FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in fu	II) (Check if name Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and	P. O. BOX 9961	
(Check if addr is changed)		FL 33310
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL (Check if ad is changed)	ADDRESS (Please provide only one e-mail address)  EconomistJosueLarose@gmail.com dress	
COMMITTEE'S WEB P	AGE ADDRESS (URL)	
(Check if ad is changed)	tress	
2. DATE 12	/ D D / Y Y Y Y 16 2011	
3. FEC IDENTIFICA	TION NUMBER C C00456087	
4. IS THIS STATEME	NT X NEW (N) OR AMENDED (A)	
I certify that I have exactly that I have of Type or Print Name of	mined this Statement and to the best of my knowledge and belief in	t is true, correct and complete.
Signature of Treasurer	JOSUE LAROSE [Electronically Filed]	Date 12 16 Y Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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	FEC Fo	orm 1 (Revised 02/2009) Pa	ge <b>2</b>
TYP	E OF C	COMMITTEE	
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. (Complete the or information below.)	candidate
Nam Cano	ne of didate		
	didate y Affiliati	tion Office Sought: House Senate President District	t
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	ne of didate		
Par	ty Con	mmittee:	
(d)		This committee is a       (National, State       (Democrat         This committee is a       or subordinate) committee of the       Republicar	ic, ı, etc.) Party
Poli	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a
		Corporation Corporation w/o Capital Stock Labor O	rganization
		Membership Organization Trade Association Coopera	tive
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated t committee. (i.e., nonconnected committee)	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	nt Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## UNITED STATES FILM STARS SUPER PAC

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

N																							
	Mailing Address																						
																	ļ						
				CI	TΥ								STA	ΓE				Z	IP (	COI	DE		
	Relationship: Connected	l Organization	Affi	iated	Com	mittee	e	Joir	nt Fu	ndra	isinç	g R	epre	sen	tativ	/e	L	_ead	lersl	hip∣	PAC	Sp	onsor
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.																						
	JOSUE LA	ROSE		1 1		I		I						I	I	1		I	I	I		I	
	Mailing Address	P. O. BOX 99	961			I										I							
				E 									FL			33	310						
	Title or Position			CII	ΓY							S	TATI	E				Z	IP (	COE	DE		
								Т	elepl	none	nur	nbe	er		212	2	- [	9	51			154	1
8.	Treasurer: List the name and any designated agent (e.g., a			iber	· opti	onal)	of th	e tre	easu	er o	f the	e co	omm	hittee	e; a	nd t	he i	nam	e a	nd a	addr	ess	of

Full Name of Treasurer	JOSUE LAROSE
Mailing Address	P. O. BOX 9961
	FORT LAUDERDALE     FL     33310
	CITY STATE ZIP CODE
Title or Position	Telephone number

Full Name of Designated Agent		
Mailing Address	ss P. O. BOX 9961	
		33310 
	CITY STATE	ZIP CODE
Title or Position	on Telephone number	951 - 1541

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	900 WEST SAMPLE ROAD		
		<b>FL</b> 33064	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	