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STATEMENT OF ORGANIZATION

			Office	Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
BLAKPAC				
ADDRESS (number and street)	26 MILMARSON PL NW			
is changed)	WASHINGTON		DC 20011	
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	SMLMORA@hotmail.co	om		
is changed)	Optional Second E-Mail Add			
	GTFARRELL@MSN	.COM		
COMMITTEE'S WEB PAGE ADD	DRESS (URL) ,WWW.BLAKPAC.GOP			
 (Check if address is changed) 				
	1			
2. DATE 07 / 31	D / Y Y Y Y 2019			
		00574000		
3. FEC IDENTIFICATION NU		00571398		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and co	mplete.
Type or Print Name of Treasurer	r Lopez, Sandra, , ,			
			M M (
Signature of Treasurer	, Sandra, , ,	[Electronically Filed]	Date 07	31 2019
NOTE: Submission of false, errone		may subject the person signing the ON SHOULD BE REPORTED WI		nannes of 2 U.S.C. §437g.
Office		For further information co		EC FORM 1
Use Only		Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		Revised 06/2012)

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TYPE OF (COMMITTEE
Candidat	e Committee:
(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	L
Candidate Party Affilia	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	nmittee:
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	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.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

BLAKPAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NC		I	I	1		1	I	I	I	I	I	I	I	1	I	1	1	I	I	I	1	I	1	1	I	1	1	1	I	1	I	I	1	I	
Ν	Nailing Address																																		
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										СІЛ	Y											S	TAT	Е					Z	IP	СС	DE			
F	Relationship: Conne	cted	Orę	gan	izati	ion		Aff	iliat	ed (Con	nm	itte	e		Joi	int I	Fur	ndra	isir	ng F	Rep	ores	sen	tati	ve		Le	∋ad	ers	hip	PA	C S	por	nsor
. c	ustodian of Records:	Ident	tify	by	nan	ne, a	add	res	s (p	hor	ne r	nun	nbe	er	· 0	otio	nal) a	nd	pos	sitio	n c	of t	he	pei	sor	n in	рс	JSS(ess	ion	of	cor	nmi	ttee

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Lopez, Sa	indra, , ,
Full Name	
Mailing Address	26 Milmarson PI NW
	Washington DC 20011
Title or Position	CITY STATE ZIP CODE
	Telephone number 202 553 1876

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	Lopez, Sandra, , ,
Mailing Address	26 Milmarson PI NW
	Washington DC 20011
	CITY STATE ZIP CODE
Title or Position	Image: State of the second

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent										1																
Mailing Address																										
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Title or Position							CI	IT								517	41 C				21		, UL	JE		
											Tele	eph	one	e ni	umb	ber										

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 B	ank, Depo	ository, etc.
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TD Bar)k		
Mailing Address	901 7th St NW		
	Washington		20001
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: