RECEIVE -2012 NOV 15 AM II: 31 FEC MAIL CENTER

Committee Name:

MISSOURI 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

Leterson Trup

, Treasurer

STATEMENT OF **ORGANIZATION**

RECEIVED

2012 NOV 15 AM 11: 32

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FUNIVI I	<u> </u>				Office FUE COMMAIL CENTE
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, typower the lines.	e 12FE4M5	
MISSOUR	IREP	UBLICAN CL	UB.		<u> </u>
					
ADDRESS (number a	and street)	P. O. BOX 6	67313		
(Check if a is changed		POMPANO	BEACH	, FL	33066
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA		SS (Please provide only on UnitedState	e e-mail address) \$RepublicanCl	ubs@gmail	.çom , , , , , , ,
is change					
COMMITTEE'S WEE	B PAGE ADD	DRESS (URL)			
(Check if	address				
is change	d)				
2. DATE 111	l [™] ′ 10	" ´ 2012 `			
3. FEC IDENTIFIC	CATION NU	IMBER C			
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)	
I certify that I have	examined th	is Statement and to the b	est of my knowledge and be	lief it is true, correct	and complete.
Type or Print Name	of Treasurer	PETERSO	N TRUMP		
Signature of Treasur	er 🧵	eterras En	4	_ Date Î1°	′ 10° ′ 20°12 °
NOTE: Submission of	-	•	ion may subject that person sign	•	the penalties of 2 U.S.C. §437g.
Office Use			For further informa Federal Election Con Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE ate 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. (Cominformation below.)	plete the candidate
Name of Candidate	• [
Candidat Party Affi		State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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) [This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated 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 Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a fadoral candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
С	ommittees Participating in Joint Fundraiser	
1.		
2		
3.		
4		

l			
F	EC Form 1 (Revised	02/2009)	Page 3
Write or	Type Committee Name	8	
MISS	SOURI REF	PUBLICAN CLUB	
6. Name	of Any Connected (Organization, Affiliated Committée, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
MON.	IE		
יויטייון	<u> </u>		
Mailing	g Address		
			. -
		CITY STATE Z	IP CODE
Polatic	onship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
i TolaliC	manp. Louinacia	Lead Donk Fundaming Tepresentative Lead	many i no aponsor
7 Cuata	dian of Passada, Ida	mile by name address (above number actions)) and actions of the name is necessarily	ession of committee
	and records.	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
	,PFTF	RSON TRUMP	
Full Na			
Mailing	g Address	P. O. BOX 667313	1111
		POMPANO BEACH FL 33066	<u> </u>
Title o	r Position	CITY STATE Z	IP CODE
FIN	ANCE DIREC	CTOR Telephone number 954 - 260	8672
	rer: List the name an signated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of
Full Na	me DCTC	DOON TOUMD	
of Trea	ame PETE	RSON TRUMP	
Mailing	Address	P. O. BOX 667313	
		POMPANO BEACH	. - !
			P CODE
Title o	r Position		

Telephone number

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nu	ımber	
		 	
Banks or Other D	Depositories: List all banks or other depositories in which the comm	ittee deposits	funds, holds accounts, rents
safety deposit boxe	es or maintains funds.	ittee deposits	funds, holds accounts, rents
Banks or Other D safety deposit boxe Name of Bank, De	es or maintains funds.	ittee deposits	funds, holds accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds.	ittee deposits	funds, holds accounts, rents
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate h	
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 Confirm	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	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):	ceipt or Postmarked
PY	11/30/2012
PREPARER (2/2005)	DATE PREPARED
(3/2005)	. •