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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. 12FE4M5

STROEHMAN FOR CONGRESS

ADDRESS (number and street) PO BOX 98

(Check if address is changed) LINDEN PA 17744

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
jeffstroehman@jeffstroehman.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.jeffstroehman.com

COMMITTEE'S FAX NUMBER  
570-398-7380

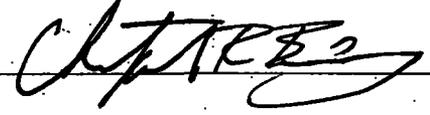
2. DATE 02 / 05 / 2008

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 CHRISTOPHER R. BAIN

Signature of Treasurer  Date 02 / 05 / 2008

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

Candidate Committee:

- (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 DEFFREY, J. STROEMANN

Candidate Party Affiliation REP Office Sought:  House  Senate  President State PA District 05

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____
5.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

STROEMANN FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

- Connected Organization
- Affiliated Committee
- Leadership PAC Sponsor
- Joint Fundraising Representative

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

CHRISTOPHER R BAIN

Mailing Address

2335 NEWBERRY STREET

WILLIAMSPORT

PA

17701

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

570-419-9905

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

CHRISTOPHER R BAIN

Mailing Address

2335 NEWBERRY STREET

WILLIAMSPORT

PA

17701

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

570-419-9905

28039634033

Full Name of Designated Agent

CHRISTOPHER BAIN

Mailing Address

2335 NEWBERRY STREET

WILLIAMSPORT

CITY

PA

STATE

17701

ZIP CODE

Title or Position

TREASURER

Telephone number

570-419-9905

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.

OMEGA BANK-WATSONTOWN

Mailing Address

300 MAIN STREET

WATSONTOWN

CITY

PA

STATE

17777

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039634034

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.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

	<b>2/14/08</b>
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