

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Liberty-Libertad PAC

ADDRESS (number and street)

P.O. Box H

☐ (Check if address is changed)

New York

CITY ▲

NY

STATE ▲

10034

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

espailattreasurer@gmail.com

Optional Second E-Mail Address

spresser@hamiltoncn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y
12 / 19 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00764993

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 Gutierrez, John, , ,

Signature of Treasurer

Gutierrez, John, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
03 / 11 / 2021

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Liberty-Libertad PAC

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

ESPAILLAT, ADRIANO, , ,

Mailing Address

62 PARK TERRACE WEST #AB7

NEW YORK

NY

10034

CITY

STATE

ZIP CODE

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.

Full Name

Gutierrez, John, , ,

Mailing Address

30 James Street

Montclair

NJ

07042

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

973

820

6561

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

Gutierrez, John, , ,

Mailing Address

30 James Street

Montclair

NJ

07042

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

973

820

6561

Full Name of
Designated
Agent

Presser, Steven, , ,

Mailing Address

5030 Broadway

Ste. 802

New York

NY

10034

CITY

STATE

ZIP CODE

Title or Position

Telephone number

646

554

0290

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.

TD Bank

Mailing Address

4941 Broadway

New York

NY

10034

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE