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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Brock, Matthew, , , (b) Address (number and street) PO Box 6611 (c) City, State, and ZIP Code Vacaville 4. Party Affiliation REPUBLICAN PARTY Check if address changed PCheck if address changed H2CA04148 3. Is This Statement New Statement New Statement New CA 95696 6. State & District of Candidate CA 04 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	Amended (A)
(b) Address (number and street) PO Box 6611 (c) City, State, and ZIP Code Vacaville 4. Party Affiliation REPUBLICAN PARTY Check if address changed Check if address changed H2CA04148 3. Is This Statement (N) OR X 6. State & District of Candidate CA 04 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
PO Box 6611 (c) City, State, and ZIP Code Vacaville Vacaville 4. Party Affiliation REPUBLICAN PARTY CA 95696 CA 95696 Statement (N) OR X 6. State & District of Candidate CA 04 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
Vacaville CA 95696 Statement (N) OR 4. Party Affiliation REPUBLICAN PARTY DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
4. Party Affiliation REPUBLICAN PARTY Solution REPUBLICAN PARTY Below Solution CA Designation CA Designation Committee DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	(A)
REPUBLICAN PARTY House CA 04 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)	
NOTE: This designation should be filed with the appropriate office listed in the instructions.	
(a) Name of Committee (in full) BROCK FOR CONGRESS	
(b) Address (number and street) PO BOX 6611	
(c) City, State, and ZIP Code	
VACAVILLE CA 95696	
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on bel candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)	alf of my
(c) City, State, and ZIP Code	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date	
Signature of Candidate Brock, Matthew	37g.

FEC FORM 2 (REV. 02/2009)