PAGE 1/5

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. UNITED STATES CONGRESSIONAL AIDES BUREAU 1900 WEST OAKLAND PARK BLVD. ADDRESS (number and street) # 9961 (Check if address is changed) FORT LAUDERDALE FL 33310 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS USPoliticalActionCommittees@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.UnitedStatesPoliticalActionCommitteesDirectory.com (Check if address is changed) DATE 2015 C00597260 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. JOSHUA LAROSE Type or Print Name of Treasurer JOSHUA LAROSE [Electronically Filed] 12 16 2015 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 Only Local 202-694-1100

	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.		

Г		
FEC Form 1 (Revised C	02/2009)	Page 3
Write or Type Committee Name		
UNITED STATE	S CONGRESSIONAL AIDES BUREAU	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
NONE		
Mailing Address		
, and the second		
	CITY STATE Z	IP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in posses. AROSE	ession of committee
Full Name	4000 WEST OAKLAND DADK BLVD	
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
	# 9961 	
	FORT LAUDERDALE FL 33310	
Title or Position	CITY STATE ZI	P CODE
PRESIDENT		6650
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	e and address of
Full Name JOSHUA L	AROSE	.
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
-	<u> </u> # 9961	
	FORT LAUDERDALE FL 33310	
Title or Decition	CITY STATE ZI	P CODE
Title or Position TREASURER		8 _ 6650

Telephone number

	1 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	JOSHUA LAROSE	
Mailing Address	1900 WEST OAKLAND PARK BLVD.	
J J	# 9961	
	FORT LAUDERDALE FL 33310 CITY STATE	ZIP CODE
Title or Position DIRECTOR-GEI		768 6650
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. BANK OF AMERICA	s accounts, rents
Mailing Address	401 LAS OLAS BLVD.	
Mailing Address	401 LAS OLAS BLVD.	
Mailing Address	FORT LAUDERDALE FL 33301	
Mailing Address	FORT LAUDERDALE FL 33301	ZIP CODE
Mailing Address Name of Bank, D	FORT LAUDERDALE FL 33301 CITY STATE	ZIP CODE
	FORT LAUDERDALE FL 33301 CITY STATE	ZIP CODE
	FORT LAUDERDALE FL 33301 CITY STATE	ZIP CODE
Name of Bank, D	FORT LAUDERDALE FL 33301 CITY STATE	ZIP CODE
Name of Bank, D	FORT LAUDERDALE FL 33301 CITY STATE	ZIP 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: