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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Robert Garcia for Congress 65 PINE AVE ADDRESS (number and street) #348 (Check if address is changed) LONG BEACH 90802 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@robertgarcia.com (Check if address is changed) Optional Second E-Mail Address contact@beecompliance.co COMMITTEE'S WEB PAGE ADDRESS (URL) robertgarcia.com (Check if address is changed) DATE 2022 C00797795 FEC IDENTIFICATION NUMBER 3. X 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. SWYMER, PATRICK, , , Type or Print Name of Treasurer SWYMER, PATRICK, , , [Electronically Filed] Date 10 2022 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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	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 candinformation below.)					
Name of Candidate GARCIA, ROBERT, , ,					
	Candidate Party Affiliation DEM Office Sought: House Senate President	State CA District 42			
	(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 Republican, etc.) Party			
Political Action Committee (PAC):					
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:			
	Corporation Corporation w/o Capital Stock Labor Organ	ization			
	Membership Organization Trade Association Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	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 mocommittees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political			
	(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				

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V	/rite or Type Committee Name			
	Robert Garcia t	or Congress		
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAGE TO THE FUTURE				
	Mailing Address	PO BOX 65322		
		WASHINGTON DC 20035	-	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	_eadership PAC Sponso	
	_			
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possessi	on of committee	
	SWYMER,	PATRICK, , ,		
	Full Name			
	Mailing Address	65 PINE AVE		
		<u>#</u> 348	1 1 1 1 1 1	
		LONG BEACH CA 90802	-	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	TREASURER	Telephone number		
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	me and address of	
	Full Name SWYMER,	PATRICK, , ,		
	of Treasurer			
	Mailing Address	65 PINE AVE		
		#348		
		LONG BEACH CA 90802		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	TREASURER	Telephone number		

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			
		lephone number]			
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which tains funds.	the committee deposits funds,	holds accounts, rents			
Name of Bank, Depository, e	etc.					
AMALGAMATED BANK						
Mailing Address	1825 K ST NW					
	WASHINGTON	DC 20	0006			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			