012
NOTE: Submission of				subject the person signing the		ne penalties of 2 U.S.C. §437g.
Office Use				For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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	F	EC Fo	rm 1 (Revised 02/2009)	Page 2
5.			OMMITTEE Committee	
	(a)	Gidate	Committee: 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. (Cor information below.)	nplete the candidate
	Name Candi			
	Candi Party	idate Affiliati	Office Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name Candi			
	Part	y Con	nmittee:	
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Polit	tical A	ction Committee (PAC):	· · · · · · · · · · · · · · · · · · ·
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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)	\boxtimes	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	t Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/grganizations, at least one of which is an authorized committee of a federal caradidate	
	(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	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number C	
		3.	FEC ID number C	
		4.	FEC ID number C	

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Write or Type Committee Name	
ARKANSAS REPUBLICAN CLUE	В
6. Name of Any Connected Organization, Affiliated Committee	ttee, Joint Fundralsing Representative, or Leadership PAC Sponsor
*NONE	
<u> </u>	
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Comm	mittee Joint Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone nu books and records. 	umber optional) and position of the person in possession of committee
Full Name PETERSON TRUMP	
Mailing Address P. O. BOX 667313	
POMPANO BEACH	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Title or Position CITY	STATE ZIP CODE
FINANCE DIRECTOR	Telephone number [954,] - [268,] - [8672,]
 Treasurer: List the name and address (phone number optionary designated agent (e.g., assistant treasurer). 	ional) of the treasurer of the committee; and the name and address of
8. Treasurer: List the name and address (phone number optic any designated agent (e.g., assistant treasurer). Full Name of Treasurer	ional) of the treasurer of the committee; and the name and address of
any designated agent (e.g., assistant treasurer). Full Name PETERSON TRUMP	
any designated agent (e.g., assistant treasurer). Full Name of Treasurer IP O BOX 667313	
any designated agent (e.g., assistant treasurer). Full Name of Treasurer IP O BOX 667313	

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Full Name of Designated Agent		1 1 1 1 1	
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telephone no	umber	
	orles: List all banks or other depositories in which the comm	ittee deposits	funds, holds accounts, rents
safety deposit boxes or m Name of Bank, Depository	aintains funds. ,, etc.		
Name of Bank, Depository	aintains funds.		
Name of Bank, Depository	aintains funds. , etc. LS FARGO		
Name of Bank, Depository	aintains funds. , etc. LS FARGO	IFI, J	133064
Name of Bank, Depository	eintains funds.	FL, STATE	133064 - - - - - - - - -
Name of Bank, Depository	eintains funds. (, etc. LS FARGO [400 EAST SAMPLE ROAD [POMPANO BEACH CITY		
Name of Bank, Depository WEL Mailing Address	eintains funds. (, etc. LS FARGO [400 EAST SAMPLE ROAD [POMPANO BEACH CITY		
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Name of Bank, Depository Mailing Address Name of Bank, Depository	aintains funds. , etc. LS FARGO [400 EAST SAMPLE ROAD [POMPANO BEACH CITY , etc.		ZIP CODE
Name of Bank, Depository Mailing Address Name of Bank, Depository	aintains funds. , etc. LS FARGO [400 EAST SAMPLE ROAD [POMPANO BEACH CITY , etc.		ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 11 13 20 2
Delivery Confirmation [™] or Signature Confirmation or Signature Confi	mation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s 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):	eceipt or Postmarked
PY	11/30/2012
(3/2005)	DATE PREPARED
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