

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) 3035 66 Ave N B3 Saint Petersburg FL 33702

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00571398

3. IS THIS REPORT NEW OR AMENDED

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: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2017 through 06/30/2017

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 08/25/2017

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)

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="2017"/>	<input type="text" value="8548.29"/>	<input type="text" value="8548.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8548.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="69931.17"/>	<input type="text" value="69931.17"/>
(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="78479.46"/>	<input type="text" value="78479.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="72982.63"/>	<input type="text" value="72982.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5496.83"/>	<input type="text" value="5496.83"/>
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: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

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).....	62000.00	62000.00
(ii) Unitemized	7931.17	7931.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	69931.17	69931.17
(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)	69931.17	69931.17
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)).....▶	69931.17	69931.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	69931.17	69931.17

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	72982.63	72982.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	72982.63	72982.63
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)	0.00	0.00
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	0.00	0.00
(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)).....	0.00	0.00
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)) ..	72982.63	72982.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72982.63	72982.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	69931.17	69931.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69931.17	69931.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	72982.63	72982.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	72982.63	72982.63

**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 18
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. American Security Trust			Date of Receipt MM / DD / YYYY 02 / 15 / 2017 Transaction ID : SA11AI.5952
Mailing Address 7525 Old Georgetown Rd			Amount of Each Receipt this Period 10000.00
City Bethesda	State MD	Zip Code 20814	<input type="checkbox"/> Memo Item Donation
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 10000.00	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. American Security Trust			Date of Receipt MM / DD / YYYY 05 / 17 / 2017 Transaction ID : SA11AI.5955
Mailing Address 7525 Old Georgetown Rd			Amount of Each Receipt this Period 20000.00
City Bethesda	State MD	Zip Code 20814	<input type="checkbox"/> Memo Item Donation
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 30000.00	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. American Security Trust			Date of Receipt MM / DD / YYYY 06 / 07 / 2017 Transaction ID : SA11AI.6096
Mailing Address 7525 Old Georgetown Rd			Amount of Each Receipt this Period 10000.00
City Bethesda	State MD	Zip Code 20814	<input type="checkbox"/> Memo Item Donation
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 40000.00	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	40000.00
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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BlakPac

A. Conefry, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 PLEASANT RIDGE DR
 City BELLE CHASSE State LA Zip Code 70037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Conefry & Company, LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2017
Transaction ID : SA11AI.5567
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

B. DeRosa, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7613 W STATE ST
 City MILWAUKEE State WI Zip Code 53213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeRosa Corporation Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2017
Transaction ID : SA11AI.5503
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

C. Elliott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 TALMADGE LN.
 City DALLAS State TX Zip Code 75230
 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 ▼ 1000.00

Date of Receipt 01 / 21 / 2017
Transaction ID : SA11AI.5651
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
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 18
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Farrell, George, , ,			Date of Receipt
Mailing Address 14910 N Dale Mabry Hwy			<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2017"/>
City Tampa	State FL	Zip Code 33694	Transaction ID : SA11AI.5827
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer (for Individual) Self-Employee		Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item In-kind - Media Strategy, GOTV Strategy for 2018
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guillory, Elbert, , ,			Date of Receipt
Mailing Address 14910 N Dale Mabry Hwy			<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City Tampa	State FL	Zip Code 33694	Transaction ID : SA11AI.5828
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Name of Employer (for Individual) Self-Employee		Occupation (for Individual) Lawyer	<input type="checkbox"/> Memo Item In-kind - Video Creation for GOTV
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Keller, Jim, , ,			Date of Receipt
Mailing Address 18481 GREENBRIAR AVE			<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City PRAIRIEVILLE	State LA	Zip Code 70769	Transaction ID : SA11AI.5674
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Coating Systems & Supply		Occupation (for Individual) Distributor	<input type="checkbox"/> Memo Item Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="15250.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<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
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2017
Transaction ID : SA11AI.5826
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 In-kind - Web Design, Graphic Design, Accounting

B. Moody, B. I., , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 SHERWOOD LANE
 City CROWLEY State LA Zip Code 70526
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2017
Transaction ID : SA11AI.5635
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Donation

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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5250.00
TOTAL This Period (last page this line number only).....▶	62000.00

**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. Capital Square Funding Group

Mailing Address 107 Fayetteville Street, Suite 200

City Raleigh State NC Zip Code 27601

Purpose of Disbursement
Consultant Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 06 / 2017

FEC Identification Number
C
Transaction ID : **SB21B.5834**
Amount of Each Disbursement this Period
4000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Capital Square Funding Group

Mailing Address 107 Fayetteville Street, Suite 200

City Raleigh State NC Zip Code 27601

Purpose of Disbursement
Fundraising Commission Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2017

FEC Identification Number
C
Transaction ID : **SB21B.5833**
Amount of Each Disbursement this Period
5601.43

Memo Item

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

Mailing Address 14910 N Dale Mabry Hwy

City Tampa State FL Zip Code 33694

Purpose of Disbursement
Reimbursement Office Rent

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 15 / 2017

FEC Identification Number
C
Transaction ID : **SB21B.5836**
Amount of Each Disbursement this Period
2400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12001.43

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. Farrell, George, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
Reimbursement Phone bills

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	1		1	5		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.5839
Amount of Each Disbursement this Period
[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Farrell, George, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
In-kind - Media Strategy, GOTV Strategy for 2018

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	1		1	6		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.5831
Amount of Each Disbursement this Period
[] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Farrell, George, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
Gas Reimbursement

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	1		3	1		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.5841
Amount of Each Disbursement this Period
[] 154.00

Memo Item

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

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

5	3	0	4	.00
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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)

<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

A. Farrell, George, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14910 N Dale Mabry Hwy

City Tampa State FL Zip Code 33694

Purpose of Disbursement Reimbursement for Feb Office Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5958

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Farrell, George, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14910 N Dale Mabry Hwy

City Tampa State FL Zip Code 33694

Purpose of Disbursement Reimbursement travel expenses -Georgia

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5964

Amount of Each Disbursement this Period: 684.20

Memo Item

C. Farrell, George, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14910 N Dale Mabry Hwy

City Tampa State FL Zip Code 33694

Purpose of Disbursement Reimbursement for March Office Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5959

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5684.20

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

A. Farrell, George, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14910 N Dale Mabry Hwy

City Tampa State FL Zip Code 33694

Purpose of Disbursement Reimbursement travel Expenses - Georgia

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5965

Amount of Each Disbursement this Period: 850.00

Memo Item

B. Farrell, George, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14910 N Dale Mabry Hwy

City Tampa State FL Zip Code 33694

Purpose of Disbursement Reimbursement for April Office rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5960

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Farrell, George, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14910 N Dale Mabry Hwy

City Tampa State FL Zip Code 33694

Purpose of Disbursement Reimbursement Travel Expenses - Georgia

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5966

Amount of Each Disbursement this Period: 945.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4295.00

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. Farrell, George, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
Reimbursement for May Office Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5961

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Farrell, George, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
Reimbursement Travel Expenses - Georgia

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5967

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Farrell, George, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
Reimbursement Campaign Expenses for volunteers - food, water, gas

Candidate Name

HANDEL, KAREN CHRISTINE, , ,

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Special-General

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

H8GA06286

Transaction ID : SB21B.5974

Amount of Each Disbursement this Period

Memo Item

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

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. Farrell, George, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
Reimbursement June Office Rent

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	6		0	6		2	0	1	7

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.5963

Amount of Each Disbursement this Period

[Redacted] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Farrell, George, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
Reimbursement Travel Expenses - Georgia

Candidate Name

HANDEL, KAREN CHRISTINE, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	7

FEC Identification Number

C H8GA06286

Transaction ID : SB21B.5968

Amount of Each Disbursement this Period

[Redacted] 4560.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guillory, Elbert, , ,

Mailing Address 14910 N Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33694

Purpose of Disbursement
In-kind - Video Creation for 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	1		1	7		2	0	1	7

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.5830

Amount of Each Disbursement this Period

[Redacted] 10000.00

Memo Item

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

[Redacted] 17060.00

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

[Redacted]

**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

A. Hetland, Donna, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 876

City MONTGOMERY State TX Zip Code 77356

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6042

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Hetland, Donna, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 876

City MONTGOMERY State TX Zip Code 77356

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6053

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Lopez, Sandra, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14910 N Dale Mabry Hwy Suite 340162

City Tampa State FL Zip Code 33694

Purpose of Disbursement In-kind - Web Design, Graphic Design, Accounting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5832

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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

A. Pearson-Bramson, Angela, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 500 Park Avenue
Suite 28 B

City New York State NY Zip Code 10022

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 17 / 2017

FEC Identification Number: C
Transaction ID : SB21B.6036
Amount of Each Disbursement this Period: 250.00

Memo Item

B. Vista Print

Full Name (Last, First, Middle Initial)

Mailing Address 95 Hayden Ave

City Lexington State VA Zip Code 02421

Purpose of Disbursement T-Shirts for Karen Handel Campaign

Candidate Name
HANDEL, KAREN CHRISTINE, , ,

Office Sought: House Senate President
State: GA District: 06

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 19 / 2017

FEC Identification Number: C
H8GA06286
Transaction ID : SB21B.5973
Amount of Each Disbursement this Period: 580.00

Memo Item

C. Vista Print

Full Name (Last, First, Middle Initial)

Mailing Address 95 Hayden Ave

City Lexington State VA Zip Code 02421

Purpose of Disbursement Door Hangers, Handouts

Candidate Name
HANDEL, KAREN CHRISTINE, , ,

Office Sought: House Senate President
State: GA District: 06

Disbursement For: 2017 Primary General Other (specify) ▼
Special-General

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C
H8GA06286
Transaction ID : SB21B.5970
Amount of Each Disbursement this Period: 6070.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6900.00

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. Young, Victor, , ,		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 5145 Clark Rd		FEC Identification Number C [] Transaction ID : SB21B.6007 Amount of Each Disbursement this Period [] 750.00	
City Sarasota	State FL	Zip Code 34233	Category/Type []
Purpose of Disbursement Donation			
Candidate Name		Memo Item <input type="checkbox"/>	
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:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/Type []
Purpose of Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
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:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/Type []
Purpose of Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[] 750.00
TOTAL This Period (last page this line number only).....▶	[] 69894.63