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## **STATEMENT OF**

FEC FORM 1		0	RGAN	IZAT	TION	1					Offic	ce Use	Only			
NAME OF     COMMITTEE (ir	n full)		Check if nam changed)		Example over the	e:If typing lines.	g, type	1	2FE	4M5			]			
REAL ESTAT	E ROUN	IDTAB	LE CORI	PORAT	TE CI	HIEF E	EXEC	UTI	/E (	OFF	ICE	RS	SUF	PER	PA	VC
ADDDEGG ( )		MAILING	ADDRESS :													
ADDRESS (number a  (Check if are is changed)	ddress	P. O. BC	X 9961 AUDERDALE						FL		3331	0		 		
				CIT	Y			S	ΓΑΤΕ			Z	IP CC	DE		
COMMITTEE'S E-MA  (Check if is change	address		provide only anJosueLaros			s)										
COMMITTEE'S WEB	PAGE ADD	RESS (UI	RL)													
(Check if is change																
2. DATE 02	2 01	) / Y	2012													
3. FEC IDENTIFIC	CATION NU	MBER	C	C0045	56053											
4. IS THIS STATE	MENT X	NEW	(N) <b>O</b>	R		AMENE	DED (A)									
I certify that I have o	examined thi	s Stateme	nt and to the	best of i	my knov	vledge a	nd beliei	f it is t	rue, c	orrec	t and	comp	ete.			
Type or Print Name	of Treasurer	JOSUE	LAROSE													
Signature of Treasure	JOSUE I	AROSE			[El	ectronica	lly Filed]	Da	te	02	M /	01	)		2012	Y
NOTE: Submission of			omplete inform	-	•		_	-				enaltie	s of 2	2 U.S.	C. §4:	37g.
Office Use					Fed	further in eral Election Free 800-	on Commi		ct:		F			<b>RM</b> 2/2009		 

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		rm 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
		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.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on 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:	
(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 con-	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		X In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	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.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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	
REAL ESTATE ROUNDTABLE CORPORATE CHIEF EXECUTIVE OFFICERS	SUPER PAC
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE	
Mailing Address	
	_  -
CITY STATE Z	IP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	ession of committee
JOSUE LAROSE	
Full Name 929 SW 15TH STREET	
Mailing Address	
DEERFIELD BEACH FL 33441	
Title or Position CITY STATE Z	IP CODE
CORPORATE CEO Telephone number  323 - 60	08 0434
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).</li> </ol>	e and address of
Full Name JOSUE LAROSE	1
of Treasurer	
Mailing Address 929 SW 15TH STREET	
DEERFIELD BEACH FL 33441	P CODE
CITY STATE ZI Title or Position	P L LIDE

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Full Name of Designated Agent	JOSUE LAROSE	
Mailing Address	929 SW 15TH STREET	
	DEERFIELD BEACH FL 33441  CITY STATE	ZIP CODE
Title or Position CHAIRMAN		608 - 0434
safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, hold es or maintains funds.  epository, etc.  WELLS FARGO BANK	s accounts, rents
Mailing Address	3885 NORTH FEDERAL HIGHWAY	
	POMPANO BEACH FL 33064	
	CITY STATE	ZIP CODE
Name of Bank, De	epository, etc.	
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		1
Mailing Address		
Mailing Address		
Mailing Address		