FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 5		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5		
ADDRESS (number and street)	1900 WEST OAKLAND PARK	(BLVD.			
<ul> <li>(Check if address is changed)</li> </ul>	# 9961		FL       33310         STATE ▲       ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDR	ESS				
<ul> <li>(Check if address is changed)</li> </ul>		hittees@gmail.com			
	Optional Second E-Mail Add	Iress			
COMMITTEE'S WEB PAGE AI	DDRESS (URL)	onCommitteesDirectory.com			
2. DATE 12 / D D / Y Y Y Y Y Y 2015					
3. FEC IDENTIFICATION N	3. FEC IDENTIFICATION NUMBER ► C C00597914				
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer JOSH LAROSE					
Signature of Treasurer	TH LAROSE	[Electronically Filed]	Date 12 / D D / Y Y Y Y 18 2015		
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		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			

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FEC For	m 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE	
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. (Complinformation below.)	ete the candidate
Name of Candidate		<u> </u>
Candidate Party Affiliatio	on 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	mittee:	
(d)		emocratic, epublican, etc.) Part
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 seg committee. (i.e., nonconnected committee)	regated 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 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
Com	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## ASIAN CONTINENT PROFESSIONAL BASKETBALL LEAGUE

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

Mailing Address				
			-	
	STATE ZIP CO	DE		
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 Address	1900 WEST OAKLAND PARK BLVD.
-	# 9961 └──
	FORT LAUDERDALE         FL         33310           -         -         -         -
Title or Position	CITY STATE ZIP CODE
	Telephone number

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.
	<b># 9961</b> 
	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,
	<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.
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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: