PAGE 1 / 12

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			a Committee	Office	Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼		ample: If typing, type er the lines.	12FE4M5	
Consumer Healthcare P	roducts Associa	ation PAC	(CHPA/PAC)		
ADDRESS (number and street)	1625 Eye Street NW				
Check if different	Suite 600				
than previously reported. (ACC)	Washington			DC 200	006
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	NEW (N)	OR AMENDE (A)	D
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)			(Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)			(Non-Election Year Only)
April 15	.	Apr 20 (M4)	Jul 20 (I	M7) Oct 20 (M10	0) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	n 🔲	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for t	he:	Convention (12C)	Special (12S)	
Quarterly Report (Q3)  January 31  Year-End Report (YE)	_	Election on	M M / D D	/ Y = Y = Y = Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect Report for t		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	M = M / D = D	/ Y = Y = Y = Y	in the State of
5. Covering Period 05		021	through 0		2021
I certify that I have examined this	Report and to the be Green, Brian, , ,	est of my kno	wledge and belief it	is true, correct and comp	elete.
Type or Print Name of Treasurer	Oreen, Dilan, , ,				
Signature of Treasurer Green,	Brian, , ,		[Electronically Filed]		14 2021
NOTE: Submission of false, erroneo	us, or incomplete infor	mation may s	ubject the person sign	ing this Report to the pena	alties of 52 U.S.C. § 30109
Office Use				FE	C FORM 3X Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

## Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 05 01 2021 To: 05 31 2021

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		25615.56
	(b) Cash on Hand at Beginning of Reporting Period	39632.16	
	(c) Total Receipts (from Line 19)	1259.40	26093.55
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40891.56	51709.11
7.	Total Disbursements (from Line 31)	5559.83	16377.38
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35331.73	35331.73
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

## Consumer Healthcare Products Association PAC (CHPA/PAC)

01 2021 05 31 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1024.36 7121.72 (i) Itemized (use Schedule A)..... 235.04 18375.28 (ii) Unitemized ..... (iii) TOTAL (add 25497.00 1259.40 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 25497.00 1259.40 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 596.55 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 26093.55 1259.40 20. Total Federal Receipts 1259.40 26093.55 (subtract Line 18(c) from Line 19) .......▶

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>Operating Expenditures:         <ul> <li>(a) Allocated Federal/Non-Federal</li> <li>Activity (from Schedule H4)</li> </ul> </li> </ul>	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	59.83	377.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	59.83	377.38
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	5500.00	16000.00
. Independent Expenditures (use Schedule E)	0.00	0.00
. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	4 4 4
i i	4 4	0.00
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)  (a) Allocated Federal Election Activity  (from Schedule H6)	))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5559.83	16377.38
Total Federal Disbursements	4	4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5559.83	16377.38

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 1259.40 25497.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 1259.40 25497.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 59.83 377.38 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 596.55 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 59.83 - 219.17 (subtract Line 37 from Line 36) ......

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		6	OF		12	
(0	(check only one)										
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2021 City Zip Code State Transaction ID: SA11AI.11018 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 208.40 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 05 2021 City State Zip Code Transaction ID: SA11AI.11022 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products A Manager, Federal Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 208.40 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 14 2021 City State Zip Code Transaction ID: SA11AI.11023 VAHerndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 375.03 Other (specify) 83.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

12 FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2021 City Zip Code State Transaction ID: SA11AI.11024 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Regulatory Affairs **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2021 City State Zip Code Transaction ID: SA11AI.11027 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1872.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 28 2021 City Zip Code State Transaction ID: SA11AI.11028 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2080.00 Other (specify) 457.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE NUMBER:				PAGE	=	8	OF	12		
ı	(check only one)										
	[	X	11a		11b		11c		12	2	
ı			13		14		15		16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 2021 City Zip Code State Transaction ID: SA11AI.11029 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 05 2021 City State Zip Code Transaction ID: SA11AI.11030 Chevy Chase MD 20815 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Spangler, David, , , Date of Receipt Mailing Address 1449 N Street, NW 14 2021 Apartment 3 City State Zip Code Transaction ID: SA11AI.11031 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Senior VP., Policy & Int'l Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1225.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s)

F	FOR LINE NUMBER:					PAGE		9	OF	12
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Spangler, David, , , Date of Receipt Mailing Address 1449 N Street, NW 2021 Apartment 3 City Zip Code State Transaction ID: SA11AI.11032 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing C 175.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior VP., Policy & Int'l Affairs **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 05 2021 City State Zip Code Transaction ID: SA11AI.11035 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.03 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 28 2021 City Zip Code State Transaction ID: SA11AI.11036 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 258.34 SUBTOTAL of Receipts This Page (optional)..... 1024.36 TOTAL This Period (last page this line number only).....

## S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF				
ITEMIZED DISBURSEMENTS		arate schedule(s)					
		category of the Summary Page	<b>X</b> 21b	··			
	Dotalica		28a	28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
Consumer Healthcare Products As	ssociatio	n PAC (CH	PA/PAC)				
Full Name (Last, First, Middle Initial)				6. (6:1			
A. Wells Fargo Bank				Date of Disbursement			
Mailing Address 1510 K Street NW				05 11 2021			
,	State	Zip Code		FEC Identification Number			
Washington Purpose of Disbursement	DC	20005					
bank fee				C			
Candidate Name			Category/	Transaction ID : SB21B.11039  Amount of Each Disbursement this Period			
			Type				
	ment For:			59.83			
Senate	Primary	General					
State: District:	Other (spec	uiy) ▼		Memo Item			
Full Name (Last, First, Middle Initial)							
B.				Date of Disbursement			
				M = M / D = D / Y = Y = Y			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
·				C			
Candidate Name			Category/	Amount of Each Disbursement this Period			
			Туре				
Office Sought: House Disburse Senate	ment For:	Gonoral					
President	Primary Other (spec	General cify)					
State: District:	Oo. (opo.	,		Memo Item			
Full Name (Last, First, Middle Initial)							
C.				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement		1		C			
			1 []				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:						
Senate	Primary	General					
President Pietriet:	Other (spec	cify) ▼		Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional)				59.83			
CODITION OF DISDUISEMENTS THIS Fage (Optional)	•••••	•••••	·····	7 7 7			
TOTAL This Period (last page this line number only	·)			59.83			

SCHEDULE B (FEC Form 3X)	llee esperate eshedule(e)	FOR LINE I	NUMBER: PAGE 11 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 <b>x</b> 23 26 27
	Detailed Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and Statem	nents may not be sold or use	d by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		(=)	
Consumer Healthcare Products As:	sociation PAC (CHF	PA/PAC)	
Full Name (Last, First, Middle Initial)			
A. Cathy McMorris Rodgers for Congr	ess		Date of Disbursement
Mailing Address P.O. Box 137			05 10 2021
Mailing Address 1.0. Box 137			00 10 2021
,	State Zip Code		FEC Identification Number
Spokane Purpose of Disbursement	WA 99210		0.00000470
i dipose di Disbuisement			C C00390476
Candidate Name		Category/	Transaction ID : SB23.11041 Amount of Each Disbursement this Period
MCMORRIS RODGERS, CATHY, ,		Type	
	nent For: 2022		2500.00
	Primary General  Other (specify) ▼		
State: WA District: 05	Canon (opcomy)		Memo Item
Full Name (Last, First, Middle Initial)			
B. KIND FOR CONGRESS COMMITT	ΓΕΕ		Date of Disbursement
Mailing Address 205 5TH AVENUE SOUTH			05 19 2021
Manning Madroso 200 3111 AVENUE 300111			20 2021
,	State Zip Code WI 54601		FEC Identification Number
LA CROSSE Purpose of Disbursement	WI 54601		C C00312017
·			Transaction ID : SB23.11042
Candidate Name		Category/	Amount of Each Disbursement this Period
KIND, RON, , ,		Туре	1000.00
	nent For: 2022 Primary General		1000.00
	Other (specify)		Mama Itam
State: WI District: 03			Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. SCHNEIDER FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO BOX 1318			05 18 2021
City	Nata Zin Coda		
City S DEERFIELD	State Zip Code IL 60015		FEC Identification Number
Purpose of Disbursement			C C00495952
			Transaction ID : SB23.11043
Candidate Name SCHNEIDER, BRADLEY SCOTT,		Category/	Amount of Each Disbursement this Period
	nent For: 2022	Туре	1000.00
	Primary General		4 4
	Other (specify) ▼		Memo Item
State: IL District: 10			
SUBTOTAL of Disbursements This Page (optional)			4500.00
TOTAL This Period (last page this line number only).			

# ľ

WASHINGTON Purpose of Disbursement  Candidate Name CARDENAS, TONY, ,, Office Sought:    x	for each of Detailed Senents may not each address	ess of any politic	al committee to	one)  22
NAME OF COMMITTEE (In Full)  Consumer Healthcare Products As:  Full Name (Last, First, Middle Initial)  TONY CARDENAS FOR CONGRE  Mailing Address PO BOX 15320  City  WASHINGTON  Purpose of Disbursement  Candidate Name  CARDENAS, TONY, ,  Office Sought:  Y House Senate President State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Candidate Name	e and addressociation	ess of any politic	al committee to	
NAME OF COMMITTEE (In Full)  Consumer Healthcare Products As:  Full Name (Last, First, Middle Initial)  TONY CARDENAS FOR CONGRE  Mailing Address PO BOX 15320  City WASHINGTON Purpose of Disbursement  Candidate Name CARDENAS, TONY, , Office Sought:  Senate President State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City Purpose of Disbursement  Candidate Name  Candidate Name	sociation SS			solicit contributions from such committee.
Consumer Healthcare Products As:  Full Name (Last, First, Middle Initial)  A. TONY CARDENAS FOR CONGRE  Mailing Address PO BOX 15320  City WASHINGTON Purpose of Disbursement  Candidate Name CARDENAS, TONY, , Office Sought:  Y House Senate President State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City Purpose of Disbursement  Candidate Name	:SS	n PAC (CHI	PA/PAC)	
Mailing Address PO BOX 15320  City WASHINGTON Purpose of Disbursement  Candidate Name CARDENAS, TONY, , Office Sought:  Senate President State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City Purpose of Disbursement  Candidate Name				
Mailing Address PO BOX 15320  City WASHINGTON Purpose of Disbursement  Candidate Name CARDENAS, TONY, , Office Sought:  X House Senate President State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City Purpose of Disbursement  Candidate Name				
City WASHINGTON Purpose of Disbursement  Candidate Name CARDENAS, TONY, , , Office Sought:  Senate President State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City Purpose of Disbursement  Candidate Name				Date of Disbursement
WASHINGTON Purpose of Disbursement  Candidate Name CARDENAS, TONY, ,, Office Sought:    x				05 10 2021
Candidate Name  CARDENAS, TONY, , ,  Office Sought:	DC	Zip Code 20003		FEC Identification Number
CARDENAS, TONY, , ,  Office Sought:				C C00498873  Transaction ID : SB23.11040
Senate President State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name			Category/ Type	Amount of Each Disbursement this Period
State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name	nent For: 2 Primary	General		1000.00
Mailing Address  City S  Purpose of Disbursement  Candidate Name	Other (spec	iiiy) ▼		Memo Item
City Purpose of Disbursement Candidate Name				Date of Disbursement
Purpose of Disbursement  Candidate Name				M = M / D = D / Y = Y = Y
Candidate Name	State	Zip Code		FEC Identification Number
				C
Office Country   House   Distruss			Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: Primary Other (spec	General		
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Primary	General		
State: District:	Other (spec	''y) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)				1000.00
TOTAL This Period (last page this line number only).				5500.00