

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

BlakPac

ADDRESS (number and street) 14910 N Dale Mabry Hwy
Suite 340162
 Check if different than previously reported. (ACC) Tampa FL 33694

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00571398

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Lopez, Sandra, , ,
Type or Print Name of Treasurer

Signature of Treasurer Lopez, Sandra, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BlakPac

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="5740.00"/>	<input type="text" value="5740.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5740.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="61340.00"/>	<input type="text" value="61340.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="67080.00"/>	<input type="text" value="67080.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64315.00"/>	<input type="text" value="64315.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2765.00"/>	<input type="text" value="2765.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BlakPac

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	59775.00	59775.00
(ii) Unitemized	1565.00	1565.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	61340.00	61340.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	61340.00	61340.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	61340.00	61340.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61340.00	61340.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	58500.00	58500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	58500.00	58500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	4000.00	4000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1815.00	1815.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1815.00	1815.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64315.00	64315.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64315.00	64315.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61340.00	61340.00
34. Total Contribution Refunds (from Line 28(d))	1815.00	1815.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59525.00	59525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	58500.00	58500.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	58500.00	58500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BlakPac

A. Farrell, George, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employee Occupation (for Individual) Consultant

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **07 / 01 / 2016**
Transaction ID : SA11AI.4193

Amount of Each Receipt this Period 10000.00

Memo Item
In-kind - Management

B. Farrell, George, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employee Occupation (for Individual) Consultant

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 19490.00

Date of Receipt **08 / 01 / 2016**
Transaction ID : SA11AI.4197

Amount of Each Receipt this Period 10000.00

Memo Item
In-kind - Office Management

C. Farrell, George, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employee Occupation (for Individual) Consultant

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 19515.00

Date of Receipt **08 / 19 / 2016**
Transaction ID : SA11AI.4127

Amount of Each Receipt this Period 25.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 20025.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BlakPac

A. Farrell, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14910 N Dale Mabry Hwy
 Suite 340162
 City Tampa State FL Zip Code 33694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employee Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 29032.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA11AI.4198
 Amount of Each Receipt this Period 10000.00
 Memo Item
 In-kind - Management

B. Gary, Williams, Parenti, Watson & Gary, PLLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 SE Oseola Street
 City Stuart State FL Zip Code 34994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2016
Transaction ID : SA11AI.4185
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Donation

C. Gravis Marketing
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Belle Ave
 #1180
 City Winter Springs State FL Zip Code 32708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 01 / 2016
Transaction ID : SA11AI.4219
 Amount of Each Receipt this Period 3000.00
 Memo Item
 In-kind - Calls and E-Mail List

SUBTOTAL of Receipts This Page (optional).....▶	14000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BlakPac

A. Lopez, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14910 N Dale Mabry Hwy
 City Tampa State FL Zip Code 33694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employee Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : SA11AI.4189
 Amount of Each Receipt this Period 5000.00
 Memo Item
 In-kind - Office Administration

B. Lopez, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14910 N Dale Mabry Hwy
 City Tampa State FL Zip Code 33694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employee Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9958.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2016
Transaction ID : SA11AI.4191
 Amount of Each Receipt this Period 5000.00
 Memo Item
 In-kind - Office Administration

C. Lopez, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14910 N Dale Mabry Hwy
 City Tampa State FL Zip Code 33694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employee Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 14916.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA11AI.4192
 Amount of Each Receipt this Period 5000.00
 Memo Item
 In-kind - Office Administration

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BlakPac

A. Mckee, Clarence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1155 Heron Bay Blvd
City Coral Springs State FL Zip Code 33065
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) MCKEE COMMUNICATIONS Occupation (for Individual) Public Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 01 / 2016
Transaction ID : SA11AI.4199
Amount of Each Receipt this Period 1500.00
 Memo Item
In-kind - Public Relations Consultant

B. Mckee, Clarence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1155 Heron Bay Blvd
City Coral Springs State FL Zip Code 33065
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) MCKEE COMMUNICATIONS Occupation (for Individual) Public Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA11AI.4204
Amount of Each Receipt this Period 1500.00
 Memo Item
In-kind - Public Relations Consultant

C. Mckee, Clarence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1155 Heron Bay Blvd
City Coral Springs State FL Zip Code 33065
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) MCKEE COMMUNICATIONS Occupation (for Individual) Public Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 09 / 01 / 2016
Transaction ID : SA11AI.4205
Amount of Each Receipt this Period 1500.00
 Memo Item
In-kind - Public Relations Consultant

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BlakPac

A. Montero, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2607 E Linebaugh Ave
 City Tampa State FL Zip Code 33612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employee Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **07 / 01 / 2016**
Transaction ID : SA11AI.4206
 Amount of Each Receipt this Period 2000.00
 Memo Item
 In-kind - GOTV

B. Montero, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2607 E Linebaugh Ave
 City Tampa State FL Zip Code 33612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employee Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **09 / 01 / 2016**
Transaction ID : SA11AI.4208
 Amount of Each Receipt this Period 2000.00
 Memo Item
 In-kind - GOTV

C. Smith Law Group
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 Independence Blvd Suite 231
 City Virginia Beach State VA Zip Code 23462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 24 / 2016**
Transaction ID : SA11AI.4132
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	4250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BlakPac

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Todd, Barbara, , ,

Mailing Address 8462 35 Ave N

City Saint Petersburg	State FL	Zip Code 33710
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2016

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period
2000.00

Memo Item
In-kind - Political Advisor

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	59775.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BlakPac

Full Name (Last, First, Middle Initial)
A. Farrell, George, , ,

Date of Disbursement
MM / DD / YYYY
07 / 01 / 2016

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

Purpose of Disbursement
In-kind - Management

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C

Transaction ID : SB21B.4194

Amount of Each Disbursement this Period
10000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Farrell, George, , ,

Date of Disbursement
MM / DD / YYYY
08 / 01 / 2016

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

Purpose of Disbursement
In-kind - Office Management

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C

Transaction ID : SB21B.4203

Amount of Each Disbursement this Period
10000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Farrell, George, , ,

Date of Disbursement
MM / DD / YYYY
09 / 01 / 2016

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

Purpose of Disbursement
In-kind - Management

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C

Transaction ID : SB21B.4202

Amount of Each Disbursement this Period
10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BlakPac

Full Name (Last, First, Middle Initial) A. Gravis Marketing		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 910 Belle Ave #1180		FEC Identification Number C [] Transaction ID : SB21B.4221 Amount of Each Disbursement this Period [] 3000.00
City Winter Springs	State FL	Zip Code 32708
Purpose of Disbursement In-kind - Calls and E-Mail List		Category/Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Lopez, Sandra, , ,		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 14910 N Dale Mabry Hwy		FEC Identification Number C [] Transaction ID : SB21B.4190 Amount of Each Disbursement this Period [] 5000.00
City Tampa	State FL	Zip Code 33694
Purpose of Disbursement In-kind - Office Administration		Category/Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Lopez, Sandra, , ,		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address 14910 N Dale Mabry Hwy		FEC Identification Number C [] Transaction ID : SB21B.4196 Amount of Each Disbursement this Period [] 5000.00
City Tampa	State FL	Zip Code 33694
Purpose of Disbursement In-kind - Office Administration		Category/Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 13000.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BlakPac

Full Name (Last, First, Middle Initial)

A. Lopez, Sandra, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
In-kind - Office Administration

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.4195

Amount of Each Disbursement this Period

8000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mckee, Clarence, , ,

Mailing Address 1155 Heron Bay Blvd

City
Coral Springs

State
FL

Zip Code
33065

Purpose of Disbursement
In-kind - Public Relations Consultant

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.4201

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mckee, Clarence, , ,

Mailing Address 1155 Heron Bay Blvd

City
Coral Springs

State
FL

Zip Code
33065

Purpose of Disbursement
In-kind - Public Relations Consultant

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.4215

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BlakPac

Full Name (Last, First, Middle Initial)

A. Mckee, Clarence, , ,

Mailing Address 1155 Heron Bay Blvd

City
Coral Springs

State
FL

Zip Code
33065

Purpose of Disbursement
In-kind - Public Relations Consultant

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

FEC Identification Number

C []
Transaction ID : SB21B.4214
Amount of Each Disbursement this Period
[] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Montero, Carlos, , ,

Mailing Address 2607 E Linebaugh Ave

City
Tampa

State
FL

Zip Code
33612

Purpose of Disbursement
In-kind - GOTV

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

FEC Identification Number

C []
Transaction ID : SB21B.4213
Amount of Each Disbursement this Period
[] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Montero, Carlos, , ,

Mailing Address 2607 E Linebaugh Ave

City
Tampa

State
FL

Zip Code
33612

Purpose of Disbursement
In-kind - GOTV

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

FEC Identification Number

C []
Transaction ID : SB21B.4212
Amount of Each Disbursement this Period
[] 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5	5	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27	
	<input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BlakPac

A. Todd, Barbara, , , Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY 09 / 25 / 2016
Mailing Address 8462 35 Ave N		FEC Identification Number C Transaction ID : SB21B.4211 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Saint Petersburg	State FL	
Purpose of Disbursement In-kind - Political Advisor	Zip Code 33710	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

B. _____ Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement	Zip Code	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

C. _____ Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement	Zip Code	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	58500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BlakPac

Full Name (Last, First, Middle Initial)
A. Farrell, George, , ,

Date of Disbursement
MM / DD / YYYY
07 / 31 / 2016

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

Purpose of Disbursement
Gas Expense Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C
Transaction ID : **SB28A.4245**
Amount of Each Disbursement this Period
510.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Farrell, George, , ,

Date of Disbursement
MM / DD / YYYY
08 / 31 / 2016

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

Purpose of Disbursement
Gas Expense Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C
Transaction ID : **SB28A.4247**
Amount of Each Disbursement this Period
483.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Farrell, George, , ,

Date of Disbursement
MM / DD / YYYY
09 / 30 / 2016

Mailing Address 14910 N Dale Mabry Hwy
Suite 340162

City Tampa State FL Zip Code 33694

Purpose of Disbursement
Gas Expense Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C
Transaction ID : **SB28A.4249**
Amount of Each Disbursement this Period
696.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1689.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with 28a checked.

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NAME OF COMMITTEE (In Full) BlakPac

Form A: Lopez, Sandra, , , Disbursement details including date (07/31/2016), FEC ID, and amount (42.00).

Form B: Lopez, Sandra, , , Disbursement details including date (08/31/2016), FEC ID, and amount (42.00).

Form C: Lopez, Sandra, , , Disbursement details including date (09/30/2016), FEC ID, and amount (42.00).

SUBTOTAL of Disbursements This Page (optional) 126.00
TOTAL This Period (last page this line number only) 1815.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
BlakPac
FEC IDENTIFICATION NUMBER
C C00571398

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Facebook
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025
Purpose of Expenditure: Facebook Ad
Category/Type: 012
Date of Public Distribution/Dissemination: 09/25/2016
Amount: 1000.00
Transaction ID: SE.4228
Date of Disbursement or Obligation: 09/21/2016

Name of Federal Candidate: SPALDING, CARLA ARLENE, ,
Support [checked] Oppose []
Office Sought: House [checked] President [] Senate []
District: 18 State: FL
Calendar Year-To-Date Per Election for Office Sought: 2000.00
Disbursement For: Primary [] General [checked] Other (specify) []

Full Name of Payee: Gravis Marketing
Mailing Address: 910 Belle Ave #1180
City: Winter Springs, State: FL, Zip Code: 32708
Purpose of Expenditure: Calls
Category/Type: 005
Date of Public Distribution/Dissemination: 07/08/2016
Amount: 1000.00
Transaction ID: SE.4222
Date of Disbursement or Obligation: 07/08/2016

Name of Federal Candidate: SPALDING, CARLA ARLENE, ,
Support [checked] Oppose []
Office Sought: House [checked] President [] Senate []
District: 18 State: FL
Calendar Year-To-Date Per Election for Office Sought: 1000.00
Disbursement For: Primary [] General [checked] Other (specify) []

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lopez, Sandra, ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) BlakPac	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571398 </div>
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Gravis Marketing	Date of Public Distribution/Dissemination / /
Mailing Address 910 Belle Ave #1180	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> Transaction ID : SE.4224 Date of Disbursement or Obligation 08 / 24 / 2016
City Winter Springs State FL Zip Code 32708	
Purpose of Expenditure Calls Category/Type 005	
Name of Federal Candidate: VAUGHN, CORROGAN R, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 1500.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Gravis Marketing	Date of Public Distribution/Dissemination / /
Mailing Address 910 Belle Ave #1180	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> Transaction ID : SE.4226 Date of Disbursement or Obligation 09 / 13 / 2016
City Winter Springs State FL Zip Code 32708	
Purpose of Expenditure Calls and e-mail Category/Type 005	
Name of Federal Candidate: BARTLEY, LORI ANITA MRS., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 500.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lopez, Sandra, , ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature