01/29/2012 21 : 35

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FEC FORM 1		STATE					O	ifice Use Onl	y	
NAME OF COMMITTEE (in	n full)	(Check if is changed		Example:If to		12F	E4M5			
UNITED S	TATES	S FILM ST	ARS	SUPER	PAC					
		MAILING ADDRE								
ADDRESS (number a	nd street)	WIAILING ADDICE								
(Check if address is changed)		P. O. BOX 9961 FORT LAUDERD	ALE			FL	333	310		
			CI	ITY		STATE		ZIP (CODE	
COMMITTEE'S E-MA (Check if is change	address	S (Please provide of ChairmanJosueL	-							
COMMITTEE'S WEB	B PAGE ADD	RESS (URL)								
(Check if is change	address									
2. DATE 0°	1 29	2012								
3. FEC IDENTIFIC	CATION NU	MBER	C coo	456087						
4. IS THIS STATE	MENT X	NEW (N)	OR	AM	ENDED (A)					
I certify that I have e	examined this	Statement and to	the best o	of my knowledg	ge and belief	it is true,	correct and	d complete.		
Type or Print Name	of Treasurer	JOSUE LAROSE								
Signature of Treasure	JOSUE I	AROSE		[Electro	nically Filed]	Date	M - M /	29	2	2012
NOTE: Submission of		ous, or incomplete in						penalties o	f 2 U.S.0	C. §437g.

Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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TYPE OF COMMITTEE			
Candidate Committee: (a) This committee is a principal compaign committee (Complete the candidate inform	nation holow)		
(a) This committee is a principal campaign committee. (Complete the candidate inform	nation below.)		
(b) This committee is an authorized committee, and is NOT a principal campaign cominformation below.)	nmittee. (Complete the candidate		
Name of Candidate			
Candidate Office Party Affiliation Sought: House Senate	State President District		
(c) This committee supports/opposes only one candidate, and is NOT an authorized of	committee.		
Name of Candidate			
Party Committee:	' D' ''		
(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 I	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 committee. (i.e., nonconnected committee)	a separate segregated 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.)			
Joint Fundraising Representative:			
(g) This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, at least one of which is an authorized committee of a feder			
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal cand			
Committees Participating in Joint Fundraiser			
1.	er C		
2.	er C		
3. FEC ID numbe	er C		
4. FEC ID number	r C		

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	FEC Form 1 (Revised C			Page 3
	Vrite or Type Committee Name			
_		ES FILM STARS SU		o and and analog DAC Common
6.	-	rganization, Affiliated Committee, Jo	oint Fundraising Representativ	e, or Leadership PAC Sponsor
L	IONE			
L				
	Mailing Address			
	-			
				1
		CITY	STATE	ZIP CODE
	Deletionship. Connected	Organization Affiliated Committee	Laint Fundraising Danrasar	Landarchin DAC Spansor
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represer	ntative Leadership PAC Sponsor
 7.	Custodian of Boords, Idan	tify by name, address (phone number	antianal) and position of the	person in pessession of committee
7.	books and records.	tily by flame, address (prione flamber	optional) and position of the	person in possession of committee
	JOSUE LA	ROSE		
	Full Name	,929 SW 15TH STREET		
	Mailing Address			
		DEERFIELD BEACH	FL	33441
	Title or Position	CITY	STATE	ZIP CODE
	↓ FILM STAR			323 608 0434
			Telephone number	
8.	Treasurer: List the name and	l address (phone number optional) o	of the treasurer of the committe	be; and the name and address of
0.	any designated agent (e.g., a	ssistant treasurer).	or the treasurer of the committee	ic, and the name and address of
	Full Name JOSUE LA of Treasurer	ROSE		
	Mailing Address	929 SW 15TH STREET		
		DEERFIELD BEACH		33441
	Tu 0 11	CITY	STATE	ZIP CODE
	Title or Position TREASURER		Telephone number	323 - 608 - 0434
			reichnone nannei _	

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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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Mailing Address		
Mailing Address		
Mailing Address		