Image# 11971718543 PAGE 1/4

## STATEMENT OF

FEC FORM 1		ORGA	ANIZA	TION			Office	laa Only	
1. NAME OF		✓ (Check if	name	Example:If typing	ı. tvpe	10== 4		Jse Only	
COMMITTEE (in	full)	is change		over the lines.	,, 1, p =	12FE4N	15		
UNITED STA	TES DI	EPARTMEN	IT OF T	RANSPORT	ATION	EMPLO	DYEES	SUPE	R PAC
ADDRESS (number a	nd street)	MAILING ADDRE	SS :						
(Check if address is changed)		P. O. BOX 9961							
		FORT LAUDERE	DALE			FL	33310		
			C	ITY		STATE		ZIP CODI	E
COMMITTEE'S E-MA	IL ADDRES		-						
(Check if address is changed)	address	EconomistJosue	Larose@gm	ail.com					
COMMITTEE'S WEB	PAGE ADD	RESS (URL)							
(Check if address is changed)	addrass								
2. DATE 10	) 18	2011	Y						
3. FEC IDENTIFIC	CATION NU	MBER	C coo	456566					
4. IS THIS STATE	MENT X	NEW (N)	OR	AMEND	ED (A)				
I certify that I have e	examined th	s Statement and t	o the best o	of my knowledge ar	nd belief it is	s true, corre	ect and co	mplete.	
Type or Print Name	of Treasurer	JOSUE LAROSE	≣						
Signature of Treasure	JOSUE .	LAROSE		[Electronical	ly Filed] [	Date	10	18 / Y	2011
NOTE: Submission of				ay subject the perso				alties of 2 U	.S.C. §437g.
Office Use Only				For further in Federal Electio Toll Free 800-4 Local 202-694-	n Commissior 124-9530			C FORI	

	EEC <b>F</b> -	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>
		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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on 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:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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 Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

			_
FEC Form 1 (Revised (			Page <b>3</b>
Write or Type Committee Name			N 0VEE0 01 ISES 5: 0
UNITED STATES L	EPARTMENT OF TRANS	SPORTATION EMP	LOYEES SUPER PAC
6. Name of Any Connected C	Organization, Affiliated Committee, Join	nt Fundraising Representativ	re, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Represer	ntative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number	optional) and position of the	person in possession of committee
JOSUE LA	AROSE		ı
Full Name	P. O. BOX 9961		
Mailing Address			
	FORT AUDERDALE	<u></u>	,33310 , ,
	FORT LAUDERDALE	L FL	33310
Title or Position	CITY	STATE	ZIP CODE
EXECUTIVE DIRECTOR		Telephone number	202 270 4433
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee	ee; and the name and address of
Full Name JOSUE LA	ROSE		1
of Treasurer	ID O POV 0064		
Mailing Address	P. O. BOX 9961		
	FORT LAUDERDALE	FL FL	33310
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	202 270 - 4433

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Full Name of Designated Agent	JOSUE LAROSE	
Mailing Address	P. O. BOX 9961	
	FORT LAUDERDALE FL 33310  CITY STATE	ZIP CODE
Title or Position  ECONOMIC AD	OVISER Telephone number 202	270   -   4433
Banks or Other safety deposit bo Name of Bank, D	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds.  Depository, etc.	ds accounts, rents
	BANK OF AMERICA	ı
Mailing Address	BANK OF AMERICA  900 WEST SAMPLE ROAD	
Mailing Address		
Mailing Address		
Mailing Address	900 WEST SAMPLE ROAD	ZIP CODE
Mailing Address  Name of Bank, D	900 WEST SAMPLE ROAD POMPANO BEACH CITY STATE	ZIP CODE
	900 WEST SAMPLE ROAD POMPANO BEACH CITY STATE	ZIP CODE
	900 WEST SAMPLE ROAD POMPANO BEACH CITY STATE	ZIP CODE
Name of Bank, D	900 WEST SAMPLE ROAD POMPANO BEACH CITY STATE	ZIP CODE
Name of Bank, D	900 WEST SAMPLE ROAD POMPANO BEACH CITY STATE	ZIP CODE