Image# 201601249004570321			_	
FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 5
			Off	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
UNIVERSE'S GREA				
	1900 WEST OAKLAND PARK	K BLVD.		
ADDRESS (number and street)	 ,# 9961			
<ul> <li>(Check if address is changed)</li> </ul>				
	FORT LAUDERDALE		FL   333	10
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	USPoliticalActionComm	nittees@gmail.com		
is changed)				
	Optional Second E-Mail Add	dress		1
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DDRESS (URL)	ionCommitteesDirectory.com		
	22 / Y Y Y Y 2016			
3. FEC IDENTIFICATION N	UMBER ► C co	00606327		
4. IS THIS STATEMENT	K NEW (N) OR	AMENDED (A)		
I certify that I have examined t	this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
-				
Type or Print Name of Treasure	er JOSHUA LAROSE			
Signature of Treasurer	HUA LAROSE	[Electronically Filed]	Date 01	24 / Y Y Y Y Y 2016
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATIO			penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

01/24/2016 00 : 29

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FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>	
TYPE OF C	OMMITTEE		
Candidate	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. (Com information below.)	plete the candidate	
Name of Candidate			
Candidate Party Affiliat	on Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Cor	nmittee:		
(d)		(Democratic, Republican, etc.) Par	
Political A	ction 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	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 se committee. (i.e., nonconnected committee)	gregated fund or par	
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	Iraising 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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
Com	mittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## UNIVERSE'S GREATEST BILLIONAIRE JOSHUA LAROSE SUPERMARKETS COMMITTEE

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 F	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 I	LAROSE	
Full Name		
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
	_ <mark># 9961</mark> I I I I I I I_	
		FL 33310
Title or Position	CITY	STATE ZIP CODE
	Telephone num	ber 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	JOSHUA LAROSE
of Treasurer	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
	# 9961 
	CITY STATE ZIP CODE
Title or Position	Telephone number       800       768       6650

Full Name of Designated	JOSHUA LAROSE
Agent	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
	<b># 9961</b>
	FORT LAUDERDALE         FL         33310
	CITY STATE ZIP CODE
Title or Position	Telephone number 800 - 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	1801 ALTON ROAD	
		FL   33139
	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: