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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) is changed) over the lines. 'ENEZUELAN CHAMBER OF COMMERCE OF AMERICA 1900 WEST OAKLAND PARK BLVD. ADDRESS (number and street) # 9961 (Check if address is changed) FORT LAUDERDALE FL 33310 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) (Check if address is changed) DATE 2015 C00595496 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] 12 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 Only

Local 202-694-1100

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TYP	E OF C	OMMITTEE	1 ago 2			
Car	andidate Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		plete the candidate				
Name of Candidate						
	didate y Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	Party Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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 secommittee. (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.)				
Join	t Func	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo 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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W	rite or Type Committee Nam	ne e	
\	/ENEZUELAN	CHAMBER OF COMMERCE OF AMERICA	4
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
N	ONE		
	<u> </u>		<u> </u>
	Mailing Address		
		CITY STATE ZI	P CODE
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
	_		
		entify by name, address (phone number optional) and position of the person in posse	ssion of committee
	books and records.		
	JOSHUA Full Name	LAROSE	
	Mailing Address	1900 WEST OAKLAND PARK BLVD.	.
	g	# 9961	
		FORT LAUDERDALE FL 33310	
	Title or Position	CITY STATE ZIF	P CODE
	PRESIDENT		3 4269
3.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name JOSHUA	LAROSE	
	of Treasurer		
	Mailing Address	1900 WEST OAKLAND PARK BLVD.	
		 # 9961	
		FORT LAUDERDALE FL 33310	
	Title or Position	CITY STATE ZIF	CODE
	TREASURER	Tolophoro number 850 440	3 4269

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Full Name of Designated Agent	JOSHUA LAROSE	<u> </u>					
Mailing Address	1900 WEST OAKLAND PARK BLVD.						
-	# 9961						
	FORT LAUDERDALE FL 333310 CITY STATE ZIF	P CODE					
Title or Position ADMINISTRATO	DR	3 - 4269					
safety deposit bo	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	401 LAS OLAS BLVD						
	FORT LAUDERDALE FL 333301						
	CITY STATE ZIF	P CODE					
Name of Bank, [Depository, etc.						
Mailing Address							
	CITY STATE ZIF	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: