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STATEMENT OF

FORM 1		O	RGA	NIZA	ATIC	N							Offi	ce Us	se On	ly			
NAME OF COMMITTEE (in	full)		(Check if national is changed)			mple: If	,, ,	g, type)	12	FE4	4M5							
UNITED ST	TATES	DEF	PARTI	/ENT	OF	<u> </u>	BC	R	ΞM	PL	0)	/E	ES	SI	JP	EF	۲ F	Α	C
			0.455555	0															
ADDRESS (number ar	nd street)	MAILIN	G ADDRES	S:															Ш
(Check if address is changed)		P. O. B	OX 9961																
		FORT	LAUDERDA	LE						L ^{FL}			3331	10					Ш
				C	CITY					STA	ΤE				ZIP	COD	E		
COMMITTEE'S E-MA	IL ADDRES		e provide on	-			1 1	1 1			1 1	ı	1 1	ı	1 1		1 1	ı	
(Check if is changed																			
COMMITTEE'S WEB	PAGE ADD	RESS (L	JRL)																
(Check if a	address																		Щ
	,																		Ш
2. DATE 10	18) / Y	2011																
3. FEC IDENTIFIC	CATION NU	MBER		C co	045664	.0													
4. IS THIS STATEM	MENT X	NEW	/ (N)	OR		A	MENC	ED (A	A)										
I certify that I have e	examined thi	s Statem	ent and to	the best	of my l	knowle	dge aı	nd bel	lief it	is tru	е, сс	rrect	and	com	plete	_			
Type or Print Name of	of Treasurer	JOSUE	LAROSE																
Signature of Treasure	JOSUE A	LAROSE				[Elect	ronical	lly File	d]	Date		10	M /	1	8	/ Y	20	011	Y
NOTE: Submission of f			complete info		•	•		-	-					enal	ties o	of 2 L	I.S.C	. §43	37g.
Office Use Only						Federa Toll Fre	rther in I Election ee 800-4	on Com 424-953	missio				I			OR 02/2		l	

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		OMMITTEE	i aye Z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / 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	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	X	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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position TREASURER

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V	Vrite or Type Committee Name	9			
Į	UNITED STATES	S DEPARTMENT OF I	_ABOR EM	PLOYEES S	SUPER PAC
6.	Name of Any Connected C	Organization, Affiliated Committee, Join	t Fundraising Repres	sentative, or Leaders	ship PAC Sponsor
,N	IONE				
L					
L					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising R	representative Le	adership PAC Sponsor
' .	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position	n of the person in po	ssession of committee
	JOSUE LA	AROSE			
	Full Name				
	Mailing Address	P. O. BOX 9961			
		FORT LAUDERDALE		FL 33310	
	Title or Position	CITY	S	STATE	ZIP CODE
	EXECUTIVE DIRECTOR		Telephone numb	er 202	270 - 4433
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the c	ommittee; and the na	ame and address of
	Full Name JOSUE LA of Treasurer	ROSE			
	Mailing Address	P. O. BOX 9961			
		FORT LAUDERDALE		FL 33310	
		CITY		TATE	ZIP CODE

202

Telephone number

270

4433

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Full Name of Designated Agent	JOSUE LAROSE							
Mailing Address	P. O. BOX 9961							
	FORT LAUDERDALE FL 33310 CITY STATE ZI	IP CODE						
Title or Position ECONOMIC ADV								
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.								
Mailing Address	BANK OF AMERICA 900 WEST SAMPLE ROAD							
	POMPANO BEACH FL 33064							
	CITY STATE Z	IP CODE						
Name of Bank, D	epository, etc.							
Mailing Address								
	CITY STATE ZI	IP CODE						