

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CHRISTINA GAGNIER FOR CONGRESS

ADDRESS (number and street)

14071 PEYTON DRIVE

#1373

Check if different
than previously
reported. (ACC)

CHINO HILLS

CA

91709

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00897843

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

40

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

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

01

D D /

01

Y Y Y Y

2026

through

M M /

03

D D /

31

Y Y Y Y

2026

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

GAGNIER, CHRISTINA, , ,

Signature of Treasurer

GAGNIER, CHRISTINA, , ,

Date

M M /

04

D D /

15

Y Y Y Y

2026

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

CHRISTINA GAGNIER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

	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))....	0.00	551681.35
(b) Total Contribution Refunds (from Line 20(d))	0.00	35888.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	515793.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5065.05	398244.73
(b) Total Offsets to Operating Expenditures (from Line 14)	837.67	838.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4227.38	397406.56
8. Cash on Hand at Close of Reporting Period (from Line 27)	97386.79	
9. Debts and Obligations Owed TO 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	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

CHRISTINA GAGNIER FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 01 2026

To:

M M / D D / Y Y Y Y
03 31 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

0.00

339120.62

(ii) Unitemized

0.00

195141.40

(iii) TOTAL of contributions
from individuals ▶

0.00

534262.02

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

2500.00

(d) The Candidate

0.00

14919.33

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

551681.35

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

54003.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

54003.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

837.67

838.17

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

837.67

606522.52

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

5065.05

398244.73

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

54003.00

54003.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

54003.00

54003.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

35888.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

35888.00

21. OTHER DISBURSEMENTS

10500.00

21000.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

69568.05

509135.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

166117.17

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

837.67

25. SUBTOTAL (add Line 23 and Line 24).....

166954.84

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

69568.05

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

97386.79

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 5 OF 18

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 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)

CHRISTINA GAGNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address PO Box 441146

City

West Somerville

State

CA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

311.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 02 2026

Transaction ID : SA14.4164

Amount of Each Receipt this Period

311.78

☐ Memo Item
Refund of Fees

Full Name (Last, First, Middle Initial)

Gusto

B.

Mailing Address 525 20th St.

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 26 2026

Transaction ID : SA14.4155

Amount of Each Receipt this Period

245.00

☐ Memo Item
Refund

Full Name (Last, First, Middle Initial)

Gusto

C.

Mailing Address 525 20th St.

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 26 2026

Transaction ID : SA14.4156

Amount of Each Receipt this Period

280.89

☐ Memo Item
Refund

SUBTOTAL of Receipts This Page (optional)..... ▶

837.67

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

837.67

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

CHRISTINA GAGNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

36.25

Transaction ID : SB17.4133

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

18.50

Transaction ID : SB17.4151

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gusto

Mailing Address 525 20th St.

City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

84.00

Transaction ID : SB17.4130

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

138.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 18

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	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)

CHRISTINA GAGNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Gusto

Mailing Address 525 20th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2026

City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Payroll Fee

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

84.80

Transaction ID : SB17.4132

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gusto

Mailing Address 525 20th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2026

City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Payroll Fee

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

439.50

Transaction ID : SB17.4139

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2700 Coast Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2026

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Software

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

79.50

Transaction ID : SB17.4128

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

603.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 18

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

CHRISTINA GAGNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2700 Coast Ave.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	6

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
Software

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

79.50

Transaction ID : SB17.4140

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2700 Coast Ave.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	2	6

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
Software

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

79.50

Transaction ID : SB17.4150

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. NGP VAN IncMailing Address 655 15Th St NW
Suite 650

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	6

City
WashingtonState
DCZip Code
20005

FEC Identification Number

C

Purpose of Disbursement
Software

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1510.50

Transaction ID : SB17.4137

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1669.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 18

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

CHRISTINA GAGNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NGP VAN IncMailing Address 655 15Th St NW
Suite 650City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Software

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

318.00

Transaction ID : SB17.4149

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Utrecht, Kleinfeld, Fiori, Clark, Partners PLLC

Mailing Address 1634 I St NW, Suite 1250

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
General Legal Fee

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2275.00

Transaction ID : SB17.4166

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2593.00

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

5005.05

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

☐ 17	☐ 18	☒ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

CHRISTINA GAGNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GAGNIER, CHRISTINA, , ,

Mailing Address 12650 Orange Ave.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	6

City
ChinoState
CAZip Code
91710

FEC Identification Number

C H6CA40325Purpose of Disbursement
Loan Repayment

009

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB19A.4142

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 40

Full Name (Last, First, Middle Initial)

B. GAGNIER, CHRISTINA, , ,

Mailing Address 12650 Orange Ave.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	6

City
ChinoState
CAZip Code
91710

FEC Identification Number

C H6CA40325Purpose of Disbursement
Loan Repayment

009

Amount of Each Disbursement this Period

20000.00

Transaction ID : SB19A.4143

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 40

Full Name (Last, First, Middle Initial)

C. GAGNIER, CHRISTINA, , ,

Mailing Address 12650 Orange Ave.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	6

City
ChinoState
CAZip Code
91710

FEC Identification Number

C H6CA40325Purpose of Disbursement
Loan Repayment

009

Amount of Each Disbursement this Period

14000.00

Transaction ID : SB19A.4144

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 40

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

44000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

☐ 17	☐ 18	☒ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

CHRISTINA GAGNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GAGNIER, CHRISTINA, , ,

Mailing Address 12650 Orange Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2026

City
ChinoState
CAZip Code
91710

FEC Identification Number

C H6CA40325Purpose of Disbursement
Loan Repayment

009

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB19A.4145

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 40

Full Name (Last, First, Middle Initial)

B. GAGNIER, CHRISTINA, , ,

Mailing Address 12650 Orange Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2026

City
ChinoState
CAZip Code
91710

FEC Identification Number

C H6CA40325Purpose of Disbursement
Loan Repayment

009

Amount of Each Disbursement this Period

7000.00

Transaction ID : SB19A.4146

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 40

Full Name (Last, First, Middle Initial)

C. GAGNIER, CHRISTINA, , ,

Mailing Address 12650 Orange Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2026

City
ChinoState
CAZip Code
91710

FEC Identification Number

C H6CA40325Purpose of Disbursement
Loan Repaymetn

009

Amount of Each Disbursement this Period

3.00

Transaction ID : SB19A.4147

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 40

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

10003.00

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

54003.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

☐ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☒ 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)

CHRISTINA GAGNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHRISTINA GAGNIER FOR SUPERVISOR 2026Mailing Address 14071 PEYTON DRIVE
UNIT 1373City
CHINO HILLSState
CAZip Code
91709Purpose of Disbursement
Contribution - Non-Federal

Candidate Name

GAGNIER, CHRISTINA, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 40

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

FEC Identification Number

C H6CA40325

Amount of Each Disbursement this Period

10500.00

Transaction ID : SB21.4127

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10500.00

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

10500.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

CHRISTINA GAGNIER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

GAGNIER, CHRISTINA, , ,

Mailing Address

12650 Orange Ave.

City

Chino

State

CA

ZIP Code

91710

☒ Personal Funds of the Candidate

Original Amount of Loan

3.00

Cumulative Payment To Date

3.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 18 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00

% (apr)

☒ Yes ☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

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 (FEC Form 3)
LOANS

PAGE 14 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

CHRISTINA GAGNIER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

GAGNIER, CHRISTINA, , ,

Mailing Address

12650 Orange Ave.

City

Chino

State

CA

ZIP Code

91710

☒ Personal Funds of the Candidate

Original Amount of Loan

7000.00

Cumulative Payment To Date

7000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☒ Yes ☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

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 (FEC Form 3)
LOANS

PAGE 15 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4109

CHRISTINA GAGNIER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

GAGNIER, CHRISTINA, , ,

Mailing Address

12650 Orange Ave.

City

Chino

State

CA

ZIP Code

91710

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

3000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00

% (apr)

☒ Yes ☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

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 (FEC Form 3)
LOANS

PAGE 16 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4111

CHRISTINA GAGNIER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

GAGNIER, CHRISTINA, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12650 Orange Ave.

City

Chino

State

CA

ZIP Code

91710

☒ Personal Funds of the Candidate

Original Amount of Loan

14000.00

Cumulative Payment To Date

14000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☒ Yes ☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

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 (FEC Form 3)
LOANS

PAGE 17 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

CHRISTINA GAGNIER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

GAGNIER, CHRISTINA, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12650 Orange Ave.

City

Chino

State

CA

ZIP Code

91710

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

20000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 30 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00

% (apr)

☒ Yes ☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

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 (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4107

CHRISTINA GAGNIER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

GAGNIER, CHRISTINA, , ,

Mailing Address

12650 Orange Ave.

City

Chino

State

CA

ZIP Code

91710

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

10000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 30 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00

% (apr)

☒ Yes ☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

0.00

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