Image# 2	28990464211
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FEC FORM 1		STATEMEI ORGANIZA (See instruction	ATION		Office use only
1. NAME OF COMMITTEE (in fu	(III)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
U.SCuba Dem	ocracy Politic		tee 1		
ADDRESS (number and st	(10 reet)	01 Brickell Bay Dr	ive		
	,	ו Floor			· · · · · · · · · · · · · · · · · · ·
X (Check if addres	ss 🛄	ami			33131 
			CITY	STATE	ZIP CODE 🔺
COMMITTEE'S E-MAIL				••••= <b>=</b>	
uscubademocra	acypac@hotm	ail.com			
COMMITTEE'S WEB P	AGE ADDRESS	(URL)			
COMMITTEE'S FAX NU					
3053575855		1			
2. DATE <b>0</b> 2	/ D D / 12	<sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>			
3. FEC IDENTIFICAT	ION NUMBER		C C00387720	]	
4. IS THIS STATEME	ENT X N	EW (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					
Mr. Ove Mashada					
Type or Print Name of Treasurer Mr. Gus Machado					
Signature of Treasurer	Electronically F	Filed by Mr. Gus M	lachado	Date <b>0</b> 2	/ D D / Y Y Y Y 2008
NOTE: Submission of fals			y subject the person signing this State		-
Office			For further information of		

Uttice		her information contact: Election Commission	FEC FORM 1
Only	Toll Free	e 800-424-9530 02-694-1100	(Revised 02/2003)

	ed 02/2003)	Page 2
TYPE OF COMMITTEE (C	Check One)	
(a) This comm	nittee is a principal campaign committee. (Complete the candidate information below	v.)
	nittee is an authorized committee, and is NOT a principal campaign committee. (Co	
(b) This comminformation		
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate Pres	State sident District
(c) This comm	ittee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of		
Candidate		
(d) This comm	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Par
(e) This comm	ittee is a separate segregated fund	
	ittee supports/opposes more than one Federal candidate, and is NOT a separate se	earegated fund or party
committee.		sgrogatod fana or party
	I Organization or Affiliated Committee	
Name of Any Connected	I Organization or Affiliated Committee     I Organization or Affiliated Committee     I I I I I I I I I I I I I I I I I I I	
Name of Any Connected	I Organization or Affiliated Committee     I I I I I I I I I I I I I I I I I I I	
Name of Any Connected     Mailing Address     Relationship     Type of Connected Organi	I Organization or Affiliated Committee     I I I I I I I I I I I I I I I I I I I	
Name of Any Connected	I Organization or Affiliated Committee     I I I I I I I I I I I I I I I I I I I	

	FEC Form 1 (Revised 0			Page 3	
Wri	ite or Type Committee Name				
	-	Political Action Committee			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
	Full Name	iguel G. Farra, Esq.			
	Mailing Address	1001 Brickell Bay Drive			
		9th Floor			
		Miami	FL	33131 _	
	Title or Position ▼		STATE		
	Attorney/	Accountant T	elephone number	377 9217	
		e and address (phone number optional) of y designated agent (e.g., assistant treasurer)		ittee; and the	
	Full Name of Treasurer Mr. Gu	us Machado			
	Mr G	us Machado 1200 West 49th Street			
	of Treasurer Mr. Gu		FL	33012 _	
	of Treasurer Mr. Gu	1200 West 49th Street	<u>FL</u> STATE <b>&amp;</b>	33012 ZIP CODE 🛦	
	of Treasurer <u>Mr. Gu</u> Mailing Address	1200 West 49th Street Hialeah CITY A			
	of Treasurer <u>Mr. Gu</u> Mailing Address	1200 West 49th Street Hialeah CITY A	STATE A	ZIP CODE	
	of Treasurer <u>Mr. Gu</u> Mailing Address Title or Position ♥ Full Name of Designated	1200 West 49th Street Hialeah CITY A	STATE A	ZIP CODE	
	of TreasurerMr. Gu Mailing Address Title or Position ♥ Full Name of Designated Agent	1200 West 49th Street Hialeah CITY A	STATE A	ZIP CODE	
	of TreasurerMr. Gu Mailing Address Title or Position ♥ Full Name of Designated Agent Mailing Address	1200 West 49th Street 	STATE A elephone number 305	ZIP CODE A 	
	of TreasurerMr. Gu Mailing Address Title or Position ♥ Full Name of Designated Agent	1200 West 49th Street Hialeah CITY A	STATE A	ZIP CODE	
	of TreasurerMr. Gu Mailing Address Title or Position ♥ Full Name of Designated Agent Mailing Address	1200 West 49th Street 	STATE A elephone number 305	ZIP CODE A 	

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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	of America		
Mailing Address	701 Brickell Avenue		
	<b>∣ Miami</b>	[ <b>FL</b> ] [	33131
	CITY 🗖	STATE 2	
Name of Bank, Depository, etc			
Mailing Address			
	CITY A	STATE <b>A</b>	ZIP CODE