FEC FORM 1	STATEMEN ORGANIZ		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and street)	1900 WEST OAKLAND PARK	SBLVD.	
(Check if address is changed)	# 9961		FL 33310 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	USPoliticalActionComm	hittees@gmail.com	
	Optional Second E-Mail Add	Iress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DDRESS (URL)	onCommitteesDirectory.com	
	23 / Y Y Y Y 2015		
3. FEC IDENTIFICATION N	IUMBER ► C co	00599639	
4. IS THIS STATEMENT	K 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.
Type or Print Name of Treasur	er JOSHBUA LAROSE		
Signature of Treasurer	HBUA LAROSE	[Electronically Filed]	Date 12 / 24 / 2015
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATIO		this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Rev	vised 02/2009)	Page 2
TYPE OF COMMITTI	EE	
Candidate Comm	ittee:	
(a) This co	mmittee is a principal campaign committee. (Complete the candidate information below.)	
	mmittee is an authorized committee, and is NOT a principal campaign committee. (Comple tion below.)	te the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) This co	mmittee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This co		emocratic, publican, etc.) Party
Political Action Co	ommittee (PAC):	
(e) This co	mmittee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
	Corporation Corporation w/o Capital Stock	abor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	ommittee supports/opposes more than one Federal candidate, and is NOT a separate segre tee. (i.e., nonconnected committee)	egated fund or part
	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:	
	nmittee collects contributions, pays fundraising expenses and disburses net proceeds for two dees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	nmittee collects contributions, pays fundraising expenses and disburses net proceeds for two of ees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees I	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)

Write or Type Committee Name

AMERICAN INDIANS TRIBAL GOVERNMENT OF GEORGIA

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address					
	CITY	STAT	E 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.

JOSHBUA	LAROSE	
Full Name		
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
	# 9961	
	FORT LAUDERDALE FL 33310 - - - -	
Title or Position	CITY STATE ZIP COE	DE
	Telephone number 800 768	6650

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	JOSHBUA LAROSE
of Treasurer	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
	# 9961
	FORT LAUDERDALE FL 33310 -
	CITY STATE ZIP CODE
Title or Position	Telephone number 800 768 6650

Full Name of Designated Agent	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
	# 9961
	FORT LAUDERDALE FL 33310
	CITY STATE ZIP CODE
Title or Position	Telephone number 800 - 768 - 6650

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.

BANK			
Mailing Address	701 BRICKELL AVENUE		
	MIAMI	FL 33131	
	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: