

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 66TH AVE N SUITE B3 ST. PETERSBURG FL 33702
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00571398
3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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) [X] July 31 Mid-Year Report (Non-election Year Only) (MY) [] Termination Report (TER)
(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) [] Oct 20 (M10) [] Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S)
Election on [] / [] / [] in the State of []
(d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S)
Election on [] / [] / [] in the State of []

5. Covering Period [] / [] / [] 01 01 2015 through [] / [] / [] 06 30 2015

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 Mrs. SANDRA LOPEZ

Signature of Treasurer Mrs. SANDRA LOPEZ [Electronically Filed] Date [] / [] / [] 07 31 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1000.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36720.00"/>	<input type="text" value="36720.00"/>
(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="37720.00"/>	<input type="text" value="37720.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36720.00"/>	<input type="text" value="36720.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	35580.00	35580.00
(ii) Unitemized	1140.00	1140.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36720.00	36720.00
(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)	36720.00	36720.00
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))..... ▶	36720.00	36720.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36720.00	36720.00

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	36720.00	36720.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36720.00	36720.00
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)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	36720.00	36720.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36720.00	36720.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	36720.00	36720.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36720.00	36720.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	36720.00	36720.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36720.00	36720.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 22
	(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

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. Gus Billirakis Campaign

Full Name (Last, First, Middle Initial)
Mailing Address 600 Klosterman Rd
Room BB-038

City Tarpon Springs State FL Zip Code 34689

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

Name of Employer Campaign Occupation Political Campaign

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 01 / 2015
Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
1000.00

Fund Raising Dinner

B. Ms ANGELIA BOYNTON

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 832082

City Ocala State FL Zip Code 34483

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

Name of Employer Occupation MARION COUNTY SCHOOL BOARD BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
01 / 05 / 2015
Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
7500.00

In-kind - DESIGN & PREP FUNDRAISING MANUAL SERVICES

C. Ms ANGELIA BOYNTON

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 832082

City Ocala State FL Zip Code 34483

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

Name of Employer Occupation MARION COUNTY SCHOOL BOARD BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7650.00

Date of Receipt
04 / 08 / 2015
Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
150.00

DINNER FUNDRAISER

SUBTOTAL of Receipts This Page (optional).....▶	8650.00
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 22
	<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. PINELLAS SUNCOAST BRC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4905 34th St S
 Ste 210
 City St Petersburg State FL Zip Code 33711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Non-Profit Occupation Non-Profit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.4136
 Amount of Each Receipt this Period
230.00
 Dinner Fund Raising

B. Tony Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 3706 W McKay St
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : SA11AI.4140
 Amount of Each Receipt this Period
300.00
 Fund Raising Dinner

C. SID DINERSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1555 PALMBEACLAKES BLVD.
 SUITE 210
 City PALM BEACH GARDEN State FL Zip Code 33401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2015
Transaction ID : SA11AI.4108
 Amount of Each Receipt this Period
750.00
 FUNDRAISER EVENT

SUBTOTAL of Receipts This Page (optional).....	1280.00
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 22
	<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. George Farrell
Full Name (Last, First, Middle Initial)

Mailing Address 1125 2nd Ave S

City State Zip Code
TierraVerde FL 33715

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

Name of Employer Occupation
self-employed Consultation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11718.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 07 / 2015

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
11718.00

DONATION FOR ADMINISTRATIVE SERVICES

B. Mr. WILLIAM FOLSHI
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7367

City State Zip Code
NAPLES FL 34101

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
282.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
282.00

DINNER FUNDRAISER

C. PAUL HORNSLETH
Full Name (Last, First, Middle Initial)

Mailing Address 5201 GULFPORT BLVD

City State Zip Code
GULF PORT FL 33707

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

Name of Employer Occupation
RW CALDWELL REALTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
350.00

DINNER FUNDRAISER

SUBTOTAL of Receipts This Page (optional).....	12350.00
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 22
	<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. Laurie McCauley
 Full Name (Last, First, Middle Initial)
 Mailing Address 731 61st Ave. S
 City St Petersburg State FL Zip Code 32705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Anthony Hospital Occupation nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2015**
Transaction ID : SA11AI.4128
 Amount of Each Receipt this Period **500.00**
 Dinner Fund Raiser

B. Micheal Mikurak
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Beach Dr NE Unit 703
 City St Petersburg State FL Zip Code 33701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 23 / 2015**
Transaction ID : SA11AI.4130
 Amount of Each Receipt this Period **1000.00**
 Fund Raising Dinner

C. Mark Pintel
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 95
 City Commack State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Businessman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **05 / 08 / 2015**
Transaction ID : SA11AI.4149
 Amount of Each Receipt this Period **1500.00**
 Fund-Raising Dinner

SUBTOTAL of Receipts This Page (optional).....	3000.00
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:	PAGE 10 OF 22
	(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

Full Name (Last, First, Middle Initial) A. Palm Beach REC		Date of Receipt
Mailing Address 1555 Palm Beach Lakes Blvd Ste 210		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.4146
West Palm Beach	FL	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="500.00"/>
	33401	Fund Raising Dinner
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Non Profit	Non Profit	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pinellas REC		Date of Receipt
Mailing Address 4707 140th Ave N Ste 208		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.4138
Clearwater	FL	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="500.00"/>
	33762	Fund Raising Dinner
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Non-Profit	Non-Profit	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pinellas REC		Date of Receipt
Mailing Address 4707 140th Ave N Ste 208		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.4148
Clearwater	FL	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="500.00"/>
	33762	Fund-Raising Dinner
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Non-Profit	Non-Profit	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 22
	<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. SANDRA LOPEZ -Sole Proprietor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3035 66th Avenue North
 City St. Petersburg State FL Zip Code 33702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015
Transaction ID : SA11AI.4103
 Amount of Each Receipt this Period
 2500.00
 In-kind -Website Design

B. SUPERIOR SCHOOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2560 GULF BAY BLVD #400
 City CLEARWATER State FL Zip Code 33765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BUSINESS School
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : SA11AI.4124
 Amount of Each Receipt this Period
 300.00
 DINNER FUNDRAISER

C. SYSTECH SOLUTIONS LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6014 SE 112TH AVE ROAD
 City OCALA State FL Zip Code 34476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BUSINESS IT COMPUTER NETWORKING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.4157
 Amount of Each Receipt this Period
 6000.00
 In-kind - IT AND NETWORKING

SUBTOTAL of Receipts This Page (optional).....▶	8800.00
TOTAL This Period (last page this line number only).....▶	35580.00

**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"/> 24	<input type="checkbox"/> 25	<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. Ms ANGELIA BOYNTON		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address PO BOX 832082		Transaction ID : SB21B.4118
City OCALA	State FL	
Purpose of Disbursement In-kind - DESIGN & PREP FUNDRAISING MANUAL SERVICES		Amount of Each Disbursement this Period 7500.00
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: _____	

Full Name (Last, First, Middle Initial) B. BRIGHOUSE NETWORK		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 233 31ST STREET N #120		Transaction ID : SB21B.4195
City ST. PETERSBERG	State FL	
Purpose of Disbursement INTERNET & PHONE		Amount of Each Disbursement this Period 120.00
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: _____	

Full Name (Last, First, Middle Initial) C. BRIGHOUSE NETWORK		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 233 31ST STREET N #120		Transaction ID : SB21B.4196
City ST. PETERSBERG	State FL	
Purpose of Disbursement INTERNET & PHONE		Amount of Each Disbursement this Period 120.00
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	7740.00
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"/> 24	<input type="checkbox"/> 25	<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. BRIGHOUSE NETWORK

Mailing Address 233 31ST STREET N
#120

City ST. PETERSBERG State FL Zip Code 33701

Purpose of Disbursement
INTERNET & PHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SB21B.4197

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. BRIGHOUSE NETWORK

Mailing Address 233 31ST STREET N
#120

City ST. PETERSBERG State FL Zip Code 33701

Purpose of Disbursement
INTERNET & PHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : SB21B.4198

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. BRIGHOUSE NETWORK

Mailing Address 233 31ST STREET N
#120

City ST. PETERSBERG State FL Zip Code 33701

Purpose of Disbursement
INTERNET & PHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB21B.4199

Amount of Each Disbursement this Period

120.00

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

360.00

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"/> 24	<input type="checkbox"/> 25	<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. CAR TODAY

Mailing Address 8350 PARKBLVD

City SEMINOLE State FL Zip Code 33777

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4200

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CAR TODAY

Mailing Address 8350 PARKBLVD

City SEMINOLE State FL Zip Code 33777

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4202

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CAR TODAY

Mailing Address 8350 PARKBLVD

City SEMINOLE State FL Zip Code 33777

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4203

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. CAR TODAY

Mailing Address 8350 PARKBLVD

City SEMINOLE State FL Zip Code 33777

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4206

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CAR TODAY

Mailing Address 8350 PARKBLVD

City SEMINOLE State FL Zip Code 33777

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4204

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CAR TODAY

Mailing Address 8350 PARKBLVD

City SEMINOLE State FL Zip Code 33777

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4205

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. DUKE ENERGY

Mailing Address 299 1ST AVE N

City ST. PETERSBURG State FL Zip Code 33701

Purpose of Disbursement
UTILITIES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4178

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DUKE ENERGY

Mailing Address 299 1ST AVE N

City ST. PETERSBURG State FL Zip Code 33701

Purpose of Disbursement
UTILITIES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4179

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. George Farrell

Mailing Address 1125 2nd Ave S

City TierraVerde State FL Zip Code 33715

Purpose of Disbursement
MEETING IN PALM BEACH FLORIDA

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4181

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. George Farrell

Mailing Address 1125 2nd Ave S

City State Zip Code
TierraVerde FL 33715

Purpose of Disbursement
LINCOLN DAY DINNER PALM BEACH FLORIDA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4182

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. George Farrell

Mailing Address 1125 2nd Ave S

City State Zip Code
TierraVerde FL 33715

Purpose of Disbursement
SOLICITATION MEETING IN NEW YORK

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4183

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. George Farrell

Mailing Address 1125 2nd Ave S

City State Zip Code
TierraVerde FL 33715

Purpose of Disbursement
SOLICITATION MEETING IN NORTH CAROLINA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4184

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. George Farrell

Mailing Address 1125 2nd Ave S

City State Zip Code
TierraVerde FL 33715

Purpose of Disbursement
MEETING IN PUTNAM COUNTY FLORIDA

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

Transaction ID : SB21B.4185

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

B. George Farrell

Mailing Address 1125 2nd Ave S

City State Zip Code
TierraVerde FL 33715

Purpose of Disbursement
MEETING IN PALM BEACH

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2015

Transaction ID : SB21B.4186

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. George Farrell

Mailing Address 1125 2nd Ave S

City State Zip Code
TierraVerde FL 33715

Purpose of Disbursement

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SB21B.4187

Amount of Each Disbursement this Period

902.00

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

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

1482.00

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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"/> 24	<input type="checkbox"/> 25	<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. George Farrell

Mailing Address 1125 2nd Ave S

City State Zip Code
TierraVerde FL 33715

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SB21B.4207**

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

B. SAWGRASS PROPERTIES

Mailing Address 3035 66TH AVE N

City State Zip Code
SAINT PETERSBURG FL 33701

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 01 / 2015

Transaction ID : **SB21B.4164**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

C. SAWGRASS PROPERTIES

Mailing Address 3035 66TH AVE N

City State Zip Code
SAINT PETERSBURG FL 33701

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2015

Transaction ID : **SB21B.4166**

Amount of Each Disbursement this Period

800.00

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

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

2150.00

**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"/> 24	<input type="checkbox"/> 25	<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. SAWGRASS PROPERTIES

Mailing Address 3035 66TH AVE N

City SAINT PETERSBURG State FL Zip Code 33701

Purpose of Disbursement
RENT

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4167**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SAWGRASS PROPERTIES

Mailing Address 3035 66TH AVE N

City SAINT PETERSBURG State FL Zip Code 33701

Purpose of Disbursement
RENT

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4168**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SAWGRASS PROPERTIES

Mailing Address 3035 66TH AVE N

City SAINT PETERSBURG State FL Zip Code 33701

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4169**

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. SAWGRASS PROPERTIES

Mailing Address 3035 66TH AVE N

City SAINT PETERSBURG State FL Zip Code 33701

Purpose of Disbursement
RENT

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4170

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SANDRA LOPEZ -Sole Proprietor

Mailing Address 3035 66th Avenue North

City St. Petersburg State FL Zip Code 33702

Purpose of Disbursement
In-kind -Website Design

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4105

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SYSTECH SOLUTIONS LLC

Mailing Address 6014 SE 112TH AVE ROAD

City OCALA State FL Zip Code 34476

Purpose of Disbursement
In-kind - IT AND NETWORKING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4159

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. WESTIN HOTEL

Mailing Address 7627 W. Courtney Campbell Causeway

City Tampa Bay State FL Zip Code 33607

Purpose of Disbursement
FUNDRAISER-DINNER

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4209

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. WRXB 1590 AM-POLNET COMMUNICATIONS LTD

Mailing Address PO BOX 144

City WAUCONDA State IL Zip Code 60084

Purpose of Disbursement
RADIO AD

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4213

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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