Image# 202310209598711968 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Garcia, Robert, , ,								
	(b) Address (number and street) 65 Pine Ave. #348	☐ Check if address changed		2. Candidate's FEC Identification Number H2CA47188					
	(c) City, State, and ZIP Code					3. Is This	New Amended		
	Long Beach		CA	9080	2	Statement (N) OR X (A)		
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate			
	DEMOCRATIC PARTY	House			CA	42			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following nar	med political com	mittee as m	y Principal (Campaign Comr	mittee for the 2024 (year of ele	ection) election(s).		
	NOTE: This designation should be f	iled with the appr	opriate office	ce listed in t	ne instructions.				
	(a) Name of Committee (in full)								
	ROBERT GARCIA F	FOR CONG	RESS						
	(b) Address (number and street)								
	65 Pine Ave								
	#348								
	(c) City, State, and ZIP Code								
	Long Beach				CA	90802			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)								
	BLUE TO THE FUT	URE							
	(b) Address (number and street) PO BOX 65322								
	1 O BOX 00022								
	(c) City, State, and ZIP Code								
	WASHINGTON				DC	20035			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Si	gnature of Candidate					Date	•		
G_{i}	arcia, Robert, , ,					10/20/2023			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
	TIE. Submission of laise, entineous,	or incomplete in		———	————	Ig this Statement to pena	attles of 2 0.5.C. §437g.		
	TE. Submission of false, enoneous,	or incomplete in			The person signif	ig this Statement to pena	intes of 2 0.5.C. §437g.		
	JIE. Submission of faise, entineous,	, or incomplete in		ay Subject t	The person signif	ig this statement to pena	innes of 2 0.5.C. §437g.		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2	
Page	OI		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	ROBERT GARCIA JOINT FUNDRAISING COMMITTEE							
	(b) Address (number and street)							
	65 PINE AVE #348							
	(c) City, State, and ZIP Code							
	LONG BEACH	CA	90802					
3.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	LISA AND ROBERT VICTORY FUND							
	(b) Address (number and street) 122 C ST NW							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20001					
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa		mmittee, to receive and expend funds on behalf of my					
	(a) Name of Committee (in full)							
	EQUALITY PROJECT 2024							
	(b) Address (number and street)							
	PO BOX 15320							
	(c) City, State, and ZIP Code	DO.	00000					
	WASHINGTON	DC	20003					
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campains		mmittee, to receive and expend funds on behalf of my					
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(2). Issues (Indinion and Subst)							
	(1) 6: - 0: - 17:0 0 1							
	(c) City, State, and ZIP Code							