STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
MICHAEL WA	TON FOR PRESIDENT 2012	
ADDRESS (number and	PO BOX 9961	
(Check if address is changed)	FORT LAUDERDALE	FL 33310 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	michaelwaltonforuspresident@gmail.com	
is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
io sinangos)		
2. DATE M N 1 0	1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00487421	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct	t and complete
Type or Print Name of	Treasurer JOSUE LAROSE	
Signature of Treasurer	Electronically Filed by JOSUE LAROSE	Date 10 / D D / Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office Use Only	For further informati Federal Election Com Toll Free 800-424-95	nission FEC FORM 1

FEC	Form 1 (Revised 02/2009)	Page 2			
	TYPE OF COMMITTEE (Check One) Candidate Committee:				
(a) X	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. (Compleinformation below.)	ete the candidate			
Name of Candidate	MICHAEL WALTON				
Candidate Party Affilia	tion REP Office Sought: House Senate X Presider	Statent District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Com					
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
Political A	ction Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Trade Association	O a a a a seating			
	Membership Organization Trade Association	Cooperative			
(f)	In addition, this committee is a Lobbyist/Registrant PAC.				
(-)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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	raising Representative:	Senate X President District In authorized committee. (Democratic, Republican, etc.) Party. (Democratic, Republican, etc.) Party. (Democratic, Republican, etc.) Party. (Cooperative and is NOT a separate segregated fund or party) (Democratic, Republican, etc.) Party. (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party) (Cooperative and is NOT a separate segregated fund or party)			
(g)					
(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			
Co	mmittees Participating in Joint Fundraiser				
	1. FEC ID number C				
	2. FEC ID number				
	3. FEC ID number				
	4. FEC ID number C				

	FEC Form 1 (Revised 02	/2009)		Page 3			
W	rite or Type Committee Name						
	MICHAEL WALTON FOR	R PRESIDENT 2012					
6.	Name of Any Connected Org	ganization, Affiliated Committee, Joint F	Fundraising Representative, or I	Leadership PAC Sponsor			
	NONE						
			1 1 1 1 1 1 1 1 1 1				
	Mailing Address						
		CITY▲	STATE A	ZIP CODE A			
	Relationship:						
	Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor			
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
	ı JOSUE	I JOSUE LAROSE					
	Full Name						
	Mailing Address	P. O. BOX 9961					
		FORT LAURERDALE		2224			
		FORT LAUDERDALE		33310			
	Title or Position ♥	CITY A	STATE	ZIP CODE A			
	CAMPAIG	N MANAGER	Telephone number95	<u> 64 – 630 – 5478 </u>			
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 tre	easurer).				
	Full Name	LAROSE					
	of Treasurer	LARUSE					
	Mailing Address	P. O. BOX 9961					
		FORT LAUDERDALE	FL	33310 _			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A			
	TREASUR	ER	Telephone number	54 _ 630 _ 5478			

	FEC Form 1	(Revised 02/2009)	12/2009)			
	Full Name of Designated Agent	JOSUE LAROSE				
	Mailing Address	P. O. BOX 9961				
		FORT LAUDERDALE		33310 –		
	Title or Position ▼	CITY A	STATE A	ZIP CODE A		
	P	OLITICAL ADVISOR Telephone	number <u>954</u>	6305478		
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.						
	BANK	BANK OF AMERICA				
	Mailing Address	150 NE 44TH STREET				
		FORT LAUDERDALE	FL	33334 _ [
		CITY 🗻	STATE △	ZIP CODE 🛕		
	Name of Bank, Depository, etc.					
	Mailing Address					
		CITY 🔼	STATE ⊿	ZIP CODE 🛕		