Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. DEMOCRATIC STRATEGIES COMMITTEE 16000 Pines Blvd. ADDRESS (number and street) Suite 0663 (Check if address is changed) Pembroke Pines  $\mathsf{FL}$ 33082 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ExecutiveDirectorJosueLarose@outlook.com (Check if address is changed) Optional Second E-Mail Address ChairmanJosueLarose@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.Democrats.org (Check if address is changed) DATE 25 2019 C00704213 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Larose, Josue, , Dr., Type or Print Name of Treasurer Larose, Josue, , Dr., [Electronically Filed] 04 25 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Com	nmittees 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 Name			<u> </u>
DEMOCRATIC	STRATEGIES COM	MITTEE	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Sponsor
NONE			
Mailing Address			
-			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number o	ptional) and position of the	person in possession of committee
Larose, Jo	sue, , Dr.,		
	16000 Pines Blvd.		
Mailing Address	Suite 0663		
	Pembroke Pines	, , , ,     FL	33082
Title or Position	CITY	STATE	ZIP CODE
		0,,,,2	
Treasurer		Telephone number	850 - 524 - 0618
B. <b>Treasurer:</b> List the name and any designated agent (e.g., a	l address (phone number optional) of the ssistant treasurer).	e treasurer of the committed	e; and the name and address of
Full Name Larose, Jos	sue, , Dr.,		
Mailing Address	16000 Pines Blvd.		
Ç	Suite 0663		
	Pembroke Pines	<b> </b>	33082
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	850 - 524 - 0618

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Full Name of Designated Agent	1	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, I	BB&T BANK	
Mailing Address	11200 Pines Blvd.	
	Pembroke Pines FL 33	026
	Pembroke Pines FL 33  CITY STATE	026 ZIP CODE
Name of Bank, I	CITY STATE	
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE  Depository, etc.	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE

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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: