FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(Cas instru										
		(See instrud	ctions)					Offi	ce use only			
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)		nple: If typyir the lines	ng, type	12F	E4M5	5				
UNITED STA	TES ADVE	TISTS FEDERAL PA	. <mark>С</mark>								لــــــــــــــــــــــــــــــــــــــ	
						111		11				لــــا
ADDRESS (number and	d street)	Attn to: American	Executive	Center							لــــــــــــــــــــــــــــــــــــــ	Ш
(Check if add	dress	110 East Broward	Blyd. Suit	e 1700								
is changed)		Fort Lauderdale			ш	L FL		Ш	3330	<u>1</u>	لــــــــــــــــــــــــــــــــــــــ	لب
COMMITTEE'S E-MA	All ADDRES	S	CITY▲			STATI	E 		ZIP	CODE	•	
treasurerjosu												1
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			шш	шш							للـــــــــــــــــــــــــــــــــــــ	Щ.
COMMITTEE'S WEE	B PAGE ADD	RESS (URL)										
www.usbigg	estpolitica	actioncommittees.c	om 		111							لـــــا
											لــــــــــــــــــــــــــــــــــــــ	Ш
COMMITTEE'S FAX 9544820073	<u>ш</u> _											
2. DATE 0		1										
3. FEC IDENTIFIC	CATION NUM	BER	C C00	456640								
4. IS THIS STATE	EMENT X	NEW (N) OF		AMENI	DED (A)							
I certify that I have exar	mined this State	ement and to the best of my	knowledge an	d belief it is tr	ue, correct a	and compl	ete					
Type or Print Name o	of Treasurer	JOSUE LARO	SE									
Signature of Treasure	er El <u>ectron</u>	ically Filed by JOSUE	LAROSE			Date	0	2 ^M /	01	/ Y	Ý 2 0) 0 9 ·
NOTE: Submission of t		s, or incomplete information			_				of 2 U.S.C	. S437g	-	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commi)-424-9530	ission			FEC F	FORN d 12/200		

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5.		COMMITTEE (Check One) 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. (Complete t information below.)	he candidate
	Name of Candidate		
	Candidate Party Affilia	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		
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political A	ction Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock La	bor Organization
		Membership Organization Trade Association Co	poperative
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
		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
	Co	mmittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number	
		4. FEC ID number C	
		FEC ID number	

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Write or Type Committee Nam	e		
UNITED STATES AD	ENTISTS FEDERAL PAC		
6. Name of Any Connected	Organization, Affiliated Committee, Leadership F	PAC Sponsor or Joint Fundrais	ing Representative
NONE			
Mailing Address			
	CITY▲	STATE ▲	ZIP CODE 🛕
Relationship:			
Connected Organizat	on Affiliated Committee Leader	rship PAC Sponsor Joint	Fundraising Representative
7. Custodian of Records: possession of Commit	Identify by name, address, (phone number	- optional), and position of th	e person in
ı JOS	UE LAROSE		
Full Name			
Mailing Address	PO BOX 9961		
	FORT LAUDERDALE	<u>FL</u> _	33310
Title or Position ▼	CITY A	STATE	ZIP CODE A
CEO		Telephone number954	- <u>531</u> - <u>6941</u>
	ne and address (phone number optional) o any designated agent (e.g., assistant treasure		tee; and the
	iny designated agent (e.g., assistant freasure	ਤ। <i>)</i> .	
Full Name of Treasurer JOS	UE LAROSE		
	PO BOX 9961		
Mailing Address			
	FORT LAUDERDALE	FL	33310
Title or Position ♥	CITY A	STATE A	ZIP CODE A
	unen.		
TREAS	UKEK	Telephone number 954	708 7309

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Full Name of Designated Agent	JOSUE LAROSE		
Mailing Address	PO BOX 9961		
	FORT LAUDERDALE		33310 –
Title or Position ♥	CITY A	STATE A	ZIP CODE A
CHAII	RMAN	Telephone number 954	315 3892
Banks or Other Depos safety deposit boxes or			
safety deposit boxes or Name of Bank, Deposit	tory, etc. TD BANK		
safety deposit boxes or Name of Bank, Deposit			
safety deposit boxes or Name of Bank, Deposit	TD BANK		
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safety deposit boxes or Name of Bank, Deposit	TD BANK 7345 W. Oakland Park Blvd.	FL STATE △	33319 ZIP CODE 🛕
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safety deposit boxes or Name of Bank, Deposit	7345 W. Oakland Park Blvd. Fort Lauderdale	STATE △	ZIP CODE _A
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	7345 W. Oakland Park Blvd. Fort Lauderdale CITY tory, etc.	STATE △	ZIP CODE _A
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	7345 W. Oakland Park Blvd. Fort Lauderdale CITY tory, etc.	STATE △	ZIP CODE