Image# 201512179004293845				
FEC FORM 1	STATEMEN ORGANIZ		Offic	PAGE 1 / 5
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	-
		over the lines.		
ADDRESS (number and street)	1900 WEST OAKLAND PARK	K BLVD.		
(Check if address	l [#] 9961			
is changed)	FORT LAUDERDALE		FL 33310	0
			L L⊥ STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address		-		
is changed)	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL) www.UnitedStatesPoliticalActi	ionCommitteesDirectory.com		
	7 / Y Y Y Y 2015			
3. FEC IDENTIFICATION N		00597799		
4. IS THIS STATEMENT	K NEW (N) OR	AMENDED (A)		
I certify that I have examined t	this Statement and to the best	of my knowledge and belief it	is true, correct and c	complete.
Type or Print Name of Treasure	er JOSH LAROSE			
Signature of Treasurer	H LAROSE	[Electronically Filed]	Date 12	17 / Y Y Y Y 2015
NOTE: Submission of false, error		may subject the person signing t ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on	EC FORM 1 (Revised 06/2012)

12/17/2015 21 : 22

FFC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	1 uyu 2
	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. (Compl information below.)	ete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)		emocratic, epublican, etc.) Part
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 segure committee. (i.e., nonconnected committee)	regated fund or part
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

EUROPEAN CONTINENT PROFESSIONAL SOCCER LEAGUE

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

Mailing Address					
	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.

JOSH LAF	ROSE	
Full Name		
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
	# 9961 	
	FORT LAUDERDALE FL 33310	
Title or Position	CITY STATE Z	IP CODE
	Telephone number	68 6650

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	of	Bank,	Depository,	etc.
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BANK			
Mailing Address	701 BRICKELL AVENUE		
		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: