

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Brock For Congress

ADDRESS (number and street)

PO Box 6611

Check if different
than previously
reported. (ACC)

Vacaville

CA

95696

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00807735

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2022

through

M M / D D / Y Y Y Y
09 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kiger, Robert, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kiger, Robert, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 02 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 29

Write or Type Committee Name
Brock For Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2022

To:

M M / D D / Y Y Y Y
09 / 30 / 2022

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2205.00	3612.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2205.00	3612.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4021.50	7921.38
(b) Total Offsets to Operating Expenditures (from Line 14)	38.00	38.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3983.50	7883.38
8. Cash on Hand at Close of Reporting Period (from Line 27)	778.62	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5050.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Brock For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	2

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1200.00

1950.00

(ii) Unitemized.....

1005.00

1662.00

(iii) TOTAL of contributions from individuals ▶

2205.00

3612.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2205.00

3612.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

1750.00

5050.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1750.00

5050.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

38.00

38.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3993.00

8700.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 29

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4021.50	7921.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4021.50	7921.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	807.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3993.00
25. SUBTOTAL (add Line 23 and Line 24).....	4800.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4021.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	778.62

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Brock For Congress

A. Full Name (Last, First, Middle Initial)
Hunter, THEODORE, , ,

Mailing Address 319 KILGARVAN CT

City Vacaville	State CA	Zip Code 95688
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2022

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Reece, Norman, , ,

Mailing Address 145 Larsen Circle

City Vallejo	State CA	Zip Code 94589
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2022

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Reece, Norman, , ,

Mailing Address 145 Larsen Circle

City Vallejo	State CA	Zip Code 94589
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2022

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brock For Congress

A. Full Name (Last, First, Middle Initial)
Rowland, Herman, , ,

Mailing Address 1 Jelly Belly Lane

City State Zip Code
Fairfield CA 94533

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 13 2022

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Wells, Kristy, , ,

Mailing Address 33 Vine Street

City State Zip Code
Vacaville CA 95688

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested
Retired Retired

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 28 2022

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

1200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 29

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Brock For Congress

A. Full Name (Last, First, Middle Initial)
Brock, Matthew, , ,

Mailing Address PO Box 6611

City Vacaville	State CA	Zip Code 95696
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Candidate
--------------------------	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2022

Transaction ID : SA13A.4195

Amount of Each Receipt this Period

☐ Memo Item
Loan from Matt Brook

B. Full Name (Last, First, Middle Initial)
Brock, Matthew, , ,

Mailing Address PO Box 6611

City Vacaville	State CA	Zip Code 95696
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Candidate
--------------------------	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2022

Transaction ID : SA13A.4201

Amount of Each Receipt this Period

☐ Memo Item
Loan from Matt Brook

C. Full Name (Last, First, Middle Initial)
Brock, Matthew, , ,

Mailing Address PO Box 6611

City Vacaville	State CA	Zip Code 95696
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Candidate
--------------------------	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2022

Transaction ID : SA13A.4225

Amount of Each Receipt this Period

☐ Memo Item
Loan from Matt Brook

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 29

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Brock For Congress

A. Full Name (Last, First, Middle Initial)
Brock, Matthew, , ,

Mailing Address PO Box 6611

City Vacaville	State CA	Zip Code 95696
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Candidate
--------------------------	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 11 / 2022

Transaction ID : SA13A.4234

Amount of Each Receipt this Period

500.00

☐ Memo Item
 Loan from Matt Brook

B. Full Name (Last, First, Middle Initial)
Brock, Matthew, , ,

Mailing Address PO Box 6611

City Vacaville	State CA	Zip Code 95696
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Candidate
--------------------------	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 10 / 2022

Transaction ID : SA13A.4276

Amount of Each Receipt this Period

250.00

☐ Memo Item
 Loan from Matt Brook

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00
 1750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Brock For Congress

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2022

City
Menlo ParkState
CAZip Code
94025Purpose of Disbursement
Digital Marketing

004

FEC Identification Number

C C00807735

Candidate Name

Brock For CongressCategory/
Type

Amount of Each Disbursement this Period

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

79.94

Transaction ID : SB17.4239

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2022

City
Menlo ParkState
CAZip Code
94025Purpose of Disbursement
Digital Marketing

004

FEC Identification Number

C C00807735

Candidate Name

Brock For CongressCategory/
Type

Amount of Each Disbursement this Period

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

65.00

Transaction ID : SB17.4287

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. FEC Infusion

Mailing Address PO Box 3475

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2022

City
Palm BeachState
FLZip Code
33480Purpose of Disbursement
Reporting & Compliance

001

FEC Identification Number

C C00807735

Candidate Name

Brock For CongressCategory/
Type

Amount of Each Disbursement this Period

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

106.50

Transaction ID : SB17.4191

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

251.44

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 29

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Brock For Congress

Full Name (Last, First, Middle Initial)

A. My Creative/GoDaddy

Mailing Address 14455 N. Hayden Rd
#219

City
Scottsdale

State
AZ

Zip Code
85260

Purpose of Disbursement
Web Hosting

001

Candidate Name

Brock For Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M / D D / Y Y Y Y
09 / 20 / 2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

252.93

Transaction ID : SB17.4288

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sign Anatomy

Mailing Address 51 Commerce Pl

City
Vacaville

State
CA

Zip Code
95687

Purpose of Disbursement
Signs

006

Candidate Name

Brock For Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M / D D / Y Y Y Y
07 / 22 / 2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

533.43

Transaction ID : SB17.4199

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sign Anatomy

Mailing Address 51 Commerce Pl

City
Vacaville

State
CA

Zip Code
95687

Purpose of Disbursement
Signs

006

Candidate Name

Brock For Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M / D D / Y Y Y Y
08 / 30 / 2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

173.00

Transaction ID : SB17.4250

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

959.36

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Brock For Congress

Full Name (Last, First, Middle Initial)

A. Sign Anatomy

Mailing Address 51 Commerce Pl

City
VacavilleState
CAZip Code
95687Purpose of Disbursement
Signs

006

Candidate Name

Brock For CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

129.75

Transaction ID : SB17.4280

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Solano County Registrar of VotersMailing Address 675 Texas St.
Suite 2600City
FairfieldState
CAZip Code
94533Purpose of Disbursement
Registration Fees

001

Candidate Name

Brock For CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

1679.86

Transaction ID : SB17.4235

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vista Print

Mailing Address 275 Wyman Street

City
WalthamState
MAZip Code
02451Purpose of Disbursement
Printing

006

Candidate Name

Brock For CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

114.39

Transaction ID : SB17.4192

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1924.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Brock For Congress

Full Name (Last, First, Middle Initial)

A. Vista Print

Mailing Address 275 Wyman Street

City
WalthamState
MAZip Code
02451Purpose of Disbursement
Printing

006

Candidate Name

Brock For CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

112.84

Transaction ID : SB17.4203

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vista Print

Mailing Address 275 Wyman Street

City
WalthamState
MAZip Code
02451Purpose of Disbursement
Printing

006

Candidate Name

Brock For CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

115.47

Transaction ID : SB17.4204

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vista Print

Mailing Address 275 Wyman Street

City
WalthamState
MAZip Code
02451Purpose of Disbursement
Printing

006

Candidate Name

Brock For CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

140.23

Transaction ID : SB17.4240

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

368.54

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Brock For Congress

Full Name (Last, First, Middle Initial)

A. Vista Print

Mailing Address 275 Wyman Street

City
WalthamState
MAZip Code
02451Purpose of Disbursement
Printing

006

Candidate Name

Brock For CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2022

FEC Identification Number

C C00807735

Amount of Each Disbursement this Period

82.62

Transaction ID : SB17.4277

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

82.62

TOTAL This Period (last page this line number only).....▶

3585.96

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 29

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

Brock For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 14 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 29

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4101

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 14 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4102

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250.00

0.00

250.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 14 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4103

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

450.00

0.00

450.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 14 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

450.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4127

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 07 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4129

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 18 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4138

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M /

D 02 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4150

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150.00

0.00

150.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 10 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4171

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 23 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

200.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4174

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400.00

0.00

400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 02 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

400.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 29

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4183

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150.00

0.00

150.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 21 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4195

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250.00

0.00

250.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M /

D 19 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4201

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250.00

0.00

250.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M /

D 26 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4225

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 08 D

Y 2022 Y

M 09 M

D 01 D

Y 0011 Y

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4234

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M /

D 11 D /

Y 2022 Y

M 09 M /

D 01 D /

Y 0011 Y

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Brock For Congress

Transaction ID : SC/10.4276

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Brock, Matthew, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO Box 6611

City

State

ZIP Code

Vacaville

CA

95696

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250.00

0.00

250.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 10 D

Y 2022 Y

M 09 M

D 01 D

Y 0011 Y

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250.00

TOTALS This Period (last page in this line only).....▶

5050.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.