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STATEMENT OF **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. Congressional Committee on Cuban Affairs 1101 Pennsylvania Avenue FL-5 ADDRESS (number and street) (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS caryleepeterson@mail.com (Check if address is changed) Optional Second E-Mail Address info@usccca.us COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00572685 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. CARY L PETERSON Type or Print Name of Treasurer CARY L PETERSON [Electronically Filed] 04 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

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal committee (Complete the condidate information below)	
(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. (Compinformation below.)	plete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	D
· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization X 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 secommittee. (i.e., nonconnected committee)	gregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(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.	o or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

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FEC Form 1 (Rev		Page 3
Write or Type Committee		
Congression	al Committee on Cuban Affairs	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
	Y L PETERSON	
Full Name	,848 N RAINBOW BLVD	
Mailing Address	SUITE 3419	
	LAS VEGAS	89107
Title or Position	CITY STATE	ZIP CODE
EXECUTIVE DIRECTO	DR Telephone number	
8. Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the committee; e.g., assistant treasurer).	and the name and address of
Full Name CAR' of Treasurer	Y L PETERSON	
Mailing Address	848 N RAINBOW BLVD	
	SUITE 3419	
	LAS VEGAS NV	89107
TH. 5.11	CITY STATE	ZIP CODE
Title or Position EXECUTIVE DIRECTO	R	

FEC Form 1 (Re	evised 02/2009)			Page	4
Full Name of Designated Agent					
Mailing Address					
	CITY	STATE		ZIP CODE	
Title or Position		er			
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		e deposits	funds, hol	us accounts, re	ents
safety deposit boxes or Name of Bank, Deposit	maintains funds.	e deposits	funds, hol	us accounts, re	ents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Bancorp	e deposits		us accounts, re	ents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Bancorp	e deposits	89108	us accounts, re	ents
safety deposit boxes or Name of Bank, Deposit	Bancorp 1421 North Jones Boulevard Las Vegas			ZIP CODE	ents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Bancorp 1421 North Jones Boulevard Las Vegas CITY	NV			ents
safety deposit boxes or Name of Bank, Deposit US Mailing Address	Bancorp 1421 North Jones Boulevard Las Vegas CITY Story, etc.	NV			ents
safety deposit boxes or Name of Bank, Deposit US Mailing Address	maintains funds. tory, etc. Bancorp 1421 North Jones Boulevard Las Vegas CITY	NV			ents
safety deposit boxes or Name of Bank, Deposit US Mailing Address	Bancorp 1421 North Jones Boulevard Las Vegas CITY Story, etc.	NV			ents
safety deposit boxes or Name of Bank, Deposit US Mailing Address	Bancorp 1421 North Jones Boulevard Las Vegas CITY Story, etc.	NV			ents

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Form/Schedule: F1A Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: