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# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

FEC MAIL CENTER

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

THE BLACK PAC

ADDRESS (number and street) 1720 N 110th ST A346

Check if different than previously reported. (ACC) RENTON WA 98057

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** 000491993

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

4. STATE DISTRICT  
For Candidates Only

5. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2) and/or Semi-annual Report

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE) and/or Semi-annual Report

July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7) and/or Semi-annual Report  Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Special (12S)  Convention (12C)

Election on [ ] / [ ] / [ ] in the State of [ ]

This report also covers the semi-annual period  See Line 6(b)

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

This report also covers the semi-annual period  See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: This report covers 10 01 2010 through 12 31 2010 and/or

(b) Semi-annual Covered Period:  January 1 - June 30  July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: 0000

(b) Semi-annual Covered Period: 0000

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SHAR I ALLEN

Signature of Treasurer [Signature] Date 01 25 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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