28039880679

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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2018 OCT 20 PM 1: 18

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
UNITED STA	TES RACK	BUETBALL	PLAYERS	LEDERAL PAC
ADDRESS (number and street)	929, 5W	1574 57	CET	
(Check if address is changed)	DEERFIELD	BEACH	KU 3	3441-16276
COMMITTEE'S E-MAIL ADDRESS		CITY	STATE	ZIP CODE
	TOSUELARI	SED USA.	COM	
				
COMMITTEE'S WEB PAGE ADDR	ESS (URL)			
WWW. USRA	CRUSTBAL	LALAYERS.	PAC. CO!	Y
<u> </u>				
committee's fax number 1954-1354-105/	<u>4</u>			
2. DATE 10'13	2008			
3. FEC IDENTIFICATION NUM	BER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined this		<u> </u>		complete.
Type or Print Name of Treasurer		esue Cai	lose	
Signature of Treasurer			Date $\mathcal{I} \mathcal{D}$	13'208
NOTE: Submission of false, erroneou	•	may subject the person signing ON SHOULD BE REPORTED V	•	penalties of 2 U.S.C. §437g.
Office Use Only		For further Information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

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		DMMITTEE Committee:					
(a)		This committee is a principal campaign comm	nittee. (Complete the candidate inform	nation below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand		L					
Cand Party	idate Affiliati	Office on Sought:	House Senate	State President District			
(c)		This committee supports/opposes only one ca	undidate, and is NOT an authorized o	ommittee.			
Name Candi							
Part	y Con	mittee:	onal, State	. /Damagastia			
(d)			bordinate) committee of the	(Democratic, Republican, etc.) Party.			
(f)	X	Corporation Membership Organization This committee supports/opposes more than committee. (i.e., nonconnected committee)	Corporation w/o Capital Stock Trade Association one Federal candidate, and is NOT	Labor Organization Cooperative a separate segregated fund or party			
- —		In addition, this committee is a Leadersi	hip PAC. (Identify sponsor on line 6.)				
Join (g) (h)	t Fund	raising Representative: This committee collects contributions, pays fund committees/organizations, at least one of which this committee collects contributions, pays fund	is an authorized committee of a feder	ral candidate.			
(11)		committees/organizations, none of which is an a					
	Com	mittees Participating in Joint Fundraiser					
	1.		FEC ID numbe	# C			
	2.		FEC ID number	r C _.			
	3.		FEC ID number	r C			
	4.		FEC ID number	r C			
	_	, , , , , , , , , , , , , , , , , , ,		r C			

ESALMAS DOS

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Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Join	nt Fundralsing Representative
Mailing Address	
CITY STATE	ZIP CODE
Relationship:	
Connected Organization Affillated Committee Leadership PAC Sponsor J	loint Fundralsing Representative
 Custodian of Records: Identify by name, address (phone number optional) and position of the books and records. 	person in possession of committee
Full Name DOSAE GAROSE SMILLSTRA	<u> </u>
DEER FIELD BEACH FO	33441-1627 6
CITY STATE	ZIP CODE
Title or Position TREASURER Telephone number	354-1770-10603
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee any designated agent (e.g., assistant treasurer). 	e; and the name and address of
Full Name of Treasurer 1054E (ARSE)	
Mailing Address 909 100 15 11 15 KEG	
DEER FIEHD BEACH H	33441-6224 ZIP CODE
Title or Position TREASURS. Telephone number	254-354-6328
<u>L</u>	

CITY

STATE

ZIP CODE

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Full Name of Designated Agent

2883988968

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