## STATEMENT OF

| FORM 1                        | ORGANIZATION (See instructions)  | Office use only      |
|-------------------------------|--|----------------------|
| NAME OF COMMITTEE (in         | full) (Check if name Example: If typying, type over the lines  | 12FE4M5              |
| UNITED STAT                   | ES FORMER PRESIDENTS FEDERAL PAC   |                      |
|                               |  |                      |
| ADDRESS (number and           | Attn to: American Executive Center   |                      |
| (Check if address             | 110 East Broward Blyd. Suite 1700  |                      |
| is changed)                   | Fort Lauderdale  | FL 33301 - 1         |
|                               | CITY▲  | STATE▲ ZIP CODE ▲    |
| COMMITTEE'S E-MA              | IL ADDRESS (Please provide only one e-mail address)  |                      |
| (Check if address is changed) | treasurerjosuelarose@live.com  |                      |
| is changeu)                   | L , , , , , , , , , , , , , , , , , , ,  |                      |
| COMMITTEE'S WEB               | PAGE ADDRESS (URL)   |                      |
| (Check if addres is changed)  |  |                      |
|                               |  |                      |
| 2. DATE 0 4                   |  |                      |
| 3. FEC IDENTIFICA             | TION NUMBER C C00456053  |                      |
| 4. IS THIS STATEM             | MENT X NEW (N) OR AMENDED (A)  |                      |
| Loostify that I have even     | inced this Ctatament and to the best of my knowledge and belief it is true, correct an   | d complete           |
| r certily that I have exam    | ned this Statement and to the best of my knowledge and belief it is true, correct an   | a complete           |
| Type or Print Name of         | Treasurer JOSUE LAROSE   |                      |
| Signature of Treasure         | Electronically Filed by JOSUE LAROSE   | Date 04 / DD / YYYYY |
| NOTE: Submission of fa        | lse, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED \ |                      |
| Office<br>Use<br>Only         | For further information of Federal Election Commiss Toll Free 800-424-9530   |                      |

|    | FEC                               | Form 1 (Revised 02/2009)  | Page 2                                 |  |  |  |
|----|-----------------------------------|---|--|--|--|--|
| 5. |                                   | COMMITTEE (Check One) e 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. (Complete the information below.)   | e candidate                            |  |  |  |
|    | Name of<br>Candidate              | e   <u>                                   </u>  |  |  |  |  |
|    | Candidate<br>Party Affili         |   | State District                         |  |  |  |
|    | (c)                               | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |  |  |  |
|    | Name of<br>Candidate              |   |  |  |  |  |
|    | Party Cor                         | (Nedianal Olata   |  |  |  |  |
|    | (d)                               | (National, State This committee is a (or subordinate) committee of the  | Democratic,<br>Republican,etc.) Party. |  |  |  |
|    | Political Action Committee (PAC): |   |  |  |  |  |
|    | (e)                               | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected  | organization is a:                     |  |  |  |
|    |                                   | Corporation Corporation w/o Capital Stock Labo  | or Organization                        |  |  |  |
|    |                                   | Membership Organization Trade Association Coc   | perative                               |  |  |  |
|    |                                   | 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 segregated committee. (i.e., nonconnected committee)   | 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.)  |  |  |  |  |
| _  | loint Fund                        | draising Representative:  |  |  |  |  |
|    |                                   | 1   |  |  |  |  |
|    | (g)                               | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate. | nore political                         |  |  |  |
|    | (h)                               | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.           | more political                         |  |  |  |
|    | Co                                | ommittees Participating in Joint Fundraiser   |  |  |  |  |
|    |                                   | 1. FEC ID number  |  |  |  |  |
|    |                                   | 2. FEC ID number C  |  |  |  |  |
|    |                                   | 3. FEC ID number  |  |  |  |  |
|    |                                   | FEC ID number   |  |  |  |  |

| FEC Form 1 (Revised                 | I 02/2009)  |                           | Page 3                      |
|-------------------------------------|---|---------------------------|-----------------------------|
| Write or Type Committee Nam         | e   |                           |                             |
| UNITED STATES FOR                   | RMER PRESIDENTS FEDERAL PAC   |                           |                             |
| 6. Name of Any Connected            | Organization, Affiliated Committee, Joint Fundraising   | Representative, or Leader | rship PAC Sponsor           |
| NONE                                |   |                           |                             |
|                                     |   |                           |                             |
| Mailing Address                     |   |                           |                             |
|                                     |   |                           |                             |
|                                     |   |                           |                             |
|                                     | CITY  | STATE A                   | ZIP CODE                    |
| Relationship:  Connected Organizati | on Affiliated Committee Joint Fundra  | aising Representative     | Leadership PAC Sponsor      |
| possession of Committ               | Identify by name, address, (phone number option ee books and records.  UE LAROSE PO BOX 9961    |                           | e person in                 |
|                                     | FORT LAUDERDALE   | FL                        | 33310                       |
| Title or Position ▼ CEO             | CITY A  | STATE An ohone number 954 | ZIP CODE 14<br>- 708 - 7309 |
| name and address of a               | ne and address (phone number optional) of the any designated agent (e.g., assistant treasurer). | treasurer of the commit   | tee; and the                |
| or rreasurer                        | PO BOX 9961   |                           |                             |
| Mailing Address                     |   |                           |                             |
|                                     | FORT LAUDERDALE   |                           | 33310                       |
| Title or Position ♥                 | CITY 🛦  | STATE <b>▲</b>            | ZIP CODE A                  |
| TREAS                               | URER Tele   | 954                       | _ 531 _ 6941                |

| FEC Form 1 (Revi  |   |                                     |            |  |
|---|---|-------------------------------------|------------|--|
| Full Name of<br>Designated<br>Agent   | JOSUE LAROSE  |                                     |            |  |
| Mailing Address   | PO BOX 9961   |                                     |            |  |
|   | FORT LAUDERDALE   |                                     | 33310 –    |  |
| Title or Position ▼   | CITY A  | STATE 🛦                             | ZIP CODE A |  |
| CHAIR   | MAN   | Telephone number 954                | 315 3892   |  |
| 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. |   |                                     |            |  |
| safety deposit boxes or n<br>Name of Bank, Depositor  | naintains funds.<br>ry, etc.  | the committee deposits runds, in    |            |  |
| safety deposit boxes or n<br>Name of Bank, Depositor  | naintains funds.  | Little committee deposits funds, in |            |  |
| safety deposit boxes or n<br>Name of Bank, Depositor  | naintains funds. ry, etc.  D BANK   |                                     |            |  |
| safety deposit boxes or n<br>Name of Bank, Depositor  | naintains funds. ry, etc.  D BANK   | FL                                  | 33319      |  |
| safety deposit boxes or n<br>Name of Bank, Depositor  | naintains funds. ry, etc.  D BANK  7345 W. OAKLAND PARK BLVD                          |                                     |            |  |
| safety deposit boxes or n<br>Name of Bank, Depositor  | naintains funds. ry, etc.  D BANK  7345 W. OAKLAND PARK BLVD  FORT LAUDERDALE  CITY A |                                     | 33319 _    |  |
| safety deposit boxes or n<br>Name of Bank, Depositor  TI  Mailing Address   | naintains funds. ry, etc.  D BANK  7345 W. OAKLAND PARK BLVD  FORT LAUDERDALE  CITY A |                                     | 33319 _    |  |
| safety deposit boxes or n<br>Name of Bank, Depositor  TI  Mailing Address   | naintains funds. ry, etc.  D BANK  7345 W. OAKLAND PARK BLVD  FORT LAUDERDALE  CITY A |                                     | 33319 _    |  |
| safety deposit boxes or n Name of Bank, Depositor  TI  Mailing Address  Name of Bank, Depositor   | naintains funds. ry, etc.  D BANK  7345 W. OAKLAND PARK BLVD  FORT LAUDERDALE  CITY A |                                     | 33319 _    |  |
| safety deposit boxes or n Name of Bank, Depositor  TI  Mailing Address  Name of Bank, Depositor   | naintains funds. ry, etc.  D BANK  7345 W. OAKLAND PARK BLVD  FORT LAUDERDALE  CITY A |                                     | 33319 _    |  |