

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Carlos Garin Campaign

ADDRESS (number and street) (Check if address
is changed) 2521 Segovia Street Apto #3

Coral Gables

FL

33134

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed) cgarinactor@yahoo.comOptional Second E-Mail Address
martinezgarin@yahoo.es

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed) www.carlosgarinforcongress.com2. DATE / / 3. FEC IDENTIFICATION NUMBER ► 4. IS THIS STATEMENT NEW (N) 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 Martinez Garin, Carlos, A, Mr,

Signature of Treasurer

Martinez Garin, Carlos, A, Mr,

[Electronically Filed]

Date

05

27

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.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

| | | | |
|-------------------------------|-----------------------------------|---------|------------|
| Full Name of Designated Agent | Garcia, Clara, T, , | | |
| Mailing Address | 3720 Kumquat Ave | | |
| | | | |
| | | | |
| Miami | FL | 33133 | - |
| | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ | | | |
| A | Telephone number 786 - 399 - 0139 | | |

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.

TD Bank

| | | | |
|-----------------|---------------------|------------|---|
| Mailing Address | 2401 Ponce de Leon, | | |
| | | | |
| | | | |
| Coral Gables | FL | 33134 | - |
| | | | |
| CITY ▲ | STATE ▲ | ZIP CODE ▲ | |

Name of Bank, Depository, etc.

| | | | |
|-----------------|---------|------------|---|
| Mailing Address | | | |
| | | | |
| | | | |
| | FL | 33134 | - |
| CITY ▲ | STATE ▲ | ZIP CODE ▲ | |

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

1. _____

2. _____

3. _____

4. _____

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

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)

Martinez garin, Carlos, A.,

Full Name

Mailing Address

2521 Segovia Street Apto #3

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

FL

33134

Telephone Number

786 - 704 - 5626

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 ▲