Only

## STATEMENT OF

PAGE 1/5 =

FORM 1		Und	ANIZA	TION		
						Office Use Only
NAME OF     COMMITTEE (in	ı full)	(Check is change		Example: If typing, type over the lines.	12FE4M5	
UNIVERSE'S GE	REATEST	BILLIONAIR	E JOSHUA	LAROSE COMPUTE	R MANUFACT	URERS COMMITTEE
<u> </u>						
ADDRESS (number a	nd street)	1900 WEST OAK	KLAND PARK E	BLVD.		
(Check if a is changed	address	# 9961				
is changed	4)	FORT LAUDERI	DALE		FL 333 STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	S				
(Check if a is changed		USPoliticalAc	ctionCommit	tees@gmail.com		
		Optional Second	d E-Mail Addre	ess		
		www.UnitedState	esPoliticalAction	CommitteesDirectory.com		
2. DATE 0°		2016	Y			
3. FEC IDENTIFIC	CATION NUI	MBER ▶	<b>C</b> coo	606707		
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMENDED (A)		
I certify that I have e	examined this	Statement and	to the best of	my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of	of Treasurer	JOSHUA LARO	SE			
Signature of Treasure	er <i>JOSHU</i>	IA LAROSE		[Electronically Filed]	Date 01	24 2016
NOTE: Submission of				ay subject the person signing  N SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use				For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYP	E OF C	OMMITTEE	1 ago 2
Car	ndidate	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. (Cominformation below.)	plete the candidate
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 secommittee. (i.e., nonconnected committee)	egregated fund or party
		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.		

FEC Form 1 (Revised 02.	/2009)	Page <b>3</b>
Write or Type Committee Name	2000,	. ago C
	BILLIONAIRE JOSHUA LAROSE COMPUTER MANUFACTURERS	S COMMITTEE
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	
NONE		
Mailing Address		
l		
L		
	CITY STATE ZIF	CODE
Relationship: Connected C	Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
<ol> <li>Custodian of Records: Identified books and records.</li> </ol>	fy by name, address (phone number optional) and position of the person in posses	ssion of committee
JOSHUA LA	ROSE	1
Full Name	1900 WEST OAKLAND PARK BLVD.	
Mailing Address	# 9961	
	FORT LAUDERDALE , FL , 33310	
	PORT LAUDERDALE	
Title or Position	CITY STATE ZIP	CODE
PRESIDENT	Telephone number 800 - 768	6650
3. <b>Treasurer:</b> List the name and a any designated agent (e.g., ass	address (phone number optional) of the treasurer of the committee; and the name sistant treasurer).	and address of
Full Name JOSHUA LAI	ROSE	1
of Treasurer	1900 WEST OAKLAND PARK BLVD.	
Mailing Address		
L	# 9961	
L	FORT LAUDERDALE FL 33310	
Title or Position TREASURER	CITY STATE ZIP  Telephone number 800 - 768	CODE 6650

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Full Name of Designated Agent	OSHUA LAROSE	
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
	# 9961	
	FORT LAUDERDALE  CITY  STATE	3310 ZIP CODE
Title or Position CEO	Telephone number 800	6650
Safety deposit boxes of Name of Bank, Depos	ository, etc.	s, holds accounts, rents
CH	HASE BANK	
Mailing Address	1801 ALTON ROAD	
	MIAMI BEACH FL 33	3139
	MIAMI BEACH FL 33	3139 ZIP CODE
Name of Bank, Depos	CITY STATE	
Name of Bank, Depos	CITY STATE	
Name of Bank, Depos	CITY STATE	
L	CITY STATE	
L	CITY STATE	

## : 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 = N5 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: