

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

BROCK FOR VERMONT

ADDRESS (number and street) #1024
 (Check if address is changed) 861 WILLISTON ROAD, SUITE 8
SOUTH BURLINGTON VT 05403
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) ANDY@BROCK.VOTE
Optional Second E-Mail Address
BROCKFORVERMONT@RTASTRATEGY.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) HTTPS://BROCK.VOTE

2. DATE 03 / 17 / 2022

3. FEC IDENTIFICATION NUMBER C C00794164

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 DO, ANDY, , ,

Signature of Treasurer DO, ANDY, , , [Electronically Filed] Date 03 / 17 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 PIERCE, BROCK, , ,

Candidate Party Affiliation IND Office Sought: House Senate President State VT District 00

- (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

BROCK FOR VERMONT

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 Committee 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 BOLES, JASON, D, ,

Mailing Address PO BOX 1483

ROSWELL

GA

30077

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 678 - 392 - 4183

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 DO, ANDY, , ,

Mailing Address 954 AVENIDA PONCE DE LEON

MIRAMAR PLAZA SUITE 205-PMB# 10041

SAN JUAN

PR

00907

Title or Position TREASURER

CITY

STATE

ZIP CODE

Telephone number 678 - 392 - 4183

Full Name of Designated Agent FARAH, WILLIAM, J, ,

Mailing Address 1717 K STREET, NW SUITE 900 WASHINGTON DC 20006 CITY STATE ZIP CODE

Title or Position ATTORNEY-IN-FACT Telephone number 202 669 9811

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.

SERVISFIRST BANK

Mailing Address 300 GALLERIA PARKWAY SE SUITE 100 ATLANTA GA 30339 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

EAGLE BANK

Mailing Address 151 SAN FRANCISCO STREET SUITE 200 PMB 5450 SAN JUAN PR 00901 CITY STATE ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

 -
CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ 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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲