| FEC FORM 1 | STATEMENT ORGANIZAT | | Office Use C | PAGE 1 / 5 |
|---|--|--|--|-----------------------|
| 1. NAME OF COMMITTEE (in full) | | Example:If typing, type over the lines. | 12FE4M5 | |
| | IAL ORGANIZATION | OF ENVIRON | MENT | 1 |
| | | | | |
| | 1900 WEST OAKLAND PARK BL | VD. | | |
| ADDRESS (number and stree | | | | |
| is changed) | FORT LAUDERDALE | | FL 33310 STATE ▲ Z | |
| COMMITTEE'S E-MAIL AD | DRESS | | | |
| (Check if address is changed) | | ees@gmail.com | | |
| ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; | Optional Second E-Mail Addres | S | | |
| | | | | |
| COMMITTEE'S WEB PAGE | | ommitteesDirectory.com | | |
| 2. DATE 12 / 21 / 2015 | | | | |
| 3. FEC IDENTIFICATION NUMBER ► C C00599217 | | | | |
| 4. IS THIS STATEMENT X NEW (N) OR AMENDED (A) | | | | |
| I certify that I have examin | ed this Statement and to the best of r | ny knowledge and belief it is | s true, correct and complet | e. |
| Type or Print Name of Trea | surer JOSH LAROSE | | | |
| Signature of Treasurer | IOSH LAROSE | [Electronically Filed] | Date 12 21 | / Y Y Y Y 2015 |
| 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 | | For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FORM 1 ed 06/2012) |

Image# 201512219004410708

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|----------------------------|--|--|--|
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| | COMMITTEE | | |
| Candidat | e 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 | L | | |
| Candidate Party Affilia | tion Office Sought: House Senate President District | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| Name of Candidate | | | |
| Party Co | | | |
| (d) | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par | | |
| Political / | Action Committee (PAC): | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is | | |
| | 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 par 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.) | | |
| Joint Fun | draising 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. | | |
| Cor | nmittees Participating in Joint Fundraiser | | |
| 1. | FEC ID number | | |
| 2. | FEC ID number | | |
| 3. | FEC ID number | | |
| 4. | FEC ID number | | |

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Write or Type Committee Name

INTERNATIONAL ORGANIZATION OF ENVIRONMENT

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

| Mailing Address | | | |
|-------------------------|---|------------------------|------------------------|
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundr | raising 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.

| JOSH LAF | OSE |
|-------------------|--|
| Full Name | |
| Mailing Address | 1900 WEST OAKLAND PARK BLVD. |
| Walling Address | # 0004 |
| | # 9961 |
| | FORT LAUDERDALE FL 33310 - - - - |
| Title or Position | CITY STATE ZIP CODE |
| | Telephone number |

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 | JOSH 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 PRESIDENT | 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.

Name of Bank, Depository, etc.

| Mailing Address | 701 BRICKELL AVENUE | |
|-----------------|---------------------|----------------|
| | | |
| | MIAMI | FL 33131 |
| | CITY | STATE ZIP CODE |
| Name of Bank, I | 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: