

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines 12FE4M5

**UNITED STATES FILM STARS FEDERAL PAC**

ADDRESS (number and street)

**MAILING ADDRESS :**

(Check if address is changed)

**P. O. BOX 191328**

**MIAMI BEACH**

**FL**

**33119**

**1328**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

**treasurerjosuelarose@live.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 / 28 / 2009

3. FEC IDENTIFICATION NUMBER C C00456087

4. 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

Type or Print Name of Treasurer **JOSUE LAROSE**

Signature of Treasurer Electronically Filed by **JOSUE LAROSE** Date 12 / 28 / 2009

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 Use Only							
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate 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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (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 line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - 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 proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____	FEC ID number	<b>C</b> <input type="text"/>
2. _____	FEC ID number	<b>C</b> <input type="text"/>
3. _____	FEC ID number	<b>C</b> <input type="text"/>
4. _____	FEC ID number	<b>C</b> <input type="text"/>

Write or Type Committee Name

**UNITED STATES FILM STARS FEDERAL PAC**

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

**NONE**

Mailing Address

**CITY ▲**

**STATE ▲**

**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.

Full Name

**JOSUE LAROSE**

Mailing Address

**P. O. BOX 191328**

**MIAMI BEACH**

**FL**

**33119 - 1328**

Title or Position ▼

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**CEO**

Telephone number

**954**

**826**

**2731**

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 of Treasurer

**JOSUE LAROSE**

Mailing Address

**P. O. BOX 191328**

**MIAMI BEACH**

**FL**

**33119 - 1328**

Title or Position ▼

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**TREASURER**

Telephone number

**305**

**509**

**9614**

Full Name of Designated Agent

JOSUE LAROSE

Mailing Address

P. O. BOX 191328

MIAMI BEACH

FL

33119 - 1328

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number

954

640

8440

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.

Name of Bank, Depository, etc.

AMTRUST BANK

Mailing Address

447 ARTHUR GODFREY ROAD

MIAMI BEACH

FL

33140

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE