STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. New Cuba PAC 700 13th Street, NW ADDRESS (number and street) Suite 600 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PLGroup@perkinscoie.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2015 C00572628 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. Maria Garcia Berry Type or Print Name of Treasurer Maria Garcia Berry [Electronically Filed] 05 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

	EEC F -	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page 2
		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 Cano	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.	
Name 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.		

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Write or Type Committee Nam		
New Cuba PAC		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
Mailing Address		
J. J. T.		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponso
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in pos	ssession of committee
Maria Ga	cia Berry	
Full Name Mailing Address	700 13th Street, NW	
Walling Address	Suite 600	
	Washington DC 20005	
Title or Position	CITY STATE	ZIP CODE
Treasurer		
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name Maria Gar	cia Berry	
Mailing Address	700 13th Street, NW	
	Suite 600	
	Washington DC 20005	
Title or Position Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

Full Name of Designated Agent	Guillermo Artiles	
Mailing Address	700 13th Street, NW	
	Suite 600	
	Washington DC 20005 CITY STATE	ZIP CODE
Title or Position Deputy Treasure		
safety denosit ho	r Depositories: List all banks or other depositories in which the committee deposits funds, hold	s accounts, rents
safety deposit bo Name of Bank, D	oxes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo	Depository, etc. Citibank	s accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc. Citibank 1400 G Street, NW	s accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. Citibank 1400 G Street, NW	s accounts, rents
safety deposit bo Name of Bank, D	oxes or maintains funds. Depository, etc. Citibank 1400 G Street, NW	s accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. Citibank 1400 G Street, NW	s accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE Depository, etc.	