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Image# 201609139030803065

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than	An Authorized	I Committee	,		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing r the lines.	, type	12FE4M5		
Consumer Healthcare I	Products Ass	ociation PAC	(CHPA/PA	4C)			
ADDRESS (number and street)	1625 Eye Street I	VW					
Check if different than previously reported. (ACC)	Suite 600 Washington				DC	20006	
2. FEC IDENTIFICATION NU	MBER ▼	CITY ▲		;	STATE 🛦	ZIP COD	E 🛦
C C00040584		3. IS THIS REPORT	x NE		AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q: July 15 Quarterly Report (Q: October 15 Quarterly Report (Q: January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-E Report (d) 30-Day POST-	lection for the:	Jul Primary (12P) Convention (12	20 (M5) 20 (M6) 20 (M7)	x Sep	20 (M9) 20 (M10) 212G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5. Covering Period 08	01	2016	through	08	31	2016	
I certify that I have examined this Type or Print Name of Treasurer	•	ne best of my know	wledge and be	lief it is tru	ie, correct and	I complete.	
Signature of Treasurer Brian	Green		[Electronically F	iled] [Date 09	13	2016
NOTE: Submission of false, errone	ous, or incomplete	information may su	bject the person	n signing th	nis Report to th	e penalties of 2 U	.S.C. §437g.
Office Use Only						FEC FORI Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 08 01 2016 To: 08 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		22329.91
	(b) Cash on Hand at Beginning of Reporting Period	18795.95	
	(c) Total Receipts (from Line 19)	964.98	25279.52
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19760.93	47609.43
7.	Total Disbursements (from Line 31)	115.89	27964.39
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19645.04	19645.04
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	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

ontributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	874.98	16958.26
Than Political Committees (i) Itemized (use Schedule A)	874.98	16958.26
(i) Itemized (use Schedule A)	874.98	16958.26
	874.98	16958.26
(ii) Uniternized		
	90.00	2662.81
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	964.98	19621.07
o) Political Party Committees	0.00	0.00
c) Other Political Committees		
(such as PACs)	0.00	5000.00
f) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	964.98	24621.07
ransfers From Affiliated/Other		
arty Committees	0.00	0.00
II Lagna Dagaiyad	0.00	0.00
Loans Received	0.00	0.00
pan Repayments Received	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	658.45
	0.00	0.00
		3.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	7
·	0.00	0.00
	7	
) Levin Funds (from Schedule H5)	0.00	0.00
, zemi i ando (nom concado no)		
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(such as PACs)	Other Political Committees (such as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B
1. Operating Expenditures: ——	iotai iilis reliou	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(i) N. 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	115.89	464.39
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	115.89	464.39
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees	0.00	27500.00
and Other Political Committees	3.00	
(use Schedule E)	0.00	0.00
5. Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	7	
Than Political Committees	0.00	0.00
	200	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(Sucii as FAOS)		7
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
). Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(I) II	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
_	, , , , , , , , , , , , , , , , , , , ,	
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	115.89	27964.39
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	115.89	27964.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	964.98	24621.07
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	964.98	24621.07
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	115.89	464.39
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	658.45
3. Net Operating Expenditures (subtract Line 37 from Line 36)	115.89	-194.06

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2016 City Zip Code State Transaction ID: SA11AI.8602 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1562.55 Other (specify) Full Name (Last, First, Middle Initial) B. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 80 31 2016 City State Zip Code Transaction ID: SA11AI.8603 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1666.72 Full Name (Last, First, Middle Initial) c. Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 80 15 2016 City State Zip Code Transaction ID: SA11AI.8604 Alexandria VA 22304 Amount of Each Receipt this Period FEC ID number of contributing С 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 312.45 Other (specify) 229.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 OF 11 Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 2016 31 City Zip Code State Transaction ID: SA11AI.8605 VA Alexandria 22304 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Green Date of Receipt Mailing Address 19110 Mateny Hill Road 80 15 2016 City State Zip Code Transaction ID: SA11AI.8608 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 312.45 Full Name (Last, First, Middle Initial) c. Brian Green Date of Receipt Mailing Address 19110 Mateny Hill Road 08 31 2016 City Zip Code State Transaction ID: SA11AI.8609 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing С 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 2016 City Zip Code State Transaction ID: SA11AI.8606 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 312.45 Other (specify) Full Name (Last, First, Middle Initial) **B.** Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 80 31 2016 City State Zip Code Transaction ID: SA11AI.8607 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 333.28 Full Name (Last, First, Middle Initial) **c.** Dr. Barbara A. Kochanowski Date of Receipt Mailing Address 951 Hidden Park Place 80 15 2016 City Zip Code State Transaction ID: SA11AI.8610 Herndon VA 20170 Amount of Each Receipt this Period FEC ID number of contributing С 20.83 federal political committee. Memo Item Name of Employer Occupation **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 312.45 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Date of Receipt Mailing Address 951 Hidden Park Place 2016 31 City Zip Code State Transaction ID: SA11AI.8611 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) Full Name (Last, First, Middle Initial) B. Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 80 15 2016 City State Zip Code Transaction ID: SA11AI.8614 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3124.95 Full Name (Last, First, Middle Initial) c. Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 08 31 2016 City Zip Code State Transaction ID: SA11AI.8615 Vienna VA 22182 Amount of Each Receipt this Period FEC ID number of contributing С 208.33 federal political committee. Memo Item Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 3333.28 Other (specify) 437.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 11 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Mike Tringale Date of Receipt Mailing Address 2115 12th Place NW 2016 City Zip Code State Transaction ID: SA11AI.8624 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Prod. Assn. Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General 375.03 Other (specify) Full Name (Last, First, Middle Initial) B. Mike Tringale Date of Receipt Mailing Address 2115 12th Place NW 80 31 2016 City State Zip Code Transaction ID: SA11AI.8625 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 416.70 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 83.34 SUBTOTAL of Receipts This Page (optional)..... 874.98 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	llaa aanarata aahadula(a) l		LINE NUMBER: PAGE 11 OF 11		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 36		
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or use	d by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Consumer Healthcare Products As					
Full Name (Last, First, Middle Initial)					
Wells Fargo Bank Mailing Address 1510 K Street NW			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
			2010		
Washington	State Zip Code DC 20005		Transaction ID : SB21B.8601		
Purpose of Disbursement Candidate Name		001	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	115.89		
Senate President	ment For: Primary General Other (specify) ▼		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement		
Mailing Address			M = M / D = D / Y = Y = Y = Y		
City	State Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type			
Senate President	ment For: Primary General Other (specify) ▼		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Disbursement		
			M - M / D - D / T - T - T - T		
City	State Zip Code		_		
Purpose of Disbursement					
Candidate Name Category/ Type			Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:	71 -	Memo Item		
Senate President State: District:	Primary General Other (specify) ▼		_		
Senate President	Other (specify)		115.89		