STATEMENT OF

PAGE 1/5 =

FORM 1		OR	GANIZ	ATIC	N								
									Office	Use On	y		
NAME OF COMMITTEE (ir	n full)		ck if name anged)		nple:If typing the lines.	g, type	12F	E4M5					
NORTH AN	/IERIC	A CONT	INENT	PRO	FESSI	ONAL	BAS	SKE	TBA	LL	LE <i>F</i>	١GL	JE __
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		1900 WEST	OAKLAND PA	RK BLVD.									.
ADDRESS (number a		# 9961											
is changed		, FORT LAUD	EDDALE						22210				
							FL] 	33310]-[
		CITY	•				STATE	= ▲		ZII	COE)E ▲	
COMMITTEE'S E-MA	AIL ADDRE												
(Check if a is changed		USPolitica	IActionCom	nmittees	@gmail.cor	n 							
_		Optional Sec	cond E-Mail A	.ddress									
COMMITTEE'S WEB	PAGE AD	DRESS (URL)											
(Check if a	address	, ,	StatesPoliticalA	ctionComm	nitteesDirector	ry.com							. 1
is changed	d)												
2. DATE 1	2 20		15										
3. FEC IDENTIFIC	CATION N	JMBER ▶	С	C00598540)								
4. IS THIS STATE	MENT X	NEW (N)	OR		AMEND	ED (A)							
I certify that I have e	examined th	nis Statement a	and to the be	st of my k	nowledge an	d belief it	is true,	correct	and co	mplete.			
Type or Print Name	of Treasure	r JOSH LARC	OSE										
Signature of Treasure	er <i>JOSE</i>	LAROSE			[Electronically	Filed]	Date	M M	/	20	/ Y	2015	Y
NOTE: Submission of	false, erron	eous, or incomp		-					the per	nalties o	of 2 U.	S.C. §4	37g.
Office					For further int				FE	EC F	ORN	1 1	_

	Office			For further information contact:
ı	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	· · · · · · ·			Local 202-694-1100

ŗ	FFC Fo	rm 1 (Revised 02/2009)	Page 2								
TYPE	E OF C	OMMITTEE	1 49 6 4								
Can	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. (Complinformation below.)	ete the candidate								
Name Cand	e of lidate										
	lidate Affiliatio	Office Sought: House Senate President	State								
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.									
Name Cand											
Part	y Con	nmittee:									
(d)			emocratic, epublican, etc.) Party								
Poli	tical A	ction Committee (PAC):									
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 segrecommittee. (i.e., nonconnected committee)	regated 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.)									
Join	t 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	mittees Participating in Joint Fundraiser									
	1.	FEC ID number									
	2.	FEC ID number									
	3.	FEC ID number									
	4.										

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W	rite or Type Committee Nam	e	
	NORTH AMERIC	CA CONTINENT PROFESSIONAL BASKETBAL	L LEAGUE
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	o PAC Sponsor
N	ONE		
L			
	Mailing Address		
		CITY STATE ZI	P CODE
	Relationship: Connecte	d Organization	ership PAC Sponsor
	Treatment of the contracted	Joint Fundament Tender Committee	sising i rio oponsoi
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name		
	Mailing Address	1900 WEST OAKLAND PARK BLVD.	
		# 9961	
		FORT LAUDERDALE FL 33310	
	Title or Position	CITY STATE ZI	P CODE
	PRESIDENT	Telephone number 800 - 76	6650
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name JOSH LAR of Treasurer	ROSE	
	Mailing Address	1900 WEST OAKLAND PARK BLVD.	
		# 9961	
		FORT LAUDERDALE FL 333310	
	Title or Desition	CITY STATE ZII	P CODE
	Title or Position TREASURER		8 6650

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Full Name of Designated	JOSH LAROSE	1					
Agent							
Mailing Address	1900 WEST OAKLAND PARK BLVD.						
	# 9961 						
	FORT LAUDERDALE FL 33310	-					
	CITY STATE ZIP	CODE					
Title or Position CEO							
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 of Bank, Depository, etc.							
	BANK OF AMERICA						
Mailing Address	701 BRICKELL AVENUE						
	MIAMI FL 33131						
	CITY STATE ZIP	CODE					
Name of Bank, Depository, etc.							
Mailing Address							
	CITY STATE ZIP	CODE					

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N5 H = C B

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: