

STATEMENT OF
ORGANIZATION

RECEIVED
FEDERAL ELECTION COMMISSION

2007 FEB 7 PM 07:40
Office Use Only

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

12FE4M5

ADDRESS: THE STRACK PAC

ADDRESS (number and street)

(Check if address
is changed)

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

FE400K1@WINDSTREAM.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.thestrackpac.com

COMMITTEE'S FAX NUMBER

M B T D U V Y Y Y

2. DATE

3. FEC IDENTIFICATION NUMBER ►

000406991

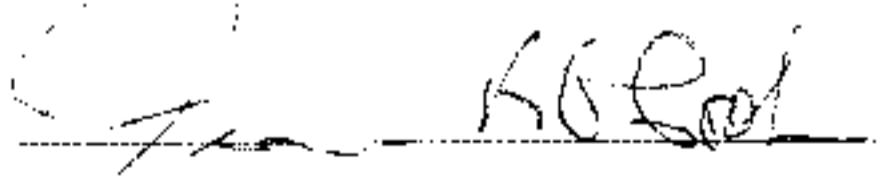
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

FRANCES R C Clock

Signature of Treasurer



Date

11/14/2007

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 Use Only				
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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)

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

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

Mailing Address

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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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

Mailing Address

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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Full Name of
Designated
Agent

Mailing Address

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input type="checkbox"/>	Date of Receipt
Hand Delivered	
<input checked="" type="checkbox"/>	Postmarked
USPS First Class Mail	1-29-07
<input type="checkbox"/>	Postmarked (R/C)
USPS Registered/Certified	
<input type="checkbox"/>	Postmarked
USPS Priority Mail	
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/>	Postmarked
USPS Express Mail	
<input type="checkbox"/>	Postmark Illegible
<input type="checkbox"/>	No Postmark
<input type="checkbox"/>	Shipping Date
Overnight Delivery Service (Specify):	
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/>	Date of Receipt
Received from House Records & Registration Office	
<input type="checkbox"/>	Date of Receipt
Received from Senate Public Records Office	
<input type="checkbox"/>	Date of Receipt
Received from Electronic Filing Office	
<input type="checkbox"/>	Date of Receipt or Postmarked
Other (Specify):	
<i>Jm 10</i>	<i>2/9/07</i>
PREPARER	DATE PREPARED
(3/2005)	