FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
ADDRESS (number and stre	eet)	BLVD.	
(Check if addrest is changed)	SS		FL 33310 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DRESS		
 (Check if address is changed) 	Optional Second E-Mail Add		
COMMITTEE'S WEB PAGE (Check if address is changed)		onCommitteesDirectory.com	
2. DATE 12	17 / Y Y Y Y 2015		
3. FEC IDENTIFICATION NUMBER ► C C00597781			
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of	of my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Trea	asurer JOSH LAROSE		
Signature of Treasurer	JOSH LAROSE	[Electronically Filed]	Date 12 / 17 / 2015
NOTE: Submission of false,		nay subject the person signing thi N SHOULD BE REPORTED WIT	s Statement to the penalties of 2 U.S.C. §437g. "HIN 10 DAYS.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate Presider	State nt District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	е.
Name of Candidate	
Party Committee:	
(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	s connected organization i
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 separat committee. (i.e., nonconnected committee)	te segregated fund or pa
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 committees/organizations, at least one of which is an authorized committee of a federal candid	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds f committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	
4	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

EUROPEAN CONTINENT PROFESSIONAL TENNIS LEAGUE

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

Mailing Address				
CITY			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.

JOSH LAF	OSE
Full Name	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
-	# 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	s 1900 WEST OAKLAND PARK BLVD.	
	# 9961	
		33310
	CITY STATE	ZIP CODE
Title or Position	n	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 o	f Bank,	Depository,	etc.
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BANK			
Mailing Address	701 BRICKELL AVENUE		
	MIAMI 	FL (33131
	CITY	STATE	ZIP CODE
Name of Bank, 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: