FEC FORM 1	STATEMENT O ORGANIZATIO		PAGE 1 / 5	
1. NAME OF COMMITTEE (in full)	(Check if name Examp is changed) over th	e:If typing, type e lines.	E4M5	
	1900 WEST OAKLAND PARK BLVD.			
ADDRESS (number and street)				
 (Check if address is changed) 	 # 9961 _ _ _ _ _ _ _ _			
		FL	33310 − ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRI	ESS			
 (Check if address is changed) 	USPoliticalActionCommittees@	gmail.com		
	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE AD	DRESS (URL)	eesDirectory.com		
2. DATE 12 / D D / Y Y Y Y 18 / 2015				
3. FEC IDENTIFICATION NUMBER ► C C00598227				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	his Statement and to the best of my kno	wledge and belief it is true,	correct and complete.	
Type or Print Name of Treasure	er JOSHUA LAROSE			
Signature of Treasurer	HUA LAROSE [E	ectronically Filed] Date	M / D D / Y	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only	Fe To	r further information contact: deral Election Commission I Free 800-424-9530 cal 202-694-1100	FEC FORM 1 (Revised 06/2012)	

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TYPE OF	COMMITTEE	
Candidat	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee:	
(d)		Democratic, Republican, etc.) Part
Political /	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate sea committee. (i.e., nonconnected committee)	gregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

AFRICAN CONTINENT PROFESSIONAL BASEBALL LEAGUE

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

Mailing Address				
	CITY	STA	TE 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.

JOSHUA L	AROSE		
Full Name			
Mailing Address	1900 WEST OAKLAND PARK BLVD.		
	# 9961		
		FL 33310	
Title or Position	CITY	STATE	ZIP CODE
	T	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			
	# 9961		
		FL 33310	
	CITY	STATE	ZIP CODE
Title or Position		ı 800 i i	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.
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BANK			
Mailing Address	701 BRICKELL AVENUE		
	MIAMI		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: