FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **BLOC PAC** 3500 N 26th Street ADDRESS (number and street) (Check if address is changed) Milwaukee 53206 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@blocbybloc.org (Check if address is changed) Optional Second E-Mail Address |susan@lebinyates.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00748301 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. Lang, Angela, , , Type or Print Name of Treasurer Lang, Angela, , , [Electronically Filed] 06 10 2020 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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		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees 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 N		<u>_</u>
BLOC PAC		
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person i	n possession of committee
Lang, <i>i</i>	Angela, , ,	
	3500 N 26th Street	
Mailing Address		
	Milwaukee WI 533	206
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 220 - 0559
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ne name and address of
Full Name Lang, A	Angela, , ,	
Mailing Address	3500 N 26th Street	
	Milwaukee WI 532	206
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- <u>220</u> - <u>0559</u>

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	oxes or maintains funds.	
Name of Bank, [
	Depository, etc. Amalgamated Bank	
Name of Bank, [Depository, etc. Amalgamated Bank	
Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St, NW	ZIP CODE
Name of Bank, [Depository, etc. Amalgamated Bank 1825 K St, NW Washington CITY STATE	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St, NW Washington CITY STATE	
Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K St, NW Washington CITY STATE	
Name of Bank, Dame of Bank, Da	Depository, etc. Amalgamated Bank 1825 K St, NW Washington CITY STATE	
Name of Bank, Dame of Bank, Da	Depository, etc. Amalgamated Bank 1825 K St, NW Washington CITY STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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: