FEC FORM 1	STATEMEN ORGANIZ		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
	1900 WEST OAKLAND PARK	BLVD.	
ADDRESS (number and street)	<u># 9961</u>		
(Check if address is changed)			
			Image: FL 33310 Image: STATE Image: State
COMMITTEE'S E-MAIL ADDR	ESS		
 (Check if address is changed) 		nittees@gmail.com	
	Optional Second E-Mail Add	Iress	
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)	onCommitteesDirectory.com	
	16 ⁷ 2015		
3. FEC IDENTIFICATION N	NUMBER ► C co	00597195	
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasu	rer JOSHUA LAROSE		
Signature of Treasurer	SHUA LAROSE	[Electronically Filed]	Date 12 / D D / Y Y Y Y 16 / 2015
NOTE: Submission of false, erro		may subject the person signing DN SHOULD BE REPORTED W	this Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

Image# 201512169004253016

12/16/2015 20 : 14

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FE	EC For	m 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	
Cand	idate	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. (Compleinformation below.)	te the candidate
Name Candid			
Candid Party A		on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Com	mittee:	
(d)			emocratic, publican, etc.) Party
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conner	cted organization is
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(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.	or more political
	Com	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

AMERICAN CONSULAR SERVICES BUREAU

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representa	tive Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

JOSHUA L	AROSE		
Full Name			
Mailing Address	1900 WEST OAKLAND PARK BLVD.		
	# 9961		
	FORT LAUDERDALE	FL 33310	
Title or Position	CITY	STATE	ZIP CODE
	Te	elephone number	768 6650

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	JOSHUA LAROSE
of Treasurer	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
	# 9961
	FORT LAUDERDALE FL 33310 -
	CITY STATE ZIP CODE
Title or Position	Telephone number 800 768 6650

Full Name of Designated Agent		
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
	# 9961	
	FORT LAUDERDALE FL 33310	-
	CITY STATE ZIP CO	DDE
Title or Position	NERAL 768	- 6650

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name o	f Bank,	Depository,	etc.
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BANK			
Mailing Address	401 LAS OLAS BLVD.		
			33301
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

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.

Form/Schedule: Transaction ID: