Image# 201601239004569959				01/23/2010 19.22
FEC FORM 1	STATEMEN ORGANIZA			PAGE 1/5
	(a)			Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	ATEST BILLIONAIR			
ADDRESS (number and street)	1900 WEST OAKLAND PARK	(BLVD.		
(Check if address	# 9961			
is changed)	FORT LAUDERDALE		FL 33310	
			L⊥⊥ L⊥⊥⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDRI				
 (Check if address is changed) 		littees@gmail.com		
	Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)	onCommitteesDirectory.com		
	2 / Y Y Y Y 2016			
3. FEC IDENTIFICATION N	UMBER ► C co	00606053		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	this Statement and to the best	of my knowledge and belief it	is true, correct and co	mplete.
Type or Print Name of Treasure	er JOSHUA LAROSE			
Signature of Treasurer	HUA LAROSE	[Electronically Filed]	Date 01	23 [/] <u>Y Y Y Y</u> 2016
NOTE: Submission of false, error	neous, or incomplete information r ANY CHANGE IN INFORMATIO	may subject the person signing t DN SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		EC FORM 1 Revised 06/2012)

01/23/2016 19 : 22

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FEC Fo	Page 2
TYPE OF C	COMMITTEE
Candidate	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 candidat information below.)
Name of Candidate	
Candidate Party Affiliati	ion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.)
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizatio
	Corporation Corporation w/o Capital Stock Labor Organizat
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)
	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 two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Com	mittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

UNIVERSE'S GREATEST BILLIONAIRE JOSHUA LAROSE HOSPITALS COMMITTEE

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

Mailing Address				
	CITY	STAT	TE ZIP CODE	
Relationship: Connected	Organization Affiliated Committee J	oint Fundraising Repre	esentative Leadership PAC Sponse	or

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

JOSHUA	AROSE
Full Name	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
	_# 9961
	FORT LAUDERDALE FL 33310 - - - -
Title or Position	CITY STATE ZIP CODE
	Telephone number 800 768 6650

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	JOSHUA LAROSE
of Treasurer	
Mailing Address	1900 WEST OAKLAND PARK BLVD.
	# 9961
	CITY STATE ZIP CODE
Title or Position	Telephone number 800 768 6650

Full Name of Designated Agent			
Mailing Address			
	# 9961		
		FL 33310	
	CITY	STATE	ZIP CODE
Title or Position		ı 800 i i	768 6650

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.

Mailing Address	1801 ALTON ROAD		
		FL 3313	39
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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: