

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAILCENTER

2025 APR -7 AM 11:12

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MARGARITA MARIA CAARANZA FOR CONGRESS

ADDRESS (number and street) 12651 AMBOY AVE SYLMAR CA 91342- CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER 000807263 3. IS THIS REPORT NEW OR AMENDED STATE DISTRICT CA 29

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 02'01'2024 through 04'15'2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CHRISTOPHER ALTOUNIAN

Signature of Treasurer [Signature] Date 04'01'2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

PHOTOGRAPHED BY [unreadable]

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Page 2

Write or Type Committee Name

MARGARITA MARIA CARRANZA

Report Covering the Period:

From:

02 ' 01 ' 2025

To:

04 ' 15 ' 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Total Contribution Refunds (from Line 20(d)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="235.00"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	0	0
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans.....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS.....	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	0	0

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	235.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0
25. SUBTOTAL (add Line 23 and Line 24).....	235.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	235.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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)
MARGARITA MARIA CARRANZA FOR CONGRESS

Full Name (Last, First, Middle Initial) **NIA**

A. Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Election Cycle-to-Date ▼ _____

Date of Receipt
 MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial) **NIA**

B. Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Election Cycle-to-Date ▼ _____

Date of Receipt
 MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial) **NIA**

C. Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Election Cycle-to-Date ▼ _____

Date of Receipt
 MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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

Amount of Each Receipt this Period

Amount of Each Receipt this Period

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21		

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)
MARGARITA MARIA CARRANZA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) **N/A**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

B. Full Name (Last, First, Middle Initial) **N/A**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C. Full Name (Last, First, Middle Initial) **N/A**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full)
MARGARITA MARIA CARRANZA for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) N/A		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address			
City	State	ZIP Code	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

TERMS	Date Incurred	Date Due	Interest Rate (if none, enter 0)	Secured:
	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="0"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source:

1. Full Name (Last, First, Middle Initial) N/A	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
Amount Guaranteed Outstanding: <input type="text" value="0"/>	
2. Full Name (Last, First, Middle Initial) N/A	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
Amount Guaranteed Outstanding: <input type="text" value="0"/>	
3. Full Name (Last, First, Middle Initial) N/A	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
Amount Guaranteed Outstanding: <input type="text" value="0"/>	
4. Full Name (Last, First, Middle Initial) N/A	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
Amount Guaranteed Outstanding: <input type="text" value="0"/>	

SUBTOTALS This Period This Page (optional).....	<input type="text" value="0"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="0"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ___ of Schedule C

Federal Election Commission, Washington, D.C.

NAME OF COMMITTEE (In Full) <i>MARGARITA MARIA CARRANZA FOR CONGRESS</i>	FEC IDENTIFICATION NUMBER C00807263
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LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan <i>0</i>	Interest Rate (APR) <i>0</i> %
Mailing Address	Date Incurred or Established	
City	State	Zip Code
	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: *0* Total Outstanding Balance: *0*

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? *0*

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? *0*

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: *N/A*

Date account established: _____ Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.
N/A

G. COMMITTEE TREASURER Typed Name <i>CHRISTOPHER ALTOUNIAN</i> Signature <i>N/A</i>	DATE _____
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H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name <i>N/A</i> Signature _____	Title _____	DATE _____
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
MARGARITA MARIA CARRANZA for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor N/A			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor N/A			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor N/A			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

EXP

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FEDERAL CENTER

2025 APR -7 AM 11: 12

Pharmacy

1 002 - 200
4.00 L.S. 62Z
4412220908059
L.P. 1
ZPS-PO 100.Y
366-1000 F.M.A. DC
200 MON 04/07/05
999 E ST NW
698-8669
MISLOAD - 200
MISLOAD - 200
MISLOAD - 200

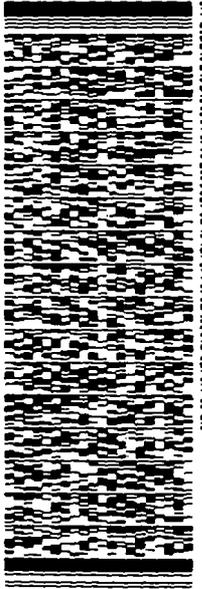
ORIGIN ID: JTD (800) 331-3556
JUSTE LOWE
TRANS-CONSOLIDATED DIST INC
9710 TOPANGA CANYON PL
CHATHURTH, CA 91311
UNITED STATES US

SHIP DATE: 02APR25
ACTWT: 0.50 LB HAN
CRD: 0625550/CAFE3855
BILL SENDER

TO
ATTN: ELECTION REPORTS
FEDERAL ELECTION COMMISSION
999 E. STREET NW

WASHINGTON DC 20463

INV: DEPT: REF:



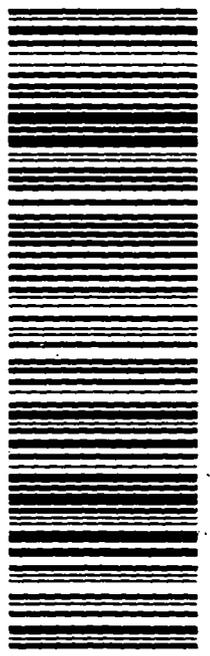
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FRI - 04 APR 5:00P

** 2DAY **

SE RDVA

DC-US 20463 IAD



Part # 154254-354 MTW EXP 05/25

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): FedEx	Shipping Date: 4/2/25 Date of Receipt: 4/7/25 Next Business Day Delivery: <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (4/2023)

4/7/25
 DATE PREPARED

NONPROFIT CORPORATION