

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Vapor Technology Association		3. FEC Identification Number C C90018854
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1201 Pennsylvania Avenue, NW Suite 530		
(c) City, State and ZIP Code Washington DC 20004		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:
 FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS.....
 7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Abboud, Tony, , ,	Abboud, Tony, , ,	05/26/2020
	<i>[Electronically Filed]</i>	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5A
Transaction ID :

For its independent expenditure activity, the Vapor Technology Association used its own funds. It did not request or receive funds that were given for political purposes or for the purpose of furthering an independent expenditure. For that reason, no contributions are disclosed on Line 6 of our 2019 Year-End Report.

Form/Schedule:
Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Vapor Technology Association

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2019	
Mailing Address 210 Pennsylvania Avenue Suite 250		Amount 23600.00	
City Towson	State MD	Zip Code 21204	Transaction ID : F57.4112
Purpose of Expenditure Media production and placement	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: MD District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27766.00		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2019	
Mailing Address 210 Pennsylvania Avenue Suite 250		Amount 23600.00	
City Towson	State MD	Zip Code 21204	Transaction ID : F57.4113
Purpose of Expenditure Media production and placement	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: DC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27767.00		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2019	
Mailing Address 210 Pennsylvania Avenue Suite 250		Amount 23600.00	
City Towson	State MD	Zip Code 21204	Transaction ID : F57.4114
Purpose of Expenditure Media production and placement	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: VA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27767.00		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Vapor Technology Association

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 29 / 2019	
Mailing Address 210 Pennsylvania Avenue Suite 250		Amount 1325.00	
City Towson	State MD	Zip Code 21204	
Purpose of Expenditure Media placement		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		1325.00	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4106

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 31 / 2019	
Mailing Address 210 Pennsylvania Avenue Suite 250		Amount 23859.00	
City Towson	State MD	Zip Code 21204	
Purpose of Expenditure Media placement		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		25184.00	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4107

Full Name (Last, First, Middle Initial) of Payee Strategic Partners & Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2019	
Mailing Address 1851 McGuckian Street		Amount 4166.00	
City Annapolis	State MD	Zip Code 21401	
Purpose of Expenditure Media production		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Office Sought: <input type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		4166.00	
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4108

(a) SUBTOTAL of Itemized Independent Expenditures.....	29350.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Vapor Technology Association

Full Name (Last, First, Middle Initial) of Payee Strategic Partners & Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2019	
Mailing Address 1851 McGuckian Street		Amount 4167.00	
City	State	Zip Code	Transaction ID : F57.4109
Annapolis	MD	21401	
Purpose of Expenditure Media production	Category/ Type	004	Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2020	
		4167.00	

Full Name (Last, First, Middle Initial) of Payee Strategic Partners & Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2019	
Mailing Address 1851 McGuckian Street		Amount 4167.00	
City	State	Zip Code	Transaction ID : F57.4110
Annapolis	MD	21401	
Purpose of Expenditure Media production	Category/ Type	004	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2020	
		4167.00	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2020	

(a) SUBTOTAL of Itemized Independent Expenditures.....	8334.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	108484.00