PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) CONSUMER BRANDS POLITICAL ACTION COMMITTEE ('Consumer Brands Association PAC') 1001 19th Street N ADDRESS (number and street) 7th floor (Check if address is changed) Arlington 22209 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mgruber@consumerbrandsassociation.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2019 C00250068 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. Gruber, Michael, , Mr., Type or Print Name of Treasurer Gruber, Michael, , Mr., [Electronically Filed] 03 20 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office		For further information contact
ı	Use		Federal Election Commission
	Only		Toll Free 800-424-9530 Local 202-694-1100
	,		LUCAI 202-094-1100

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		OMMITTEE	i aye Z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
CONSUMER BRANDS	S POLITICAL ACTION COMMITTEE ('Cons	sumer Brands Association PAC')
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leadership PAC Sponsor
Consumer Brands Ass	ociation	
Mailing Address	1001 19th Street N.	
Mailing Address	7th floor	
	Arlington	VA 22209
	CITY	STATE ZIP CODE
_		_
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	atify by name, address (phone number optional) and position	on of the person in possession of committee
	ichael, , Mr.,	
Full Name		
Mailing Address	1001 19th Street N.	
	7th floor	
	Arlington	VA 22209
Title or Position	CITY	STATE ZIP CODE
Vice President		nber 202 – 285 – 1853
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the name and address of
Full Name Gruber, Mico	chael, , Mr.,	
Mailing Address	1001 19th Street N.	
Ç	7th floor	
	Arlington	VA 22209
	CITY	STATE ZIP CODE
Title or Position Vice President		nber 202 - 285 - 1853

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. Bank of America	olds accounts, rents
safety deposit b	oxes or maintains funds. Depository, etc. Bank of America 1730 15th Street, NW	
safety deposit b Name of Bank,	Depository, etc. Bank of America 730 15th Street, NW	
safety deposit b Name of Bank,	Depository, etc. Bank of America 730 15th Street, NW Washington CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 730 15th Street, NW Washington CITY STATE	5
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 730 15th Street, NW Washington DC 20005 CITY STATE	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 730 15th Street, NW Washington DC 20005 CITY STATE	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 730 15th Street, NW Washington DC 20005 CITY STATE	5