

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CONSUMER BRANDS POLITICAL ACTION COMMITTEE ('Consumer Brands Association PAC')

ADDRESS (number and street)

1001 19th Street N.



(Check if address is changed)

7th floor

Arlington

CITY ▲

VA

STATE ▲

22209

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

mgruber@consumerbrandsassociation.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY
06 / 07 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00250068

4. 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.

Type or Print Name of Treasurer Gruber, Michael, , Mr.,

Signature of Treasurer

Gruber, Michael, , Mr.,

[Electronically Filed]









Date

MM / DD / YYYY
03 / 20 / 2020

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

CONSUMER BRANDS POLITICAL ACTION COMMITTEE ('Consumer Brands Association PAC')**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Consumer Brands Association

Mailing Address

1001 19th Street N.

7th floor

Arlington

VA

22209

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Gruber, Michael, , Mr.,

Mailing Address

1001 19th Street N.

7th floor

Arlington

VA

22209

Title or Position

CITY

STATE

ZIP CODE

Vice President

Telephone number

202

285

1853

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Gruber, Michael, , Mr.,

Mailing Address

1001 19th Street N.

7th floor

Arlington

VA

22209

Title or Position
Vice President

CITY

STATE

ZIP CODE

Telephone number

202

285

1853

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

730 15th Street, NW

Washington

DC

20005

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE