

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

Black Knight Lending Solutions, Inc. Political Action Committee ('Black Knight Political Action Committee')

ADDRESS (number and street) 601 Riverside Ave

(Check if address is changed)

Jacksonville FL 32204

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) geoffrey.litchney@bkfs.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 10 / 2017

3. FEC IDENTIFICATION NUMBER C C00478149

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 Meyers, Michele, , ,

Signature of Treasurer Meyers, Michele, , , *[Electronically Filed]* Date 10 / 10 / 2017

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.

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 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
 - 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.)

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
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Black Knight Lending Solutions, Inc. Political Action Committee ('Black Knight Political Action Committee')

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

Black Knight Lending Solutions, Inc.

Mailing Address 601 Riverside Avenue

Jacksonville

FL

32204

CITY

STATE

ZIP CODE

Relationship: [x] 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 Litchney, Geoffrey, , ,

Mailing Address 601 Riverside Ave

Jacksonville

FL

32204

Title or Position

CITY

STATE

ZIP CODE

Regulatory Counsel

Telephone number 904 - 527 - 4457

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 Meyers, Michele, , ,

Mailing Address 601 Riverside Ave.

Jacksonville

FL

32204

CITY

STATE

ZIP CODE

Title or Position Vice President

Telephone number 904 - 248 - 6331

Full Name of Designated Agent

Haley, Colleen, , ,

Mailing Address

601 Riverside Avenue

Jacksonville

FL

32204

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

904

854

8140

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.

Bank of America, N.A.

Mailing Address

275 Valencia Avenue

Brea

CA

92832-6340

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

Amended to disclose new Treasurer and Custodian of Records, update email address, and remove affiliation. Effective October 2nd, 2017, Black Knight Lending Solutions, Inc. Political Action Committee is no longer affiliated with Fidelity National Financial Inc. 2001 Political Action Committee. Accordingly, this Amended Statement of Organization is being filed to disclose our non-affiliated status. The Committee recognizes that the formerly affiliated Committees no longer share contribution limits.

Form/Schedule:
Transaction ID: