

**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

Roca for Congress

ADDRESS (number and street)

P.O. Box 1725

Check if different
than previously
reported. (ACC)

Frederick

MD

21702

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00784249

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MD

06

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 / 2024

through

M M / D D / Y Y Y Y

09 / 30 / 2024

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

Type or Print Name of Treasurer

Roca, Mariela, , ,

Signature of Treasurer

Roca, Mariela, , ,

Date

M M / D D / Y Y Y Y

10 / 10 / 2024

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 03/2016)

Write or Type Committee Name

Roca for Congress

Report Covering the Period: From: 07 / 01 / 2024 To: 09 / 30 / 2024

	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))	0.00	289521.75
(b) Total Contribution Refunds (from Line 20(d))	1.50	3655.50
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 1.50	285866.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6549.83	286263.04
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	149.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6549.83	286113.67
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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)	35753.92	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Roca for Congress

Report Covering the Period: From: 07 / 01 / 2024 To: 09 / 30 / 2024

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).....	0.00	107960.51
(ii) Unitemized	0.00	125007.32
(iii) TOTAL of contributions from individuals	0.00	232967.83
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	20800.00
(d) The Candidate	0.00	35753.92
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	289521.75
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	149.37
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).....	0.00	289671.12

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

6549.83

286263.04

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

1.50

3655.50

(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)).....

1.50

3655.50

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

6551.33

289918.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

6551.33

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

6551.33

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

6551.33

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

0.00

**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 5 OF 6

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

Roca for Congress

Full Name (Last, First, Middle Initial)

A. HSP Direct LLC

Mailing Address 20130 Lakeview Center Plaza, Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2024

City
AshburnState
VAZip Code
20147

FEC Identification Number

C

Purpose of Disbursement
Direct Mail Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.15459

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Huckaby Davis LiskerMailing Address 228 S. Washington St.
#115

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2024

City
AlexandriaState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
FEC Compliance/Accounting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1549.83

Transaction ID : SB17.15460

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

6549.83

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

6549.83

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 6 OF 6

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Roca for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Roca, Mariela, , ,

Nature of Debt (Purpose):

In-Kind Spending

Mailing Address 1101 Futurity Street

City

Frederick

State

MD

Zip Code

21702

Outstanding Balance Beginning This Period

35753.92

Transaction ID : SD10.14239

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35753.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

35753.92

2) **TOTALS** This Period (last page this line number only)

35753.92

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

35753.92