

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2007 SEP -6 PM 12:08

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Strongparty.org Political Action

ADDRESS (number and street) 1350 NW 8 Court

X (Check if address is changed) PH2

Miami FL 33136

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS info@strongparty.org

COMMITTEE'S WEB PAGE ADDRESS (URL) www.strongparty.org

COMMITTEE'S FAX NUMBER 305-476-3974

2. DATE 08 31 2007

3. FEC IDENTIFICATION NUMBER C00427625

4. IS THIS STATEMENT NEW (N) OR X 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 Scott A. Wacholtz

Signature of Treasurer [Signature] Date 08 31 2007

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.

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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
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- (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 subordinate) 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        |

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Write or Type Committee Name

Strong party.org Political Action

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

Harout Samra

Mailing Address

445 Sevilla Avenue

Coral Gables

FL

33134

Title or Position

CITY

STATE

ZIP CODE

Telephone number

305-753-2703

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

Scott Wacholtz

Mailing Address

1350 NW 8 Court

PH2

Miami

FL

33136

Title or Position

CITY

STATE

ZIP CODE

Telephone number

305-324-9895

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

27039521191

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

2308 Ponce de Leon Blvd.

Coral Gables FL 33134-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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Other (Specify): Date of Receipt or Postmarked

  
PREPARER

9/6/07  
DATE PREPARED

27039521193