Image# 201512109004171443				PAGE 1 / 5
FEC FORM 1	STATEMEI ORGANIZ	-	Of	fice Use Only
1. NAME OF	(Check if name	Example:If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
JAPANESE CH	AMBER OF COM	IMERCE OF AM	ERICA	
	1900 WEST OAKLAND PARI	K BLVD.		
ADDRESS (number and street)	L			
<ul> <li>(Check if address is changed)</li> </ul>				
	FORT LAUDERDALE		FL 333	10
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	USPoliticalActionCom	nittees@gmail.com		
is changed)				
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AN (Check if address is changed)	DDRESS (URL)			
	10 <sup>7</sup> 2015			
3. FEC IDENTIFICATION N	NUMBER ► C c	00595223		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
-				
Type or Print Name of Treasur	er JOSHUA LAROSE			
Signature of Treasurer	SHUA LAROSE	[Electronically Filed]	Date 12	10 / Y Y Y Y Y 2015
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		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)

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FEC FC	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	COMMITTEE	
Candidat	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. (Comp information below.)	lete 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)	(National, State	Democratic, lepublican, etc.) Par
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate second committee. (i.e., nonconnected committee)	pregated 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 Fun	draising 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
Con	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)

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Write or Type Committee Name

## JAPANESE CHAMBER OF COMMERCE OF AMERICA

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 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 L	ROSE
Full Name	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
	# 9961 
	FORT LAUDERDALE FL 33310
Title or Position	CITY STATE ZIP CODE
PRESIDENT	Telephone number     850     443     4269

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.
	<b># 9961</b> 
	FORT LAUDERDALE     FL     33310
	CITY STATE ZIP CODE
Title or Position	Telephone number     850     443     4269

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	R

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 o	f Bank,	Depository,	etc.
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BANK			
Mailing Address	401 LAS OLAS BLVD.		
			33301
	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: