

**FEC
FORM 1****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

BLOCKCHAIN OF COMMAND

ADDRESS (number and street)

15094 GERMANY OAKS BLVD

☐ (Check if address is changed)

PRAIRIEVILLE

CITY ▲

LA

STATE ▲

70769

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

treasurer@blockchainsuperpac.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

http://www.blockchainsuperpac.com/

2. DATE

MM / DD / YYYY
04 / 07 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00739920

4. 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.

Type or Print Name of Treasurer Sexton, Christopher, Dale, ,

Signature of Treasurer

Sexton, Christopher, Dale, ,

[Electronically Filed]









Date

MM / DD / YYYY
03 / 22 / 2022

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Sexton, Christopher, Dale, ,

Mailing Address

15094 GERMANY OAKS BLVD

Prairieville

LA

70769

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

225

276

4995

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

Sexton, Christopher, Dale, ,

Mailing Address

15094 GERMANY OAKS BLVD

Prairieville

LA

70769

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

225

276

4995

Full Name of
Designated
Agent

Sexton, Christopher, Dale, ,

Mailing Address

15094 GERMANY OAKS BLVD

Prairieville

CITY

LA

STATE

70769

ZIP CODE

Title or Position

Agent

Telephone number

225

276

4995

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.

IberiaBank

Mailing Address

200 West Congress Street

Lafayette

CITY

LA

STATE

70501

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE