Image# 11952663489 PAGE 1 / 4

STATEMENT OF

FEC FORM 1		OF	RGAN	IIZA	TIO	N					Office	e Use (Onlv			
NAME OF COMMITTEE (ir	n full)	^ '	neck if nam changed)	ie		le:If typir e lines.	ng, type	1	2FE	4M5						
UNITED STA	ATES D	EPART	MENT	OF	THE	TREA	SUR	ΥE	ИPL	OY	EES	SSU	JPE	ER I	PA	C
ADDRESS (number a	nd street)	MAILING A	ADDRESS :		<u> </u>											
(Check if an is changed)	ddress	P. O. BOX	9961 JDERDALE	:					FL		33310)				
				CIT	TY			S	TATE			ZIF	o COI	DE		
COMMITTEE'S E-MA (Check if is change	address		rovide only			ess)										
COMMITTEE'S WEB	PAGE ADD	RESS (URL	_)													
(Check if is change																
2. DATE 10	0 18		2011													
3. FEC IDENTIFIC	CATION NU	MBER	C	C004	456475											
4. IS THIS STATE	MENT X	NEW (N	J) O	R		AMEN	DED (A)									
I certify that I have o	examined thi	s Statement	and to the	e best of	f my kno	wledge a	and belie	f it is t	rue, c	orrect	and c	omple	te.			
Type or Print Name	of Treasurer	JOSUE LA	AROSE													
Signature of Treasure	JOSUE I	LAROSE			[1	Electronic	ally Filed]	Da	te	10	/	18] ′ [011	Y
NOTE: Submission of		ous, or incom	•				-	•			the pe	enalties	of 2	U.S.C). §43	7g.
Office Use					Fe		information tion Comm 0-424-9530		ct:			EC			1	_

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal committee (Complete the condidate information)	ation holow)
(a) This committee is a principal campaign committee. (Complete the candidate information)	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Candidate Line In the second control of the second contro	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	(Dama ama')
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on lin	ne 6.) Its connected 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 committee. (i.e., nonconnected committee)	separate segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federa	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candid	
Committees Participating in Joint Fundraiser	
1. FEC ID number	С
2 FEC ID number	С
3.	C
4. FEC ID number	C

-	FEC Form 1 (Revised	02/2009)	Page 3
Write	e or Type Committee Nam	ne	
UN	NITED STATES	DEPARTMENT OF THE TREASURY EMPLOYEES	SUPER PAC
6. N	lame of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	nip PAC Sponsor
NO	NE 		
М	ailing Address		
	3		
		CITY STATE	ZIP CODE
R	elationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
	ustodian of Records: Ide	entify by name, address (phone number optional) and position of the person in pos	session of committee
	JOSUE L Lailing Address	_AROSE P. O. BOX 9961	
		FORT LAUDERDALE FL 33310	
Ti	itle or Position	CITY STATE	ZIP CODE
L	EXECUTIVE DIRECTOR	Telephone number	270 - 4433
. Tr	easurer: List the name any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
	ıll Name JOSUE L Treasurer	AROSE	
Ma	ailing Address	P. O. BOX 9961	
		FORT LAUDERDALE FL 33310	
Tit	tle or Position	CITY STATE	ZIP CODE
	TREASURER	Tolophono number	270 4433

FEC F or	m 1 (Pavisad 0.2/2000)	Daga A
FEC FOR	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	JOSUE LAROSE	
Mailing Address	P. O. BOX 9961	
J		
	FORT LAUDERDALE FL	33310
Title or Desition	CITY STATE	ZIP CODE
Title or Position ECONOMIC AE		202 - 270 - 4433
safety deposit be	r Depositories: List all banks or other depositories in which the committee depo oxes or maintains funds. Depository, etc.	isits lunus, noius accounts, rents
	oxes or maintains funds. Depository, etc. BANK OF AMERICA	isits funds, floids accounts, fents
safety deposit be	Depository, etc. BANK OF AMERICA 1900 WEST SAMPLE ROAD	isits funds, floids accounts, fents
safety deposit be Name of Bank,	Depository, etc. BANK OF AMERICA 900 WEST SAMPLE ROAD	
safety deposit be Name of Bank,	Depository, etc. BANK OF AMERICA 1900 WEST SAMPLE ROAD	33064
safety deposit be Name of Bank,	Depository, etc. BANK OF AMERICA 900 WEST SAMPLE ROAD	33064
safety deposit be Name of Bank,	Depository, etc. BANK OF AMERICA 900 WEST SAMPLE ROAD POMPANO BEACH FL CITY STATE	33064
safety deposit be Name of Bank, Mailing Address	Depository, etc. BANK OF AMERICA 900 WEST SAMPLE ROAD POMPANO BEACH FL CITY STATE	33064 ZIP CODE
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. BANK OF AMERICA 900 WEST SAMPLE ROAD POMPANO BEACH CITY STATE Depository, etc.	33064 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. BANK OF AMERICA 900 WEST SAMPLE ROAD POMPANO BEACH CITY STATE Depository, etc.	33064 ZIP CODE
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. BANK OF AMERICA 900 WEST SAMPLE ROAD POMPANO BEACH CITY STATE Depository, etc.	33064 ZIP CODE