

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

GARCIA HOLMES FOR CONGRESS

ADDRESS (number and street) PO BOX 92193

(Check if address is changed)

ALBUQUERQUE CITY ▲ NM STATE ▲ 87199 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) votemgh@gmail.com

Optional Second E-Mail Address eholmes1034@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) VoteMGH.com

2. DATE 07 / 31 / 2021

3. FEC IDENTIFICATION NUMBER C C00724245

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 Catania, Pasquale, , ,

Signature of Treasurer Catania, Pasquale, , , [Electronically Filed] Date 07 / 31 / 2022

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.

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 GARCIA HOLMES, MICHELLE, , ,

Candidate Party Affiliation REP Office Sought: House Senate President State NM District 01

- (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.)

- (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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) 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 _____

2. _____

C _____

Write or Type Committee Name

GARCIA HOLMES FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
TAKE BACK THE HOUSE 2022

[Empty grid lines for organization name]

Mailing Address PO BOX 30844

[Empty grid lines for address]

BETHESDA MD 20824

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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 Holmes, Earl, , ,

Mailing Address PO Box 92193

[Empty grid lines for address]

Albuquerque NM 87199

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number 505 - 440 - 0822

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 Catania, Pasquale, , ,

Mailing Address PO Box 92193

[Empty grid lines for address]

Albuquerque NM 87199

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 505 - 353 - 0618

Full Name of Designated Agent Catania, Pasquale, , ,

Mailing Address PO Box 92193 Albuquerque NM 87199 CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 505 353 0618

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.

Wells Fargo Bank

Mailing Address 239 W Highway 44 Bernalillo NM 87004 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE