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FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1	(See in:	structions)	Zab / Es	ffice Use Only
1. NAME OF COMMITTEE (in full	(Check if nan is changed)	ne Example:If typing, type over the lines.	12FE4M5	. [
Citizens for a Stron	ng America		<u> </u>	material and a process of the same
<u> </u>	l:lll	<u> </u>		1 1 1 2 3 1
ADDRESS (number and st	reet) 330 Encinitas Blv	rd., Ste. 101	<u> </u>	1 1 1 !
(Check if address is changed)	Encinitas		CA 92	024
	, .	CITY ◀	STATE ◀	ZIP CODE ◀
COMMITTEE'S E-MAIL A	DDRESS			
nhaley@thinkcpa.com	<u> </u>			
		<u> </u>		
COMMITTEE'S WEB PAG	GE ADDRESS (URL)			
L			1 ! ! ! !	
<u> </u>				
COMMITTEE'S FAX NUM				
760 - 632 -	3601			
2. DATE 02/M	/ T15P / Z008			
3. FEC IDENTIFICATIO	N NUMBER 🔺	C00444745		
4. IS THIS STATEMENT	T 🔲 NEW (N) C	R AMENDED (A)		
I certify that I have exam	nined this Statement and to the	e best of my knowledge and belief	f it is true, correct and	d complete.
Type or Print Name of Tr	reasurer Nancy R. Halo	ә у		
Signature of Treasurer	Neuryk	Haley	Date 02	15 2008
NOTE: Submission of false		mation may subject the person signir		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission	FEC FORM 1 (Revised 02/2003)

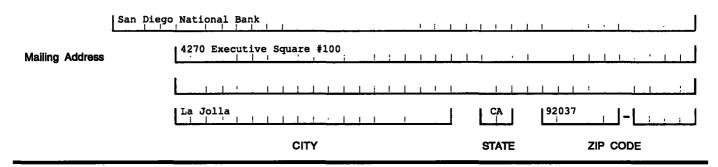
	FEC Fo	rm 1 (Revised 02/2003)	Page 2			
5.	TYPE OF C	OMMITTEE (Check One)				
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate			
	Name of Candidate					
	Candidate Party Affiliatio	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)		Democratic, Republican, etc.) Party.			
	(e)	This committee is a separate segregated fund.				
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee.	gregated fund or party			
6.	Name of An	y Connected Organization or Affiliated Committee				
l	NONE					
Ī	! 1.1.1					
	Mailing Addr	ess				
		CITY ◀ STATE ◀	ZIP CODE ◀			
	Relationship	<u>L </u>				
	Type of Con	nected Organization:				
	Сог	poration	zation			
	Men	nbership Organization Trade Association Cooperative				

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FEC Form Write or Type Com	1 (Revised 0) mittee Name	<u></u>		Page 3	
Citizens for a	Strong Amer	ica			
 Citizens for a Strong America Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of books and records. 					
Full Namè	Nancy R.	Haley		<u> </u>	
Mailing Address		330 Encinitas Blvd., Ste. 101	11:,!!!!!	<u> </u>	
		<u> </u>			
		Encinitas	CA 9202	2 <mark>4</mark>	
Title or Position	•	CITY◀	STATE ◀	ZIP CODE ◀	
Custodian of	Records		elephone number [760] -	632 - 3600	
		d address (phone number – optional) of the treasurer).	asurer of the committee; and the	name and address of	
Full Name of Treasurer	Nancy R.	Haley	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
Mailing Address		330 Encinitas Blvd., Ste. 101		<u> </u>	
				1111.	
		Encinitas	CA 920	²⁴ L	
Title or Position	•	CITY ◀	STATE ◀	ZIP CODE ◀	
Treasurer			elephone number 760 -	632 - 3600	
Full Name of Designated Agent	Lili		1. • • • • • • • • •		
Mailing Address			<u> </u>	1111.	
Title or Position	•	CITY ◀	STATE ◀	ZIP CODE ◀	

 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.



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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Receipt or Postmarked			
Sr.	2/22/08			
PREPARER (3/2005)	DATE PREPARED			