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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) BlackRock Funds Services Group LLC Political Action Committee (BlackRock PAC) 50 Hudson Yards ADDRESS (number and street) (Check if address is changed) New York 10001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Stephanie.Swain@blackrock.com is changed) Optional Second E-Mail Address fecinfo@pass1.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00479246 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. Type or Print Name of Treasurer Buckley, Kevin,, 03 19 2024 Signature of Treasurer Buckley, Kevin, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact:

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information	on below.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate nformation below.)			
Name of Candidate				
Candidate Party Affiliation Office Sought: House Senate	State President District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm				
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) X This committee is a separate segregated fund. (Identify connected organization on line	e 6.) Its connected organization is a			
X 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 secommittee. (i.e., nonconnected committee)	parate segregated 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 acc	counts (Hybrid PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.				
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal	· ·			
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal cand	· ·			
Committees Participating in Joint Fundraiser				
1.	С			

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V	Vrite or Type Committee Name		. 490 0	
		Services Group LLC Political Action Committee (Black	Rock PAC)	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor	
	BlackRock Funds Se	rvices Group LLC		
	Mailing Address	50 Hudson Yards		
		New York NY 10001		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative L	eadership PAC Sponso	
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records. 				
	Swain, Ste	phanie, , ,		
	Full Name			
	Mailing Address	1401 New York Avenue NW, Suite 300		
		Washington		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	Custodian of Records	Telephone number	414 - 6989	
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 Buckley, Ke of Treasurer	evin, , ,		
	Mailing Address	50 Hudson Yards		
		New York NY 10001		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲	
	Treasurer		810 - 5842	

Telephone number

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Full Name of Designated Clement Agent	t, Nicole, , ,					
Mailing Address	50 Hudson Yards					
	New York	NY L	10001			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			
Assistant Treasurer		Telephone number 64	6			
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds.	which the committee deposits fu	nds, holds accounts, rents			
Name of Bank, Depository	, etc.					
JP Mo	rgan Chase N.A.					
Mailing Address	1 Chase Manhattan Plaza					
	New York	NY NY	10005			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			