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
			1
	1900 WEST OAKLAND PARK	BLVD.	
ADDRESS (number and street) (Check if address is changed)	# 9961 FORT LAUDERDALE		FL 33310 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	USPoliticalActionComn	hittees@gmail.com	
	Optional Second E-Mail Add	lress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)	onCommitteesDirectory.com	
2. DATE 12 / 2	D / Y Y Y Y 1 2015		
3. FEC IDENTIFICATION N	UMBER ► C ca	00599167	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	or JOSH LAROSE		
Signature of Treasurer	H LAROSE	[Electronically Filed]	Date 12 21 2015
NOTE: Submission of false, erron		may subject the person signing t ON SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF COMMITTEE			
Candidate 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. (C information below.)	omplete the candidate		
Name of Candidate			
Candidate Office Sought: House Senate President	State District		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate			
Party Committee:			
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, 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		
Corporation Corporation w/o Capital Stock	Labor 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 committee. (i.e., nonconnected committee)	segregated fund or part		
In addition, this committee is a Lobbyist/Registrant PAC.			
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fundraising Representative:			
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidates and the set of the se			
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political		
Committees Participating in Joint Fundraiser			
1 FEC ID number C			
2 FEC ID number C			
3 FEC ID number C			
4			

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

INTERNATIONAL ORGANIZATION OF TOURISM

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 Representative 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.

JOSH LAF	(OSE	
Full Name		
Mailing Addross	1900 WEST OAKLAND PARK BLVD.	
Mailing Address	# 0004	
	# 9961	
		FL 33310
Title or Position	CITY	STATE ZIP CODE
	Telephone nu	mber 800 - 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	JOSH 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 		
		FL 33310	
	CITY	STATE	ZIP CODE
Title or Position PRESIDENT	Te	lephone number	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 of Bank, Depository, etc.

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=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: