

Image# 202304069579725516

# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                                                          |  |                                                       |
|----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>Roca, Mariela, , ,                                                 |  |                                                       |
| (b) Address (number and street)<br>PO Box 1725                                                           |  | <input type="checkbox"/> Check if address changed     |
| (c) City, State, and ZIP Code<br>Frederick MD 21702                                                      |  | 2. Candidate's FEC Identification Number<br>H2MD08183 |
| 4. Party Affiliation<br>REPUBLICAN PARTY                                                                 |  | 5. Office Sought<br>House                             |
|                                                                                                          |  | 6. State & District of Candidate<br>MD 06             |
| 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |  |                                                       |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|                                                      |  |  |
|------------------------------------------------------|--|--|
| (a) Name of Committee (in full)<br>ROCA FOR CONGRESS |  |  |
| (b) Address (number and street)<br>PO BOX 1725       |  |  |
| (c) City, State, and ZIP Code<br>FREDERICK MD 21702  |  |  |

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(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 behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

|                                 |  |  |
|---------------------------------|--|--|
| (a) Name of Committee (in full) |  |  |
| (b) Address (number and street) |  |  |
| (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.*

|                                                                                      |                    |
|--------------------------------------------------------------------------------------|--------------------|
| Signature of Candidate<br>Roca, Mariela, , Dr.,<br><br><i>[Electronically Filed]</i> | Date<br>04/06/2023 |
|--------------------------------------------------------------------------------------|--------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
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