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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. UNIVERSE'S GREATEST BILLIONAIRE JOSHUA LAROSE MEDICAL LABORATORIES 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 C00606525 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		<u>-</u>
(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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	

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Write or Type Committee Name		T ugo U
	ST BILLIONAIRE JOSHUA LAROSE MEDICAL LABORATORIE:	S COMMITTEE
	Prganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	
NONE		
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in posse	ession of committee
JOSHUA L	AROSE	1
	1900 WEST OAKLAND PARK BLVD.	
Mailing Address	# 9961	
	FORT LAUDERDALE S33310	
Title or Position	CITY STATE Z	IP CODE
PRESIDENT	Telephone number 800 - 70	6650
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name JOSHUA L	AROSE	ı
of Treasurer	1900 WEST OAKLAND PARK BLVD.	
Mailing Address		
	# 9961	
	FORT LAUDERDALE FL 33310 CITY STATE ZI	P CODE
Title or Position TREASURER	Telephone number 800 - 76	

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Full Name of Designated Agent	OSHUA LAROSE	
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
	# 9961	
	FORT LAUDERDALE CITY STATE	3310 ZIP CODE
Title or Position CEO	Telephone number 800	6650
Safety deposit boxes of Name of Bank, Depos	ository, etc.	s, holds accounts, rents
CH	HASE BANK	
Mailing Address	1801 ALTON ROAD	
	MIAMI BEACH FL 33	3139
	MIAMI BEACH FL 33	3139 ZIP CODE
Name of Bank, Depos	CITY STATE	
Name of Bank, Depos	CITY STATE	
Name of Bank, Depos	CITY STATE	
L	CITY STATE	
L	CITY STATE	

: 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: