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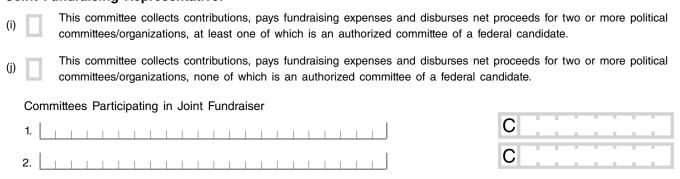
PAGE 1 / 5 -

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		STATEMEN ORGANIZ	-		
					Office Use Only
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number a	nd street)	126 C STREET NW			
(Check if a is changed	address				
	*)	WASHINGTON			
		CITY A		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MA		SS			
X < (Check if a is changed		JASON@TABULARIUS.PR	O		
-	-	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB	address	DRESS (URL) HTTPS://BOPACNC.COM			
2. DATE	4 / D 26				
3. FEC IDENTIFIC	CATION NU	IMBER ► C co	00816009		
4. IS THIS STATEM	MENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined th	is Statement and to the best	of my knowledge and belief it	is true, correct ar	d complete.
Type or Print Name	of Treasurer	BOLES, JASON, D, ,			
Signature of Treasure	er BOLE	S, JASON, D, ,		Date 04	/ D D / Y Y Y Y 26 2024
NOTE: Submission of	false, errone		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC 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.)	1
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presider	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	mocratic, publican, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a:
(e) This committee is a separate segregated fund. (identify connected organization on line 0.) its c	onneoled 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) X This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) 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 (H	ybrid PAC).

Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

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FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Nam	me	
BOPAC		
 Name of Any Connected HINES, ROBERT, 	l Organization, Affiliated Committee, Joint Fundraising Representative, o , ,	r Leadership PAC Sponsor
Mailing Address	400 WEST FOURTH STREET 301	
		27101
	CITY A STATE A	ZIP CODE

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

BOLES, JA	SON, D, ,			
Full Name				
Mailing Address	126 C STREET NW			
			DC 20001	
	CITY 🔺		STATE A	ZIP CODE
Title or Position ▼				
		Telephone nur	nber 202 - [220 8411

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	BOLES, JASON, D, ,		
Mailing Address	126 C STREET NW		
		DC 20001	
	CITY ▲	STATE A	ZIP CODE
Title or Position	▼		
	Tele	phone number	220 - 8411

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	PASSANTINO, STEFAN, , ,	
Mailing Address	1050 CONNECTICUT AVENUE NW	
	STE 500	
	WASHINGTON DC 20036	
	CITY A STATE A Z	
Title or Position	,	
	ACT Telephone number40	00 1530

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 Bank, Depository, etc.

SER'	/ISFIRST BANK		1
Mailing Address	300 GALLERIA PARKWAY SE		
	SUITE 100		
		GA 3033	9
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Deposito	ry, etc.		
Mailing Address			
	CITY ▲	STATE A	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1. 🗌				FEC	ID number	С
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	C
				Fundraising F	lepresentativ	e, or Leadership PAC Spons
BOF			∔			
М	ailing Address	126 C STREET NW	,			
		THIRD FLOOR				
		WASHINGTON		1	DC	20001
Re	elationship:				STATE ▲	
Designa	ted Amerita Identify					
		by name, address (p	ohone number – option	nal)		
	Name	by name, address (p	hone number – optio	nal)		
Full		by name, address (p	hone number – option	nal)		
Full	Name	by name, address (p		nal)		
Full	Name	by name, address (p		nal)		
Full Mail	Name		ohone number – option	nal)		
Full Mail	Name			nal)		