PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) UNIVERSE'S GREATEST BILLIONAIRE JOSHUA LAROSE BEAUTY SALONS COMMITTEE 1900 WEST OAKLAND PARK BLVD. ADDRESS (number and street) # 9961 (Check if address is changed) FORT LAUDERDALE 33310 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS USPoliticalActionCommittees@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.UnitedStatesPoliticalActionCommitteesDirectory.com (Check if address is changed) DATE 2016 C00606384 FEC IDENTIFICATION NUMBER 3. X 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. JOSHUA LAROSE Type or Print Name of Treasurer JOSHUA LAROSE [Electronically Filed] 01 2016 Signature of Treasurer Date 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. FEC FORM 1

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

ŗ	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	1 49 6 4
Can	didate	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 Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			emocratic, epublican, etc.) Party
Poli	tical 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 a
		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 segrecommittee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t 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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nar	ame	
UNIVERSE'S GREA	ATEST BILLIONAIRE JOSHUA LAROSE BEAUTY SALONS	COMMITTEE
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE		
	<u> </u>	
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connect	cted Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
_		
Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the person in posse	ession of committee
JOSHU	JA LAROSE	
Full Name	,1900 WEST OAKLAND PARK BLVD.	
Mailing Address		
	<u>1</u> # 9961	
	FORT LAUDERDALE FL 33310	
Title or Position	CITY STATE ZI	IP CODE
PRESIDENT		6650
. Treasurer: List the name a	and address (phone number optional) of the treasurer of the committee; and the name	e and address of
any designated agent (e.g.	, assistant treasurer).	
Full Name JOSHUA of Treasurer	A LAROSE	
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
	# 9961 	
	FORT LAUDERDALE FL 33310	
Title or Position	CITY STATE ZI	P CODE
TREASURER	Telephone number 800 - 76	6650

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Full Name of Designated Agent	JOSHUA LAROSE				
Mailing Address	1900 WEST OAKLAND PARK BLVD.				
	# 9961				
	FORT LAUDERDALE CITY STATE Z	IP CODE			
Title or Position CEO		6650			
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.					
	CHASE BANK				
Mailing Address	1801 ALTON ROAD				
	MIAMI BEACH FL 33139				
_	CITY STATE Z	IP CODE			
Name of Bank D	pepository, etc.				
Name of Bank, L					
value of bank, L					
Mailing Address					

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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: