

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

U.S.-Cuba Democracy Political Action Committee

ADDRESS (number and street) P.O. Box 22945
 (Check if address is changed)
Hialeah FL 33002-2945
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) info@uscubapac.com
Optional Second E-Mail Address
jose@riescoandcompany.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) www.uscubapac.com

2. DATE 09 / 14 / 2022

3. FEC IDENTIFICATION NUMBER C C00387720

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 Diaz, Remedios, , ,

Signature of Treasurer Diaz, Remedios, , , [Electronically Filed] Date 09 / 14 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 _____

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) 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.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

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

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

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

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____

2. _____

C _____

C _____

Write or Type Committee Name

U.S.-Cuba Democracy Political Action Committee

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

NONE

Grid lines for organization name

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Diaz, Remedios, , ,

Full Name

Grid lines for full name

Mailing Address

1 Grove Isle Dr

Grid lines for mailing address

Miami

FL

33133

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid lines for title

Telephone number

305

887

0797

Grid lines for 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).

Diaz, Remedios, , ,

Full Name of Treasurer

Grid lines for full name

Mailing Address

1 Grove Isle Dr

Grid lines for mailing address

Miami

FL

33133

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid lines for title

Telephone number

305

887

0797

Grid lines for telephone number

Full Name of Designated Agent | Riesco, Jose, A., ,

Mailing Address | 2600 S. Douglas Road
Suite 900
Coral Gables | FL | 33134
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ | Assistant Treasurer
Telephone number | 305 | 445 | 0777

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.

Bank of America
Mailing Address | 701 Brickell Avenue
Miami | FL | 33131
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address |
CITY ▲ STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Williams, Vivian, , ,
Full Name

2300 Coral Way
Mailing Address
Suite 200
Miami FL 33145

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer 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.

Mailing Address

 CITY ▲ STATE ▲ ZIP CODE ▲