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12/17/2015 21 : 27

FEC FORM 1		ORGA						Office U	se Only		
1. NAME OF COMMITTEE (in	ı full)	(Check if is change		Example: If typic over the lines.	ng, type	12FE	4M5				
EUROPEA	N COI	NTINENT F	PROFE	SSIONA	L GOL	F LE	AGU	E			
		1000 WEST OAK	AND DARK F								
ADDRESS (number and street)		1900 WEST OAKL	AND PARK E	3LVD.							
(Check if a is changed		# 9961 FORT LAUDERD	ALE			FL STATE	L	3310	ZIP	- L	
COMMITTEE'S E-MA	AIL ADDRES	SS									
(Check if address is changed)		USPoliticalAct	ionCommit	tees@gmail.c	om						
		Optional Second	E-Mail Addre	ess							
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL) www.UnitedStates	PoliticalAction	nCommitteesDirect	tory.com						
2. DATE 12	M / D 17	D / Y Y Y 2015	Y								
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C coo	597807							
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMEN	IDED (A)						
certify that I have e	examined th	is Statement and to	the best of	my knowledge a	and belief it	is true, c	orrect ar	nd com	plete.		
Type or Print Name of	of Treasurer	JOSH LAROSE									
Signature of Treasure	er <i>JOSH</i>	LAROSE		[Electronica	lly Filed]	Date	M M 12	/ D	7)15
NOTE: Submission of		ous, or incomplete in						e pena	Ities of	2 U.S.C	. §437g.
Office Use Only				I						PRM 106/2012)	

	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
TYP	E OF C	OMMITTEE	1 ago 2			
Car	ndidate	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.)	plete the candidate			
Nam Cand	e of didate					
	didate y Affiliati	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:	/Damaau-+!-			
(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 cor	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)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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.)				
Join	t Func	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.	vo 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.	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 N		
EUROPEAN (CONTINENT PROFESSIONAL GOLF LEA	GUE
6. Name of Any Connected	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
Mailing Address		
Ü		
		-
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
3	# 9961	
	FORT LAUDERDALE FL 33311	0
Title or Position	CITY STATE	ZIP CODE
PRESIDENT		768 - 6650
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name JOSH of Treasurer	LAROSE	
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
Ç	# 9961 	
	FORT LAUDERDALE FL 33310)
Title or Position	CITY STATE	ZIP CODE
TREASURER	800	768 6650

Telephone number

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Full Name of Designated Agent	JOSH LAROSE							
Mailing Address	1900 WEST OAKLAND PARK BLVD.							
.	# 9961							
	FORT LAUDERDALE CITY STATE ZII	P CODE						
Title or Position CEO		8 6650						
 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. 								
	BANK OF AMERICA							
Mailing Address	701 BRICKELL AVENUE							
	MIAMI FL 33131							
	CITY STATE ZI	P CODE						
Name of Bank, I	Depository, etc.							
Mailing Address								
	CITY STATE ZI	P CODE						

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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: