FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Strength and Progress Inc 30 N Gould St ADDRESS (number and street) Ste 7981 (Check if address is changed) Sheridan 82801 WY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS strengthandprogress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00683573 FEC IDENTIFICATION NUMBER > 3. 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. Davis, Michael, , , Type or Print Name of Treasurer Davis, Michael, , , [Electronically Filed] 07 2018 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (n) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this commi			
Name of Candidate Candidate Party Affiliation City 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 "Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation Corporation w/o Capital Stock Labor Organization In addition, this committee is a Lobbyist/Registrant PAC. (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (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. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
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3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee	Name	
Strength and	l Progress Inc	
	eted Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
Mailing / Idai 655		
		1
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Represent	
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the	person in possession of committee
	s, Michael, , ,	
Full Name	PO Box 53414	
Mailing Address		
	Irvine	92619
Title or Position	CITY STATE	ZIP CODE
Treasurer		
. Treasurer: List the name any designated agent (6)	ne and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name Davis	s, Michael, , ,	
Mailing Address	PO Box 53414	
	Irvine CA	92619
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
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