Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Roca For Congress PO Box 1725 ADDRESS (number and street) (Check if address is changed) Frederick 21702 MD CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS mariela@rocaforcongress.com (Check if address is changed) Optional Second E-Mail Address dsatterfield@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.rocaforcongress.com (Check if address is changed) DATE 2023 C00784249 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. Satterfield, David, , , Type or Print Name of Treasurer Satterfield, David, , , [Electronically Filed] 04 2023 Signature of Treasurer 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2							
	TYPE OF COMMITTEE:								
	ndidate 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 Roca, Mariela, , Dr.,									
	Candidate Party Affiliation REP Sought: House Senate President	State MD District 06							
(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 Republican, e	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 Org	ganization							
	Membership Organization Trade Association Cooperation	ve							
	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 committee. (i.e., nonconnected committee)	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 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.							
	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. C								

	FEC Form 1 (Revised 0	2/2009)					Page	∍ 3
٧	Vrite or Type Committee Name							
	Roca For Cong	ress						
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE							
	Mailing Address							
				1	1 . 1	1.	1_1	
			ITY 🛦		STATE A		ZIP COD	-
	-			-				
	Relationship: Connected	Organization Affiliated (Organization	Joint Fundraisin	g Represer	ntative	Leadership	PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone	e number op	otional) and position	of the pers	on in posse	ssion of com	mittee
	Satterfield,	David, , ,						
	Full Name							
	Mailing Address	228 S Washington Street						
		Suite 115						
		Alexandria			VA	22314	1 -	
		C	ITY 🛦		STATE A		ZIP COD	F A
	Title or Position ▼	0	–		01/112 =	•	211 000	
	Treasurer			Telephone nur	mber _	703 –	549	7705
8.	Treasurer: List the name and any designated agent (e.g., a		optional) of	the treasurer of the	e committe	e; and the	name and a	ddress of
	Full Name Satterfield,	David, , ,						
	of Treasurer							
	Mailing Address	228 S Washington Street						
		Suite 115						
		Alexandria			VA 	22314	1	
		C	ITY ▲		STATE A		ZIP COD	E▲
	Title or Position ▼							
	Treasurer			Telephone nur	mber _	703	549	7705

FEC Form 1 (Revised (02/2009)	Page 4	 -				
Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲ S	TATE ▲ ZIP CODE ▲					
	Telephone number	er					
Banks or Other Depositori safety deposit boxes or mair	es: List all banks or other depositories in which the committee of tains funds.	deposits funds, holds accounts, rents	_				
Name of Bank, Depository, e	etc.						
Chain Bridge Bank							
Mailing Address	1445A Laughlin Ave						
	McLean	VA 22101					
	CITY ▲ ST	TATE ▲ ZIP CODE ▲					
Name of Bank, Depository, e	etc.		_				
			┙				
Mailing Address							
	CITY ▲ ST	TATE ▲ ZIP CODE ▲					