Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) ENTRAL AMERICA COUNTRIES PROFESSIONAL SOFTBALL LEAGU 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 2015 C00598763 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. JOSH LAROSE Type or Print Name of Treasurer JOSH LAROSE [Electronically Filed] 12 20 2015 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
	PE OF COMMITTEE					
	naidate	Committee:				
(a)	Ш	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.)	lete the candidate			
	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	ne of didate					
Par	rty Con	nmittee:	_			
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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)	NZ.		gregated fund or party			
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joir	nt 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.	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			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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FEC Form 1 (Revi		Page 3				
Write or Type Committee						
	MERICA COUNTRIES PROFESSIONAL SOFTE					
	eted Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor				
NONE						
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor				
7. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the person in	possession of committee				
JOSH Full Name	H LAROSE					
Mailing Address	1900 WEST OAKLAND PARK BLVD.					
-	# 9961					
	FORT LAUDERDALE FL 333	10				
Title or Position	CITY STATE	ZIP CODE				
PRESIDENT	Telephone number 800	768 - 6650				
8. <b>Treasurer:</b> List the nam any designated agent (e	<b>Treasurer:</b> 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 of Treasurer	HLAROSE					
Mailing Address	1900 WEST OAKLAND PARK BLVD.					
	# <b>9961</b>					
	FORT LAUDERDALE FL 3331	.0				
Title or Position	CITY STATE	ZIP CODE				
TREASURER		768 - 6650				

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>4</b>				
Full Name of Designated Agent	JOSH LAROSE					
Mailing Address	1900 WEST OAKLAND PARK BLVD,					
<b>5</b>	# 9961					
	FORT LAUDERDALE FL 33310  CITY STATE ZII	P CODE				
Title or Position CEO		8   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.						
	BANK OF AMERICA					
Mailing Address	701 BRICKELL AVENUE					
	MIAMI FL 33131					
	CITY STATE ZI	P CODE				
Name of Bank, [	Depository, etc.					
Mailing Address						
	CITY STATE ZI	P CODE				

## : 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: