Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Thereasa Black for Congress PO Box 7083 ADDRESS (number and street) (Check if address is changed) Upper Marlboro 20792 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tblack4congress@votetblack.com (Check if address is changed) Optional Second E-Mail Address tblack4congress@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) votetblack.com (Check if address is changed) DATE 01 2017 C00646802 FEC IDENTIFICATION NUMBER > 3. X 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. Iheoma, John, , , Type or Print Name of Treasurer Iheoma, John,,, [Electronically Filed] 06 2017 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

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		COMMITTEE e Committee:	
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  Black, Thereasa, Marie,	Э
Cano	didate		
	didate / Affiliation	Office State	MD 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) F	Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a:
		Corporation Corporation w/o Capital Stock Labor Organization	on
		Membership Organization Trade Association Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee)	oarty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising 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.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam	е	
Thereasa Black	c for Congress	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representation	tive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
The of Fosition	SINIE	ZII CODE
	Telephone number	
8. <b>Treasurer</b> : List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Iheoma, J	ohn, , ,	ı
of Treasurer	14150 Plaza Cirola	
Mailing Address	1150 Plaza Circle	
	Joppa MD	21085
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	43   -   857   -   9193

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxe Name of Bank, Dep	epositories: List all banks or other depositories in which the committee deposits funds, hes or maintains funds. pository, etc.	
safety deposit boxe Name of Bank, Dep	es or maintains funds.	
safety deposit boxe Name of Bank, Dep	es or maintains funds.  pository, etc.  Wells Fargo	
safety deposit boxe Name of Bank, Dep	es or maintains funds.  pository, etc.  Wells Fargo	
safety deposit boxe Name of Bank, Dep	wells Fargo  7700 Landover Road	
safety deposit boxe Name of Bank, Dep	Wells Fargo  7700 Landover Road  Landover  CITY  STATE	5
safety deposit boxe Name of Bank, Dep  Mailing Address	Wells Fargo  7700 Landover Road  Landover  CITY  STATE	5
Safety deposit boxe Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Wells Fargo  7700 Landover Road  Landover  CITY  STATE	5
safety deposit boxe Name of Bank, Dep  Mailing Address	Wells Fargo  7700 Landover Road  Landover  CITY  STATE	5
Safety deposit boxe Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Wells Fargo  7700 Landover Road  Landover  CITY  STATE	5
Safety deposit boxe Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Wells Fargo  7700 Landover Road  Landover  CITY  STATE	5