(Revised 06/2012)

Only

# STATEMENT OF

PAGE 1 / 13 =

FORM 1		0	RGAN	IZATI	ON					0	ffice Us	e Onl	,		
1. NAME OF COMMITTEE (in	full)		Check if names changed)		ample:If ty er the line		9	12F	E4M		lilice Os	Se Only			
Mike Garcia	for Co	ngress													
ADDRESS (number a	nd street)	9070 Irvi	ne Center Drive	#150											
	address 1)												ш		
		Irvine CI	TY 🛦					CA STATI	_ <b>E</b> ▲	926	S18	ZIP	COD	L L	
COMMITTEE'S E-MA	AIL ADDRI	ESS													
(Check if a is changed		info@ca	ımpaign-compl	liance.com											Ш
		Optional	Second E-Ma	il Address											
COMMITTEE'S WEB  (Check if a		•	RL) ctmikegarcia.co	m											
is changed															
2. DATE 08		26 Y	y y y 2024												
3. FEC IDENTIFIC	CATION N	IUMBER ▶	. C	C007011	02										
4. IS THIS STATEN	MENT	NEW	(N) OI	R	× амі	ENDED (A	<b>A</b> )								
certify that I have e	examined	this Stateme	nt and to the	best of my	knowledg	e and bel	ief it is	true,	correc	t and	com	olete.			
Type or Print Name o	of Treasur	er <u>Slater, J</u>	en, , ,												
Signature of Treasure	er S <u>lat</u>	er, Jen, , ,					. D	ate	M 10	O /	D 1:	3	Y	2024	Y
NOTE: Submission of	false, error		omplete informa								penal	ties of	52 U	.S.C. §	30109.
Office Use						er informati lection Com		act:					ORM		

Toll Free 800-424-9530

Local 202-694-1100

E	Form 1 (Revised 03/2022)	Page 2
	YPE OF COMMITTEE:	
	andidate Committee:	
	This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
	Name of Candidate Garcia, Michael, , ,	
	Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State CA  District 27
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	arty Committee:	
	(National, State	ocratic, blican, etc.) Party
	olitical Action Committee (PAC):	
	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
	Corporation Corporation w/o Capital Stock	abor Organization
	Membership Organization Trade Association Co	poperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	regated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee is a political committee with both contribution and non-contribution accounts (Hybronian Committee)	orid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	oint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
V	/rite or Type Committee Name			
	Mike Garcia for (	Congress		
3.	_	ganization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leaders	hip PAC Sponsor
	MIKE GARCIA VICTO	DRY FUND		
	Mailing Address	9070 IRVINE CENTER DRIVE #150		
		IRVINE	CA 92618	
		CITY A	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	Representative L	_eadership PAC Sponso
<i>7</i> .	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of	f the person in possessi	on of committee
	Slater, Jen, Full Name	, , 		
	Mailing Address			
		Irvine	CA 92618	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone num	ber 949	858 7448
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the na	me and address of
	Full Name Slater, Jen, of Treasurer	,, , , , , , , , , , , , , , , , , , ,		1
	Mailing Address	9070 Irvine Center Drive #150		
	<b>3</b> <del></del>			
		Irvine	CA 92618	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone num	ber 949 - L	858 7448

	FEC Form 1	(Revised 02/2009)		Page <b>4</b>
	Full Name of Designated Agent		1 1 1 1 1	
	Mailing Address			
IV.	vialling Address			
Т	Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
L			umber	
		Depositories: List all banks or other depositories in which the commi es or maintains funds.	ttee deposits fo	unds, holds accounts, rents
N	lame of Bank, D	epository, etc.		
		Bank of America		
N	Mailing Address	67 Technology		
		Irvine	CA	92618
		CITY ▲	STATE ▲	ZIP CODE ▲
N	lame of Bank, D	epository, etc.		
		FVCbank		
M	Mailing Address	11325 Random Hills Road		
		Fairfax	_ VA _	22030
		CITY ▲	STATE ▲	ZIP CODE ▲

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tories in which the co

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

Page \_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundrais</b> i	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fund USE CALIFORNIA 2024	raising Hepresentative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Deletienskin	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connect  Designated Agent: Ident	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or necessity.	Affiliated Committee	STATE A	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or no lame of Bank, Chain Depository, etc.	Affiliated Committee  Affiliated Committee  To pries: List all banks or other depositories in which naintains funds.  Affiliated Committee  CITY   To pries: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A

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

Page \_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b> i	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
GROW THE MAJOR	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S Washington St #115		
	Alexandria	VA VA	22314
Dolotionobine	CITY A	STATE ▲	ZIP CODE ▲
	od Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
Connecte			Leadership PAC Spo
Connected Agent: Identif	od Organization Affiliated Committee X Joi		Leadership PAC Spo
connected Agent: Identification Full Name	od Organization Affiliated Committee X Joi		Leadership PAC Spo
connected Agent: Identification Full Name	od Organization Affiliated Committee X Joi		Leadership PAC Spo
connected Agent: Identification Full Name	Affiliated Committee X Joing by name, address (phone number – optional)		Leadership PAC Spo
resignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X Jointy by name, address (phone number – optional)	nt Fundraising Representa	
resignated Agent: Identification of the properties of the properti	Affiliated Committee X Jointy by name, address (phone number – optional)  CITY   CITY   CITY   CITY   Dries: List all banks or other depositories in which	nt Fundraising Representa	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee X Jointy by name, address (phone number – optional)  CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY      CITY      CITY      CITY       CITY          CITY	nt Fundraising Representa	ZIP CODE A

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

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h). Joint Fundraisi		FEC ID number	С
1		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
EMMER MAJORITY	BUILDERS		
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
·			
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC S
	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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I	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
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4.		FEC ID number	С
SCALISE LEADERSH	Organization, Affiliated Committee, Joint I HIP FUND 2024	Fundraising Representative	e, or Leadership PAC Spons
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	<u> </u>		
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY A		ZIP CODE A
		Telephone Number	
Banks or Other Deposito	ries: List all banks or other depositories in v	Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in valuations funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in vaintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in vaintains funds.	Telephone Number	s funds, holds accounts, rents

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(h). <b>Joint Fundraisi</b>	ng Participant:		
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2.		FEC ID number	С
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lame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e or Leadership PAC Spons
AMERICAN BATTLE			, , , , , , , , , , , , , , , , , , ,
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Deletionabin	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
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Connecte  resignated Agent: Identi  Full Name	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint J		
Connecte  resignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Resignated Agent: Identification of Position	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
GROW THE MAJOR	ITY CA		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee X July by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
connected Agent: Identification Full Name			ative Leadership PAC Sp
Connecte esignated Agent: Identif			ative Leadership PAC Sp
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lame of	Any Connected	Organization, Affili	ated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC	Spons
SCOT	T FRANKLIN W	INGMAN FUND					
Mail	ing Address	P.O. BOX 2811					
Wan	ing / taareee						
		LAKELAND			FL	33806	
Rela	utionship:		CITY A		STATE A	ZIP COD	F 🛦
esignate		_	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership	PAC Sp
esignate Full Na	d Agent: Identify				g Representa	ative Leadership	PAC Sp
Full Na	d Agent: Identify				g Representa	ative Leadership	PAC Sp
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Full Na	ed Agent: Identify				g Representa	ative Leadership	PAC Sp
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Full Na	ame	by name, address	(phone number – option	nal)	STATE A		

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ame of Any Connecte	d Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spons
CALIFORNIA VICTO	DRY FUND 2024		
	228 S WASHINGTON ST.		
Mailing Address			
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X	Joint Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Ident			Leadership FAC Sp
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esignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional content of the conte	STATE  Telephone Number  inich the committee deposi	ZIP CODE A  ts funds, holds accounts, rent
esignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional content of the conte	STATE  Telephone Number  inich the committee deposi	ZIP CODE A  ts funds, holds accounts, rent