

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2008 JAN 31 A 11:50

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

STRONG PARTY.ORG POLITICAL ACTION

ADDRESS (number and street)

1201 BRICKELL AVENUE

SUITE 320

Check if different than previously reported. (ACC)

MIAMI

FL

33131

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00427625

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- Election on / / in the State of
- General (12G)
- Special (12S)

(d) 30-Day POST-Election Report for the:

- General (30G)
- Election on / / in the State of
- Runoff (30R)
- Special (30S)

5. Covering Period

07 / 01 / 2007

through

12 / 31 / 2007

I certify that I have examined this Report 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

Date

01 / 29 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

053219665087

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

STRONG PARTY.ORG POLITICAL ACTION

Report Covering the Period: From: **07 / 01 / 2007** To: **12 / 31 / 2007**

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2008	22,041.00	22,041.00
(b) Cash on Hand at Beginning of Reporting Period.....	22,027.00	
(c) Total Receipts (from Line 19)	27,800.00	10,180.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24,807.00	32,221.00
7. Total Disbursements (from Line 31).....	8,675.11	16,089.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16,131.89	16,131.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3,583.77	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

15271966002

**DETAILED SUMMARY PAGE
of Receipts**

Write or Type Committee Name

STRONG PARTY, ORG POLITICAL ACTION

Report Covering the Period: From:

07 / 01 / 2007

To:

12 / 31 / 2007

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2,780.00

10,180.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2,780.00

10,180.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

2,780.00

10,180.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2,780.00

10,180.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2,780.00

10,180.00

28039612332

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	3,169.31	3,484.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3,169.31	3,484.05
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,005.80	11,105.80
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements	500.00	1,500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8,675.11	16,089.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8,675.11	16,089.85

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2,780.00	10,180.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,780.00	10,180.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3,169.31	3,484.05
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3,169.31	3,484.05

28039612334

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

A. GUTIERNEZ, CHAD
 Full Name (Last, First, Middle Initial)
 Mailing Address: **604 MAJONCA AVE**
 City: **CONAL GABLES** State: **FL** Zip Code: **33134**
 Date of Receipt: **07 / 16 / 2007**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **GUTIERNEZ AND ASSOC.** Occupation: **ADMINISTRATOR**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **500.00**

B. OSHEROFF, MARC
 Full Name (Last, First, Middle Initial)
 Mailing Address: **16400 NW 20 AVE, SUITE 203**
 City: **NORTH MIAMI** State: **FL** Zip Code: **33169**
 Date of Receipt: **10 / 09 / 2007**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **SELF-EMPLOYED** Occupation: **REAL ESTATE INVESTOR**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **500.00**

C. WACHOLTZ, SCOTT A
 Full Name (Last, First, Middle Initial)
 Mailing Address: **7934 SW 153 TERR**
 City: **PALMETTO BAY** State: **FL** Zip Code: **33157**
 Date of Receipt: **11 / 06 / 2007**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **GUTIERNEZ GROUP, LLC** Occupation: **VICE PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **500.00**

SUBTOTAL of Receipts This Page (optional)..... **600.00**
TOTAL This Period (last page this line number only).....

5 20071066002

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
STRONG PARTY. ORG POLITICAL ACTION

Full Name (Last, First, Middle Initial)
A. WACHOLTZ, SCOTT A.

Mailing Address
7934 SW 153 TERR

City **PALMETTO BAY** State **FL** Zip Code **33157**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GUTIERREZ GROUP, LLC** Occupation **VICE PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
11 / 13 / 2007

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. MOSKOWITZ, OREN

Mailing Address
4250 SALZEDO ST, UNIT 605 W

City **CORAL GABLES** State **FL** Zip Code **33146**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **STUDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
11 / 19 / 2007

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. WACHOLTZ, SCOTT A.

Mailing Address
7934 SW 153 TERR

City **PALMETTO BAY** State **FL** Zip Code **33157**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GUTIERREZ GROUP, LLC** Occupation **VICE PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,800.00

Date of Receipt
11 / 19 / 2007

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional).....▶ **6,300.00**

TOTAL This Period (last page this line number only).....▶

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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE		OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

A. Full Name (Last, First, Middle Initial)
WACHOLTZ SCOTT A.

Mailing Address
7934 SW 153 TERN

City **PALMETTO BAY** State **FL** Zip Code **33157**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GUTIERREZ GROUP, LLC** Occupation **VICE PRESIDENT**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **2,300.00**

Date of Receipt
11 / 20 / 2007

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WACHOLTZ SCOTT A.

Mailing Address
7934 SW 153 TERN

City **PALMETTO BAY** State **FL** Zip Code **33157**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GUTIERREZ GROUP, LLC** Occupation **VICE PRESIDENT**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **1,230.00**

Date of Receipt
12 / 03 / 2007

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
BRAHMBHATT, ASHISH

Mailing Address
10436 SW 24th ST

City **PEMBROKE PINES** State **FL** Zip Code **33025**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GLOBALSCOPE MEDIA, COM** Occupation **PRESIDENT**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt
12 / 19 / 2007

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1,550.00**

TOTAL This Period (last page this line number only)..... **2,780.00**

28039612337

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

A. Full Name (Last, First, Middle Initial)
BERNIE ROSAN'S STEAKHOUSE

Mailing Address
5960 SW 70th ST

City **SOUTH MIAMI** State **FL** Zip Code **33143**

Purpose of Disbursement
CATERING COSTS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
08 / 23 / 2007

Amount of Each Disbursement this Period
224.75

Category/Type
003

B. Full Name (Last, First, Middle Initial)
WACHOLTZ, SCOTT A

Mailing Address
7934 SW 153 TERRACE

City **PALMETTO BAY** State **FL** Zip Code **33157**

Purpose of Disbursement
TRAVEL EXPENSES & CONVENTION REG

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
09 / 06 / 2007

Amount of Each Disbursement this Period
1,000.00

Category/Type
002

C. Full Name (Last, First, Middle Initial)
WACHOLTZ, SCOTT A

Mailing Address
7934 SW 153 TERRACE

City **PALMETTO BAY** State **FL** Zip Code **33157**

Purpose of Disbursement
DINNER EXPENDITURES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
09 / 28 / 2007

Amount of Each Disbursement this Period
45.04

Category/Type
001

SUBTOTAL of Disbursements This Page (optional).....▶ **1,269.79**

TOTAL This Period (last page this line number only).....▶

28039612338

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

STRONG PARTY.ORG POLITICAL ACTION

Full Name (Last, First, Middle Initial)

<p>A.</p> <p>OFFICE DEPOT</p> <p>Mailing Address</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>10 / 01 / 2007</p>	
<p>City State Zip Code</p> <p>MIAMI FL 33101</p>		<p>Amount of Each Disbursement this Period</p> <p>47.04</p>	
<p>Purpose of Disbursement</p> <p>OFFICE SUPPLIES</p>		<p>Category/Type</p> <p>001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B.</p> <p>US POSTAL SERVICE</p> <p>Mailing Address</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>10 / 02 / 2007</p>	
<p>City State Zip Code</p> <p>MIAMI FL 33101</p>		<p>Amount of Each Disbursement this Period</p> <p>49.00</p>	
<p>Purpose of Disbursement</p> <p>PO BOX RENTAL FEE</p>		<p>Category/Type</p> <p>001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C.</p> <p>WACHOLTZ, SCOTT A</p> <p>Mailing Address</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>10 / 04 / 2007</p>	
<p>City State Zip Code</p> <p>PALMETTO BAY FL 33157</p>		<p>Amount of Each Disbursement this Period</p> <p>20.00</p>	
<p>Purpose of Disbursement</p> <p>DINNER EXPENSES</p>		<p>Category/Type</p> <p>001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

116.04

28039612339

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
STRONG PARTY . ORG POLITICAL ACTION

A.

Full Name (Last, First, Middle Initial)
WACHOLTZ, SCOTT A

Date of Disbursement
MM / DD / YYYY
10 / 05 / 2007

Mailing Address
7934 SW 153 TERRACE

City State Zip Code
PALMETTO BAY FL 33157

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
890

B.

Full Name (Last, First, Middle Initial)
WACHOLTZ, SCOTT A

Date of Disbursement
MM / DD / YYYY
10 / 06 / 2007

Mailing Address
7934 SW 153 TERRACE

City State Zip Code
PALMETTO BAY FL 33157

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
79.85

C.

Full Name (Last, First, Middle Initial)
WACHOLTZ, SCOTT A

Date of Disbursement
MM / DD / YYYY
10 / 09 / 2007

Mailing Address
7934 SW 153 TERRACE

City State Zip Code
PALMETTO BAY FL 33157

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
18.23

SUBTOTAL of Disbursements This Page (optional).....▶ **10698**

TOTAL This Period (last page this line number only).....▶

28039612340

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE OF		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

A. Full Name (Last, First, Middle Initial)
OFFICE DEPOT

Mailing Address

City State Zip Code

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 09 / 2007

Amount of Each Disbursement this Period
962

Category/Type
001

B. Full Name (Last, First, Middle Initial)
WACHOLTZ, SCOTT A

Mailing Address
7934 SW 153 TER

City State Zip Code
PALETO BAY FL 33157

Purpose of Disbursement
TRAVEL EXPENSES AND EVENT REGISTRATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 15 / 2007

Amount of Each Disbursement this Period
22000

Category/Type
002

C. Full Name (Last, First, Middle Initial)
CHEAPTICKETS.COM

Mailing Address

City State Zip Code

Purpose of Disbursement
LODGING EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 15 / 2007

Amount of Each Disbursement this Period
20886

Category/Type
002

SUBTOTAL of Disbursements This Page (optional)..... ▶ **43848**

TOTAL This Period (last page this line number only)..... ▶

28039612341

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

STRONG PARTY.ORG POLITICAL ACTION

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

HOLIDAY INN

MM	DD	YYYY
10	15	2007

Mailing Address

1302 PONCE DE LEON BLVD

City

ST AUGUSTINE

State

FL

Zip Code

32084

Purpose of Disbursement

LOGGING EXPENSES

0.02

Amount of Each Disbursement this Period

194.02

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

7-11 REST STOP

MM	DD	YYYY
10	15	2007

Mailing Address

City

DAYTONA BEACH

State

FL

Zip Code

Purpose of Disbursement

TRAVEL EXPENSES - FUEL

0.02

Amount of Each Disbursement this Period

42.00

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

HOLIDAY INN

MM	DD	YYYY
10	15	2007

Mailing Address

1302 PONCE DE LEON BLVD

City

ST AUGUSTINE

State

FL

Zip Code

32804

Purpose of Disbursement

LOGGING EXPENSES

0.02

Amount of Each Disbursement this Period

11.34

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

247.36

TOTAL This Period (last page this line number only)..... ▶

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20219612342

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

Full Name (Last, First, Middle Initial)

A.

GF CAR CENTER

Mailing Address

City **MIAMI** State **FL** Zip Code

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 16 / 2007

Amount of Each Disbursement this Period
2,651

Category/Type
002

B.

AMOCO

Mailing Address

City **FT LAUDERDALE** State **FL** Zip Code

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 16 / 2007

Amount of Each Disbursement this Period
2,500

Category/Type
002

C.

BEST WESTERN HOTELS

Mailing Address
8738 INTERNATIONAL DR

City **ORLANDO** State **FL** Zip Code **32819**

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 24 / 2007

Amount of Each Disbursement this Period
750

Category/Type
002

SUBTOTAL of Disbursements This Page (optional).....▶ **5,901**

TOTAL This Period (last page this line number only).....▶

28039612343

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

Full Name (Last, First, Middle Initial)

A.

SURELL GASOLINE

Mailing Address

City: **MIAMI** State: **FL** Zip Code

Purpose of Disbursement: **TRAVEL EXPENSES**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **11 / 05 / 2007**

Amount of Each Disbursement this Period: **30.04**

Category/Type: **002**

B.

PUBLICX

Mailing Address

City: **MIAMI** State: **FL** Zip Code

Purpose of Disbursement: **OFFICE SUPPLIES**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **11 / 05 / 2007**

Amount of Each Disbursement this Period: **10.69**

Category/Type: **001**

C.

WACHOLTZ, SCOTT A

Mailing Address: **7934 SW 153 TERRACE**

City: **PALMETTO BAY** State: **FL** Zip Code: **33157**

Purpose of Disbursement: **DINNER EXPENSES**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **11 / 05 / 2007**

Amount of Each Disbursement this Period: **9.92**

Category/Type: **001**

SUBTOTAL of Disbursements This Page (optional).....▶ **50.65**

TOTAL This Period (last page this line number only).....▶

28039612344

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
STRONG PARTY. ORG POLITICAL ACTION

A.

Full Name (Last, First, Middle Initial)
WACHOLTZ, SCOTT A

Mailing Address
7934 SW 153 TERRACE

City **PALMETTO BAY** State **FL** Zip Code **33157**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 06 / 2007

Amount of Each Disbursement this Period
21.95

Category/Type
001

B.

Full Name (Last, First, Middle Initial)
RUSTY PELICAN RESTAURANT

Mailing Address
3201 RICKENBACKER CAUSEWAY

City **KEY BISCAYNE** State **FL** Zip Code **33149**

Purpose of Disbursement
CATERING EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 17 / 2007

Amount of Each Disbursement this Period
637.20

Category/Type
003

C.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address

City State Zip Code

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 11 / 2007

Amount of Each Disbursement this Period
633.4

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ **722.49**

TOTAL This Period (last page this line number only).....▶

28039612345

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

A. CREATIVE IDEAS ADVERTISING

Full Name (Last, First, Middle Initial)

Mailing Address
3175 SW 8th ST

City **MIAMI** State **FL** Zip Code **33135**

Purpose of Disbursement
LOGO + BUSINESS CARD DESIGN AND PRINT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 17 / 2007

Amount of Each Disbursement this Period
141.51

Category/Type
001

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
ACCOUNT MAINT. SERVICE CHARGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 31 / 2007

Amount of Each Disbursement this Period
17.00

Category/Type
001

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ **158.51**

TOTAL This Period (last page this line number only).....▶ **3,169.31**

28039612346

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

STRONG PARTY. ORG POLITICAL ACTION

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 48928		09 / 20 / 2007
City SARASOTA	State FL	Amount of Each Disbursement this Period 1,000.00
Zip Code 34230		
Purpose of Disbursement CONTRIBUTION		Category/ Type 011
Candidate Name VERN BUCHANAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 13	

B. PUTNAM FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 2426		09 / 27 / 2007
City BARTOW	State FL	Amount of Each Disbursement this Period 2,300.00
Zip Code 33831		
Purpose of Disbursement CONTRIBUTION		Category/ Type 011
Candidate Name ADAM PUTNAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 12	

C. FRIENDS OF JOHN THUNE		Date of Disbursement
Mailing Address 224 N. PHILLIPS AVE, SUITE 210		10 / 24 / 2007
City SLOUX FALLS	State SD	Amount of Each Disbursement this Period 500.00
Zip Code 57104		
Purpose of Disbursement CONTRIBUTION		Category/ Type 011
Candidate Name JOHN THUNE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3,800.00

28039612347

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

A.

Full Name (Last, First, Middle Initial)
TOM ROONEY FOR CONGRESS

Mailing Address
2336 S. EAST OCEAN BLVD, #313

City **STUART** State **FL** Zip Code **34996**

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name
TOM ROONEY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **FL** District: **16**

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2007

Amount of Each Disbursement this Period
955.80

Category/Type
011

B.

Full Name (Last, First, Middle Initial)
ROB QUARTEL FOR CONGRESS

Mailing Address
PO BOX 21

City **GWYNN** State **VA** Zip Code **23066**

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROB QUARTEL

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **VA** District: **1**

Date of Disbursement
MM / DD / YYYY
11 / 29 / 2007

Amount of Each Disbursement this Period
2500.00

Category/Type
011

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ **1,705.80**

TOTAL This Period (last page this line number only).....▶ **5,005.80**

28039612348

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29

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NAME OF COMMITTEE (In Full)
STRONG PARTY, ORG POLITICAL ACTION

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIKE COAN		Date of Disbursement
Mailing Address 1602 BRASELTON HWY		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
LAURENCEVILLE,	GA	30043
Purpose of Disbursement NON FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

B.		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

C.		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

28039612349

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
STRONG PARTY.ORG POLITICAL ACTION

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature of Debt (Purpose): ADVANCE PAYMENT FOR COMMITTEE FUNDRAISING DINNER
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period 1,074.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 1,074.95
Amount Incurred This Period 1,074.95		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature of Debt (Purpose): ADVANCE PAYMENT FOR DEPOSIT ON COMMITTEE FUNDRAISING EVENT
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period 250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00
Amount Incurred This Period 250.00		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature of Debt (Purpose): ADVANCE PAYMENT FOR AIRLINE TICKETS
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period 163.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 163.80
Amount Incurred This Period 163.80		

1) SUBTOTALS This Period This Page (optional).....▶	1,488.75
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

28039612350

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
STRONG PARTY. ONG POLITICAL ACTION

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature of Debt (Purpose): ADVANCE PAYMENT FOR EMERGE FLORIDA CONFERENCE
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			Outstanding Balance at Close of This Period
150.00	Amount Incurred This Period	Payment This Period	150.00
	150.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature of Debt (Purpose): ADVANCE PAYMENT FOR LODGING IN TAMPA, FL
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			Outstanding Balance at Close of This Period
144.48	Amount Incurred This Period	Payment This Period	144.48
	144.48	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature of Debt (Purpose): ADVANCE PAYMENT FOR COMMITTEE FUNDRAISING DINNER
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			Outstanding Balance at Close of This Period
955.80	Amount Incurred This Period	Payment This Period	955.80
	955.80	0.00	

1) SUBTOTALS This Period This Page (optional).....▶	1,250.28
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

1527196E082

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

NAME OF COMMITTEE (In Full)
STRONGPANTY.ORG POLITICAL ACTION

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EVERARD, BEN	Nature of Debt (Purpose): ADVANCE PAYMENT FOR ORGANIZATIONAL LUNCH
Mailing Address 1239 VERMONT AVE NW, APT 809	
City State Zip Code WASHINGTON, D.C. 20005	

Outstanding Balance Beginning This Period 812.98	Amount Incurred This Period 812.98	Payment This Period 0.00	Outstanding Balance at Close of This Period 812.98
--	--	------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature of Debt (Purpose): ADVANCE PAYMENT FOR MONTHLY TELEPHONE SERVICE
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period 31.76	Amount Incurred This Period 31.76	Payment This Period 0.00	Outstanding Balance at Close of This Period 31.76
---	---	------------------------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	844.74
2) TOTALS This Period (last page this line number only)..... ▶	3,583.77
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	3,583.77

28039612352

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked
1/30/08

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jms
 PREPARER

1/31/08 ✓
 DATE PREPARED

28039612353