

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [X] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

JOSHUA LAROSE FOR UNITED STATES CONGRESS

ADDRESS (number and street) 232 MARKET STREET

[X] (Check if address is changed) FLOWOOD MS 39232

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) JoshualaroseforUScongress@gmail.com

[X] (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

[] (Check if address is changed)

2. DATE 01 / 28 / 2012

3. FEC IDENTIFICATION NUMBER C C00510032

4. IS THIS STATEMENT [X] 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.

Type or Print Name of Treasurer JOSHUA LAROSE

Signature of Treasurer JOSHUA LAROSE [Electronically Filed] Date 01 / 28 / 2012

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.

5. TYPE OF COMMITTEE

Candidate 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 JOSHUA LAROSE

Candidate Party Affiliation DEM Office Sought: House Senate President State MS District 04

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 party 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

JOSHUA LAROSE FOR UNITED STATES CONGRESS

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising 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.

Full Name JOSHUA LAROSE

Mailing Address 232 MARKET STREET

FLOWOOD

MS

39232

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number 601 - 503 - 8043

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 of Treasurer JOSHUA LAROSE

Mailing Address 232 MARKET STREET

FLOWOOD

MS

39232

Title or Position TREASURER

CITY

STATE

ZIP CODE

Telephone number 601 - 503 - 8043

Full Name of Designated Agent

JOSHUA LAROSE

Mailing Address

232 MARKET STREET

FLOWOOD

CITY

MS

STATE

39232

ZIP CODE

Title or Position

CEO

Telephone number

601

503

8043

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.

WELLS FARGO BANK

Mailing Address

6114 RIDGEWOOD ROAD

JACKSON

CITY

MS

STATE

39211

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE