Only

## STATEMENT OF

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(Revised 06/2012)

| FORM 1                                      |            | 0                | RGAN                        | IZA <sup>-</sup> | ΓΙΟΙ   | N                             |          |          |       |           |          | Off | fice Us | e Only |           |          |      |
|---|------------|------------------|-----------------------------|------------------|--------|-------------------------------|----------|----------|-------|-----------|----------|-----|---------|--------|-----------|----------|------|
| NAME OF COMMITTEE (in formal community)     | ull)       |                  | Check if nam<br>changed)    | е                | -      | le:If typ<br>e lines.         | ing, typ | ре       | 1:    | 2FE       | 4M5      | 5   |         |        |           |          |      |
| BLAKPAC                                     |            |                  |                             |                  |        |                               |          |          |       |           |          |     |         |        |           |          |      |
|   |            |                  |                             |                  |        |                               |          |          |       |           |          |     |         |        |           |          |      |
| ADDRESS (number and                         | ,          | 3412 Milv        | vaukee ST                   |                  |        |                               |          |          |       |           |          |     |         |        |           |          |      |
|   | dress      |                  |                             |                  |        |                               |          |          |       |           |          |     |         |        |           |          |      |
|   |            | Pittsburg<br>Cl  | n<br>-                      |                  |        |                               |          |          | L     | PA<br>ATE | <b>A</b> | 152 | 19      | ZIP    | - L       | <b>_</b> |      |
| COMMITTEE'S E-MAIL                          | ADDRES     | SS               |                             |                  |        |                               |          |          |       |           |          |     |         |        |           |          |      |
|   |            | mfps689          | 1@gmail.con                 | n                |        |                               |          |          |       |           |          |     |         |        |           |          |      |
|   |            |                  | Second E-Ma<br>ppezmf@gmail |                  | ss<br> |                               |          |          |       |           |          |     |         |        |           |          |      |
| COMMITTEE'S WEB F  (Check if addis changed) |            | ,                | RL)<br>AKPAC.GOP            |                  |        |                               |          |          |       |           |          |     |         |        |           |          |      |
| 2. DATE 05                                  | 12         | D / Y            | 2021                        |                  |        |                               |          |          |       |           |          |     |         |        |           |          |      |
| 3. FEC IDENTIFICA                           | TION NU    | MBER ▶           | C                           | C005             | 71398  |                               |          |          |       |           |          |     |         |        |           |          |      |
| 4. IS THIS STATEME                          | ENT        | NEW              | (N) <b>O</b>                | R                | ×      | AMEI                          | NDED     | (A)      |       |           |          |     |         |        |           |          |      |
| I certify that I have exa                   | amined thi | s Stateme        | nt and to the               | best of          | my kno | wledge                        | and be   | elief it | is tr | ue, c     | orrec    | and | comp    | olete. |           |          |      |
| Type or Print Name of                       | Treasurer  | <u>Marbury</u> , | Carl, A, ,                  |                  |        |                               |          |          |       |           |          |     |         |        |           |          |      |
| Signature of Treasurer                      | Marbu      | ıry, Carl, A,    | ,                           |                  |        |                               |          | _        | Date  | e         | 10       | M / | 26      | D /    | 2         | 023      | Y    |
| NOTE: Submission of fal                     | se, errone |                  | mplete inform               |                  |        |                               |          |          |       |           |          |     | penalt  | ies of | 52 U.S    | S.C. §3  | )109 |
| Office<br>Use                               |            |                  |                             |                  | Fo     | <b>r further</b><br>deral Ele | informa  | ation o  | ontac |           |          |     | FEC     | FO     | <b>RM</b> | 1        |      |

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|                   | <del></del>  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|
| FEC               | C Form 1 (Revised 03/2022) Page 2  |  |  |  |  |  |  |
| 5.                | TYPE OF COMMITTEE:   |  |  |  |  |  |  |
|                   | Candidate 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 |  |  |  |  |  |  |  |
|                   | Candidate Office State   |  |  |  |  |  |  |
|                   | Party Affiliation Sought: House Senate President District  |  |  |  |  |  |  |
|                   | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |  |  |  |  |  |
|                   | Name of Candidate  |  |  |  |  |  |  |
|                   | Party Committee:   |  |  |  |  |  |  |
|                   | (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party  |  |  |  |  |  |  |
|                   | Political Action Committee (PAC):  |  |  |  |  |  |  |
|                   | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  |  |  |  |  |  |  |
|                   | Corporation Corporation w/o Capital Stock Labor Organization   |  |  |  |  |  |  |
|                   | 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 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.)   |  |  |  |  |  |  |
|                   | (g) X This committee is an independent expenditure-only political committee (Super PAC).   |  |  |  |  |  |  |
|                   | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |  |
|                   | (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).   |  |  |  |  |  |  |
|                   | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |  |
|                   | Joint Fundraising Representative:  |  |  |  |  |  |  |
|                   | 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. |  |  |  |  |  |  |
|                   | 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.         |  |  |  |  |  |  |
|                   | Committees Participating in Joint Fundraiser   |  |  |  |  |  |  |
|                   | 1  |  |  |  |  |  |  |

| I  | FEC Form 1 (Revised 0                                      | 2/2009)   | Page <b>3</b>               |
|----|--|---|-----------------------------|
| ٧  | Vrite or Type Committee Name                               |   | -                           |
|    | BLAKPAC  |   |                             |
| 6. |  | ganization, Affiliated Committee, Joint Fundraising Representative, o                   | or Leadership PAC Sponsor   |
|    | NONE   |   |                             |
|    |  |   |                             |
|    | Mailing Address  |   |                             |
|    |  |   |                             |
|    |  |   |                             |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲                  |
|    | Relationship: Connected                                    | Organization Affiliated Organization Joint Fundraising Representat                      | ive Leadership PAC Sponso   |
| 7. | Custodian of Records: Identi                               | fy by name, address (phone number optional) and position of the person                  | in possession of committee  |
|    | Marhury C  | orl A   |                             |
|    | Marbury, C   | яп, A, ,<br>  |                             |
|    | Mailing Address  | 3412 Milwaukee St   |                             |
|    |  |   |                             |
|    |  | Pittsburgh  | 15219<br>                   |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲                  |
|    | Title or Position ▼  |   |                             |
|    | Treasurer  | Telephone number  | 12 904 - 1350               |
| 8. | Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the committee; ssistant treasurer). | and the name and address of |
|    | Full Name Marbury, C                                       | arl, A, ,   |                             |
|    | of Treasurer   | <sub>1</sub> 3412 Milwaukee St  |                             |
|    | Mailing Address  | o i i i i i i i i i i i i i i i i i i i   |                             |
|    |  |   |                             |
|    |  | Pittsburgh  | 15219                       |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲                  |
|    | Title or Position ▼  |   |                             |
|    | Treasurer  | Telephone number  | 12 - 904 - 1350             |

| FEC Form 1                          | (Revised 02/2009)   |                        | Page <b>4</b>     |
|-------------------------------------|---|------------------------|-------------------|
| Full Name of<br>Designated<br>Agent | 1   |                        |                   |
|                                     |   |                        |                   |
| Mailing Address                     |   |                        |                   |
|                                     |   |                        |                   |
|                                     |   |                        |                   |
| Title or Position                   |   | STATE A                | ZIP CODE ▲        |
| Title of Position                   | 1   |                        |                   |
|                                     | Telephone numl  | oer                    |                   |
|                                     | Depositories: List all banks or other depositories in which the committee ees or maintains funds. | e deposits funds, hold | s accounts, rents |
| Name of Bank, D                     | epository, etc.   |                        |                   |
|                                     | Chain Bridge Bank   |                        |                   |
| Mailing Address                     | 1445A Laughlin Avenue   |                        |                   |
|                                     |   |                        |                   |
|                                     | McLean  | VA     22101           | [-] [             |
|                                     | CITY ▲  | STATE A                | ZIP CODE ▲        |
| Name of Bank, D                     | epository, etc.   |                        |                   |
|                                     | <u> </u>  |                        |                   |
| Mailing Address                     |   |                        |                   |
|                                     |   |                        |                   |
|                                     |   |                        |                   |
|                                     | CITY ▲  | STATE A                | ZIP CODE ▲        |