

# 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

Colby Shock for Congress

ADDRESS (number and street)

PO Box 372023

(Check if address is changed)

Satellite Beach

CITY ▲

FL

STATE ▲

32937

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

jonathan@computare.partners

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

colbyforflorida.com

2. DATE

04 / 01 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00945741

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 Brill, Jonathan, , ,

Signature of Treasurer Brill, Jonathan, , ,

Date

04 / 01 / 2026

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 Use Only

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

FEC FORM 1 (Revised 06/2012)

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 Shock, Colby, , ,

Candidate Party Affiliation  DEM  REP  LIB  IND  OTH

Office Sought:  House  Senate  President

State  AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NE  NH  NJ  NM  NV  NY  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  01  02  03  04  05  06  07  08  09

- (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.)

- (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 (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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  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. \_\_\_\_\_
2. \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

# Colby Shock for Congress

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 Organization  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 Brill, Jonathan, , ,

Mailing Address 701 S. Howard Avenue #106-813

Tampa

FL

33606

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 813 - 733 - 0070

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 Brill, Jonathan, , ,

Mailing Address 701 S. Howard Avenue #106-813

Tampa

FL

33606

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 813 - 733 - 0070

Full Name of Designated Agent

Shock, Colby, , ,

Mailing Address

PO Box 372023

Satellite Beach

FL

32937

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number

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.

Centennial Bank

Mailing Address

4600 W. Kennedy Blvd

Tampa

FL

33609

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Regions Bank

Mailing Address

2405 W Swann Ave

Tampa

FL

33609

CITY ▲

STATE ▲

ZIP CODE ▲