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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. 12 F84MS

United States-Cuba PAC

ADDRESS (number and street) 1920 N St., N.W.

(Check if address is changed)

Suite 800

Washington DC 20036-1600

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

202-463-4394

2. DATE 01 22 2004

3. FEC IDENTIFICATION NUMBER C

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 Albert A. Fox, Jr.

Signature of Treasurer *Albert A. Fox, Jr.* Date 01 22 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437j. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

(d)  This committee is a \_\_\_\_\_ (National, State or subcommittee) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6 Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_ NONE \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

United States-Cuba PAC

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 [ Albert A. Fox, Jr. ]

Mailing Address [ 1920 N St., N.W. ]

[ Suite 800 ]

[ Washington ] [ DC ] [ 20036 ] [ 1600 ]

Title or Position

CITY

STATE

ZIP CODE

[ Treasurer ]

Telephone number [ 202 ] [ 293 ] [ 7777 ]

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 [ Albert A. Fox, Jr. ]

Mailing Address [ 1920 N St., N.W. ]

[ Suite 800 ]

[ Washington ] [ DC ] [ 20036 ] [ 1600 ]

Title or Position

CITY

STATE

ZIP CODE

[ Treasurer ]

Telephone number [ 202 ] [ 293 ] [ 7777 ]

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

United Bank

Mailing Address

1629 K St., N.W.

Washington DC 20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
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 FOR INCOMING DOCUMENTS**

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