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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. WORLD'S RICHEST PERSON JOSUE LAROSE MEDICAL EQUIPMENT MANUFACTURERS 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 20 2016 C00605352 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. JOSH LAROSE Type or Print Name of Treasurer JOSH LAROSE [Electronically Filed] 01 20 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
TYP	E OF C	OMMITTEE	1 ago 2				
Car	ndidate	didate 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.)					
Nam Cand	e of didate						
	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	ty Con	nmittee:	/Damaau-+!-				
(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 segregated fund or committee. (i.e., nonconnected committee)					
		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				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Name	raye 3
WORLD'S RICHEST PERSON JOSUE LAROSE MEDICAL EQUIPMENT MAN	LIEACTURERS COMMITTEE
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the books and records. 	e person in possession of committee
JOSH LAROSE	ı
Full Name 1900 WEST OAKLAND PARK BLVD. Mailing Address	
# 9961	
FORT LAUDERDALE FL	33310
Title or Position CITY STATE	ZIP CODE
PRESIDENT Telephone number	800 768 6650
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committ any designated agent (e.g., assistant treasurer).	tee; and the name and address of
Full Name JOSH LAROSE	
of Treasurer 1900 WEST OAKLAND PARK BLVD.	
Mailing Address # 9961	
FORT LAUDERDALE FL	33310
CITY STATE	ZIP CODE
Title or Position TREASURER	800 768 6650

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Full Name of Designated	JOSH LAROSE	1
Agent	1900 WEST OAKLAND PARK BLVD.	
Mailing Address	1900 WEST CARLAIND FARR BLVD.	
	# 9961 	
	FORT LAUDERDALE FL 3331	0
	CITY STATE	ZIP CODE
Title or Position	Telephone number	768 6650
Name of Bank, Mailing Address	BANK OF AMERICA 701 BRICKELL AVENUE MIAMI FL 3313	1 1
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		

: 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: