FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruction		O#i	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	e use only
UNITED STATES	FOOTBALL PLAYERS FEDERA	AL PAC		
ADDRESS (number and stree	Attn to: American Ex	recutive Center		
(Check if address	110 East Broward Blv	yd. Suite 1700		
is changed)	Fort Lauderdale			33301
COMMITTEE'S E-MAIL A		CITY▲	STATE	ZIP CODE ▲
treasurerjosuelar	ose@live.com	<u> </u>	1 1 1 1 1 1	
<u> </u>		<u> </u>		
COMMITTEE'S WEB PAG	GE ADDRESS (URL)			·
www.usbiggestp	oliticalactioncommittees.com		11111	
COMMITTEE'S FAX NUM 9544820073	IBER			
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICATIO	ON NUMBER	C C00456053		
4. IS THIS STATEMEN	T X NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best of my know	wledge and belief it is true, correct and	d complete	
Type or Print Name of Tre	asurer JOSUE LAROSE			
Signature of Treasurer	Electronically Filed by JOSUE LA	ROSE	Date 02 /	10 / 2009
NOTE: Submission of false,	erroneous, or incomplete information may	v subject the person signing this State	•	2 U.S.C. S437g.
Office Use Only FE3AN042.PDF		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

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5.		COMMITTEE (Check One) 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 t information below.)	he candidate				
	Name of Candidate						
	Candidate Party Affilia	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 Com						
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political A	ction Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
		Corporation Corporation w/o Capital Stock La	bor Organization				
		Membership Organization Trade Association Co	poperative				
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party				
		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				
	Committees Participating in Joint Fundraiser						
		1. FEC ID number					
		2. FEC ID number					
		3. FEC ID number					
		4. FEC ID number C					
		FEC ID number					

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W	rite or Type Committee Name					
	UNITED STATES FOOT	BALL PLAYERS FEDERAL PAC	;			
6.	Name of Any Connected Org	janization, Affiliated Committee, Le	adership PAC Sponsor or J	Joint Fundrais	ing Representativ	re
	NONE		STATE A ZIP CODE A Leadership PAC Sponsor Joint Fundraising Representative STATE A ZIP CODE A Leadership PAC Sponsor Joint Fundraising Representative number optional), and position of the person in STATE A ZIP CODE A Telephone number 954 - 531 - 6941 Ditional) of the treasurer of the committee; and the treasurer).			
1		<u> </u>		1 1 1 1	<u> </u>	
	Mailing Address					
		1				1 1 1
				. 1 1		
		CITY▲	S	TATE A	ZIP CODE	A
	Relationship: Connected Organization	Affiliated Committee	Londorphin BAC Spanso	ır loin:	t Eundraising Ponre	e optativo
	Connected Organization	Annated Committee	Leadership FAC Sporison	30111	i unuraising nepre	Semanve
7.	Custodian of Records: Ide	entify by name, address, (phone i	number optional), and	position of th	ne person in	
	possession of Committee		, ,		·	
	Full Name JOSUE	LAROSE				
	Mailing Address	PO BOX 9961				
		FORT LAUDERDA	.LE	FL	33310 _	
	Title or Position ▼	CITY A			ZIP CODE	
	CEO	Cit i g		054		_
8.	Treasurer: List the name	and address (phone number o	ptional) of the treasurer o	of the commi	ttee; and the	
	name and address of any	designated agent (e.g., assistan	t treasurer).			
	Full Name	E LAROSE				
	of Treasurer					
	Mailing Address	PO BOX 9961				
		FORT LAUDERDA	<u> </u>	<u>FL</u>	33310 – _	
	Title or Position ♥	CITY A	5	STATE	ZIP CODE	Δ.
	TREASUR	ER		954	708	7309
			Telephone numb	er		

FEC Form 1 (Revi	ised 12/2007)	(2007)	
Full Name of Designated Agent	JOSUE LAROSE		
Mailing Address	PO BOX 9961		
	FORT LAUDERDALE		33310 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
CHAIR	RMAN	Telephone number 954	3153892
Banks or Other Deposisafety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc.	ch the committee deposits funds, h	nolds accounts, rents
Mailing Address	D BANK 7345 W. OAKLAND PARK BLVD.		
	FORT LAUDERDALE		33319
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Bank, Deposito	ory, etc.		
Mailing Address			
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