

**BLACKROCK**

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400 Howard Street  
P.O. Box 7101  
San Francisco, CA 94105  
Tel +1 415 670 2615  
Fax +1 415 618 1465  
terri.slane@blackrock.com

March 23, 2010

Federal Elections Commission  
999 E Street NW  
Washington, DC 20463

**Re: BlackRock Capital Management, Inc. Political Action Committee (BlackRock PAC)  
Statement of Organization - FEC Form 1**

To Whom It May Concern:

Enclosed please find the Statement of Organization - FEC Form 1 - for filing on behalf of the BlackRock Capital Management, Inc. Political Action Committee, as signed by the Treasurer. Please provide the undersigned with the Identification Number for the BlackRock PAC as soon as it has been assigned.

Please let me know if you have any questions or concerns with respect to the enclosed filing.

Sincerely,



Terri L. Slane  
Assistant Secretary  
BlackRock PAC

Enclosures

cc: Joanne Medero, Executive Vice President

10030272897

2010 MAR 24 AM 9:10

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines

12FE4M5

BlackRock Capital Management Inc. Political Action Committee (BlackRock PAC)

ADDRESS (number and street)

40 East 52nd Street

(Check if address is changed)

New York

NY

10022

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

Joanne.medero@blackrock.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

None

2. DATE MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER

C

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

Armando Gochuico

Signature of Treasurer



Date

MM / DD / YYYY  
03 / 22 / 2010

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 202-694-1100FEC FORM 1  
(Revised 02/2009)

10050272000

## 5. TYPE OF COMMITTEE (Check One)

## 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  
Party Affiliation

Office  
Sought:

House

Senate

President

State

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 \_\_\_\_\_ (Democratic, 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

- (f) ☐ ☒ In addition, this committee is a Lobbyist/Registrant PAC.
- 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.)

## Joint Fundraising Representative:

- (g) ☐ 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.
- (h) ☐ 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.	_____	FEC ID number	<b>C</b>
2.	_____	FEC ID number	<b>C</b>
3.	_____	FEC ID number	<b>C</b>
4.	_____	FEC ID number	<b>C</b>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10030272099

Write or Type Committee Name

BlackRock Capital Management Inc. Political Action Committee (BlackRock PAC)

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

BlackRock Capital Management Inc.

Mailing Address

100 Bellevue Parkway

Wilmington

DE

19809

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

Armando Gochuico

Mailing Address

40 East 52nd Street

New York

NY

10022

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 212 - 810 - 5208

## 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

Armando Gochuico

Mailing Address

40 East 52nd Street

New York

NY

10022

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 212 - 810 - 5208

10030272500

Full Name of  
Designated  
Agent

**Amy Engel**

Mailing Address

**40 East 52nd Street**

**New York**

**NY**

**10022 -**

Title or Position ▼

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**Assistant Treasurer**

Telephone number **212 - 810 - 5547**

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.

**JP Morgan Chase N.A.**

Mailing Address

**1 Chase Manhattan Plaza**

**New York**

**NY**

**10005**

**1401**

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

10072702001

**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☒ Connected Organization

☐ Affiliated Committee

☐ Joint Fundraising Representative

☐ Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Barbara Novjck

Mailing Address

40 East 52nd Street

New York

NY

10022

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Chairman

Telephone number

212

810

5533

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

C

10030272802

**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐ Connected Organization

☐ Affiliated Committee

☐ Joint Fundraising Representative

☐ Leadership PAC Sponsor

[ ADDITIONAL ]

Designated Agent

Full Name

Joanne Medero

Mailing Address

400 Howard Street

San Francisco

CA

94105

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Executive Vice President

Telephone number

415

670

2620

Joint Fundraiser Participant

[ ADDITIONAL ]

FEC ID number

C

100303272903

**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐ Connected Organization

☐ Affiliated Committee

☐ Joint Fundraising Representative

☐ Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Harris Oliner

Mailing Address

40 East 52nd Street

New York

NY

10022

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Secretary

Telephone number

212

810

3860

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

C

10030272904



**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☒ Connected Organization

☐ Affiliated Committee

☐ Joint Fundraising Representative

☐ Leadership PAC Sponsor

[ ADDITIONAL ]

Designated Agent

Full Name

Terri Slane

Mailing Address

400 Howard Street

San Francisco

CA

94105

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Secretary

Telephone number

415

670

2615

Joint Fundraiser Participant

[ ADDITIONAL ]

FEC ID number

C

10030272905

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>3/23/10</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JWS</i> PREPARER	<i>3/24/10</i> DATE PREPARED

(3/2005)

10050272906