STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)  
   Example: If typing, type over the lines.  
   Congressional Committee on Cuban Affairs

   ADDRESS (number and street)  
   20 F ST NW FL 7

   CITY  
   Washington

   STATE  
   DC

   ZIP CODE  
   20001

COMMITTEE’S E-MAIL ADDRESS

   caryleepeterson@mail.com

COMMITTEE’S WEB PAGE ADDRESS (URL)

2. DATE  
   02 / 12 / 2015

3. FEC IDENTIFICATION NUMBER  
   C00572685

4. 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.

Type or Print Name of Treasurer  
CARY L PETERSON

Signature of Treasurer  
CARY L PETERSON

[Electronically Filed]  

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.
5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate

<table>
<thead>
<tr>
<th>Office Sought:</th>
<th>House</th>
<th>Senate</th>
<th>President</th>
<th>State</th>
<th>District</th>
</tr>
</thead>
</table>

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

(e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. | Name of Committee | FEC ID number |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>

2. | Name of Committee | FEC ID number |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>

3. | Name of Committee | FEC ID number |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>

4. | Name of Committee | FEC ID number |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>
Write or Type Committee Name

Congressional Committee on Cuban Affairs

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

ROBERT PETERSON FIELDS ASSOCIATES PLLC

Mailing Address

Full Name

Title or Position

Relationship: X 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.

Full Name

Mailing Address

Title or Position

EXECUTIVE DIRECTOR

Telephone number

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 treasurer).

Full Name of Treasurer

Mailing Address

Title or Position

EXECUTIVE DIRECTOR

Telephone number
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.

<table>
<thead>
<tr>
<th>Bank of Guam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Name of Bank, Depository, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>