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FEC FORM 1

STATEMENT OF ORGANIZATION

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

StrongPartyOrg Political Action

ADDRESS (number and street) ▼ 1201 Brickell Ave

☐ (Check if address is changed) Suite 320

Miami FL 33131-

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

305-358-5645

2. DATE 08 / 15 / 2006

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 Harout Samra

Signature of Treasurer Harout S. Date 08 / 16 / 2006

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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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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

(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

26059171390

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: Clinton Lewis

Mailing Address: 1201 Brickell Ave
Suite 320
Miami FL 33131-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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).

Full Name of Treasurer: Harout Samra

Mailing Address: 445 Sevilla Ave.
Coral Gables FL 33134-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number 305-753-2703

Full Name of Designated Agent: Clinton Lewis

Mailing Address: 1201 Brickell Ave.
Suite 320
Miami FL 33131-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Asst. Treasurer

Telephone number -

26039171391

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.

Wachovia

Mailing Address 1700 SW 22 st

Miami FL 33145-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Wachovia

Mailing Address 1700 SW 22 st

Miami FL 33145-

CITY ▲ STATE ▲ ZIP CODE ▲

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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
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PREPARER	8/22/06 DATE PREPARED

(3/2005)

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