01/19/2016 01:07

STATEMENT OF

PAGE 1/5 =

FORM 1		ORGANIZ	ZATION		Office Use Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
WORLD'S R	ICHES	Γ PERSON JOS	SUE LAROSE SHO	PPING MAI	LS COMMITTEE
		<u> </u>			
ADDRESS (number and street)		1900 WEST OAKLAND PA	ARK BLVD.		
(Check if address is changed)		# 9961			
io onangoo	••	FORT LAUDERDALE CITY		FL 3	33310 ZIP CODE ▲
COMMUTTERIO E MA	ADDDEO			SIAILA	ZIF CODE
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)			mmittees@gmail.com		
		Optional Second E-Mail A	Address		1
(Check if a is changed		www.UnitedStatesPoliticalA	ActionCommitteesDirectory.com		
2. DATE 0	1 18	2016			
3. FEC IDENTIFIC	CATION NUI	MBER ▶ C	C00605113		
4. IS THIS STATEM	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined this	s Statement and to the be	est of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name	of Treasurer	JOSH LAROSE			
Signature of Treasure	er JOSH I	LAROSE	[Electronically Filed]	Date 01	19 / 2016
NOTE: Submission of			on may subject the person signing	_	he penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	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.		

EEC Earm 1 (Davinged 0	12/2000)		Dogo 2
FEC Form 1 (Revised 0 Write or Type Committee Name			Page 3
	T PERSON JOSUE LAF	OGE SHODDING	
•	rganization, Affiliated Committee, Joir	it rundraising Representativ	re, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represen	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number	optional) and position of the	person in possession of committee
JOSH LAR	OSE		
	1900 WEST OAKLAND PARK BLVD.		
Mailing Address	# 9961		
	FORT LAUDERDALE	, FL ,	33310
Title or Position	CITY	STATE	ZIP CODE
PRESIDENT		Telephone number	800 768 6650
3. Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of ssistant treasurer).	the treasurer of the committee	ee; and the name and address of
Full Name JOSH LAR	OSE		
	1900 WEST OAKLAND PARK BLVD.		
Mailing Address	# 9961		
	FORT LAUDERDALE		33310
	CITY	STATE	ZIP CODE
Title or Position TREASURER		Telephone number	800 768 6650

FEC For n	n 1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent						
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: