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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Consumer Healthcare Products Association PAC (CHPA/PAC)  ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  C C00040584  C TYPE OF REPORT (N) OR AMENDED (A)  REPORT (N) OR AMENDED (A)  C COUNTING (A)  D C 20006  C (A)  C C C00040584  C C C C0006  C C CO0040584  C C C C0006  C C C C C C C C C C C C C C C C C C C			-or Other I	nan An Auth	orizea C	Jonninitte	ee		Office Use	Only	
ADDRESS (number and street)    Total Check if different than proviously reported. (ACC)   Washington   DC   20006			TYPE OR PRI	INT ▼			ng, type	12FE4M	<b>I</b> 5		
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  C C00040564  C C000406  C C00040564  C C000406  C C000	Consume	er Healthcare	Products A	Association	PAC (	CHPA/F	PAC)				
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  C C00040564  C C000406  C C00040564  C C000406  C C000											
Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C C00040584  3. IS THIS REPORT (N) OR AMENDED  (a) Quarterly Report (D) Monthly Report (Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)  (a) Quarterly Report (O1) July 15 Quarterly Report (O2) Quarterly Report (O2) Quarterly Report (O2) Duarterly Report (Non-election Year Only) (M17) Report (Non-election Year (Non-electi	ADDRESS (nu	ımber and street)	1625 Eye St	treet NW							
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER V  C C C00040584  3. IS THIS NEW (N) OR AMENDED (A)  (A)  4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-Rection New Conty) Report (Non-Rection New Conty) Report for the:  C Covering Period  11  April 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Report (Non-Rection New Conty) Report for the:  C Convention (12C) Special (12S)  Cottify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Green, Brian,  IElectronically Filed]  Date  FEC FORM 3X  FEC FORM 3X	▼ Cher	k if different	Suite 600								
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YD) July 31 Mid-Year Report (Non-election Year Conly) Termination Report (TER)  Termination Report (Termination Report (TER)  Termination Report (TER)  Termination Report (TER)  Termination Report (Termination Report (TER)  Termination Report (TER)  Termination Report (TER)  Termination Report (TER)  Termination Report (Termination Report (TER)  Termination Report (TER)  To De Termination	than	previously	Washington	1				DC	20006		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Termination Report (Termination Report (Termination Report (Termination Report (Termination Report (Termination Report (TER)  Termination Report (Termination Report (Terminati	2. <b>FEC IDE</b>	NTIFICATION NU	JMBER ▼	CITY				STATE A	Z	ZIP COE	DE 🛦
(Choose One)  (a) Quarterly Reports:    April 15	Cc	00040584				- U					
(a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Election on Report for the:  Election on Report for the: Report for			Report	n:	, ,	-			, ,		(Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Termination Report Termination Repo	(a) Quar	terly Reports:		H	,	H	, ,			Н	(Non-Election
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mich-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Termination Report (TER)  Termination Report  Term				Apr 2	0 (M4)	J	Jul 20 (M7)	Oct	20 (M10)	×	Jan 31 (YE)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report for the:    General (30G)		July 15	(C) 12	•	Pr	imary (12P	)	General	(12G)		Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  General (30G) Report (30R) Report (3	П	October 15	´   R	eport for the:	Co	onvention (	12C)	Special	(12S)		
July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  General (30G)  Runoff (30R)  Special (30S)  Runoff (30R)  Special (30S)  Report for the:  Election on  How Man and Delection on the State of State		January 31		Election	on	M = M /	D D /	Y Y Y			
Termination Report (TER)  Election on  Election on  Election on  Election on  In the State of  State of  Covering Period  It will have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Green, Brian, , ,  Type or Print Name of Treasurer  Green, Brian, , ,  [Electronically Filed]  Date  Office  Office  FEC FORM 3X		July 31 Mid-Year Report (Non-election	n (d) 30	OST-Election	Ge	eneral (30G	à)	Runoff (	30R)		Special (30S)
Covering Period  11  27  2018  12  31  2018  12  31  2018  13  1 certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Green, Brian, , ,  Type or Print Name of Treasurer  Signature of Treasurer  Green, Brian, , ,  [Electronically Filed]  Date  Office  Office  Office  Discomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010s					on	M = M /	D   D /	Y = Y = Y = Y			
Green, Brian, , ,  Signature of Treasurer  Green, Brian, , ,  [Electronically Filed] Date  Office  Office  Office  Description:  Office  Description:  FEC FORM 3X	5. Covering				Y	through					
Type or Print Name of Treasurer  Green, Brian, , ,   [Electronically Filed] Date  Office  Office  Office  Description:  Office  Description:  FEC FORM 3X	I certify that I	have examined th			ny knowle	dge and b	pelief it is tru	ue, correct an	d complete	<del>)</del> .	
Signature of Treasurer  [Electronically Filed]  Date  01  08  2019  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010	Type or Print	Name of Treasure	r	,							
Office FORM 3X	Signature of T	Green reasurer	n, Brian, , ,		[E	lectronically	Filed] [			D /	
	NOTE: Submis	sion of false, errone	eous, or incom	plete information	may subje	ect the pers	son signing t	his Report to t	he penalties	s of 52	U.S.C. § 30109

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Write or Type Committee Name

#### Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 11 27 2018 To: 12 31 2018

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		22710.16
	(b) Cash on Hand at Beginning of Reporting Period	17465.72	
	(c) Total Receipts (from Line 19)	1647.22	43451.26
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19112.94	66161.42
7.	Total Disbursements (from Line 31)	5051.83	52100.31
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14061.11	14061.11
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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. 05/2016)

Write or Type Committee Name

#### Consumer Healthcare Products Association PAC (CHPA/PAC)

2018 31 2018 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1571.59 24371.39 (i) Itemized (use Schedule A)..... 75.63 13475.71 (ii) Unitemized ..... (iii) TOTAL (add 37847.10 1647.22 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 5000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 42847.10 1647.22 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 604.16 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 43451.26 1647.22 20. Total Federal Receipts 1647.22 43451.26 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	1910. 1.1101 91190	Jaional Tear-to-Date			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating		1 1 1 1 1 1 1 1			
Expenditures	51.83	600.31			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	51.83	600.31			
2. Transfers to Affiliated/Other Party					
Committees	0.00	2500.00			
Federal Candidates/Committees and Other Political Committees	5000.00	49000.00			
. Independent Expenditures	4 4				
(use Schedule E)	0.00	0.00			
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00			
,		0.00			
. Loan Repayments Made	0.00	0.00			
. Loans Made	0.00	0.00			
. Refunds of Contributions To: (a) Individuals/Persons Other	4 4				
Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))	0.00	0.00			
. Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
. Federal Election Activity (52 U.S.C. § 30101(2)	0))				
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid	44 44 44 44 44 44 44 44 44 44 44 44 44	4 1 1 1 1 1 1 1 1			
Entirely With Federal Funds	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
,	4	7 7 7			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5051.83	52100.31			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	5051.83	52100.31			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1647.22	42847.10				
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1647.22	42847.10				
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	51.83	600.31				
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	604.16				
88. Net Operating Expenditures (subtract Line 37 from Line 36)	51.83	- 3.85				

Use separate schedule(s) for each category of the

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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2018 City Zip Code State Transaction ID: SA11AI.9809 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Communications payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 458.48 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2018 City State Zip Code Transaction ID: SA11AI.9810 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Communications payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 479.32 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2018 City State Zip Code Transaction ID: SA11AI.9811 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 20.68 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Consumer Healthcare Products Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 62.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2018 City Zip Code State Transaction ID: SA11AI.9806 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.74 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2018 City State Zip Code Transaction ID: SA11AI.9807 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2395.91 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2018 City State Zip Code Transaction ID: SA11AI.9808 VAArlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.09 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 312.43 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2018 City Zip Code State Transaction ID: SA11AI.9812 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Finance & Ops. (CFO) Consumer Healthcare Prod. Assn. payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 437.64 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2018 City State Zip Code Transaction ID: SA11AI.9813 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 458.48 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2018 City Zip Code State Transaction ID: SA11AI.9814 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.68 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 479.16 Other (specify) 62.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2018 City Zip Code State Transaction ID: SA11AI.9818 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 458.48 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2018 City State Zip Code Transaction ID: SA11AI.9819 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 479.32 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2018 City State Zip Code Transaction ID: SA11AI.9820 VAArlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.68 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 62.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2018 City Zip Code State Transaction ID: SA11AI.9815 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Manager, Federal Government Affairs Consumer Healthcare Products A payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 458.48 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2018 City State Zip Code Transaction ID: SA11AI.9816 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products A Manager, Federal Government Affairs payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 479.32 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2018 City Zip Code State Transaction ID: SA11AI.9817 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing C 20.68 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Consumer Healthcare Products A Manager, Federal Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 62.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2018 City Zip Code State Transaction ID: SA11AI.9821 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Regulatory Affairs **CHPA** payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2018 City State Zip Code Transaction ID: SA11AI.9822 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Vice President, Regulatory Affairs payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 958.41 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2018 City State Zip Code Transaction ID: SA11AI.9823 VAHerndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.59 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 124.93 SUBTOTAL of Receipts This Page (optional).....

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

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for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Leonard, Mary, , , Date of Receipt Mailing Address 2017 6th Street S. 2018 City Zip Code State Transaction ID: SA11AI.9824 VA Arlington 22204 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Asso Communications payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Leonard, Mary, , , Date of Receipt Mailing Address 2017 6th Street S. 2018 City State Zip Code Transaction ID: SA11AI.9825 VA Arlington 22204 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Asso Communications payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Leonard, Mary, , , Date of Receipt Mailing Address 2017 6th Street S. 2018 City State Zip Code Transaction ID: SA11AI.9826 VAArlington 22204 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Consumer Healthcare Prod. Asso Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 OF 18 Use separate schedule(s) for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name McKee, Allison, , , Date of Receipt Mailing Address 3329 Martha Custis Drive 2018 City Zip Code State Transaction ID: SA11AI.9827 VA Alexandria 22302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Asso. **Human Resources** payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McKee, Allison, , , Date of Receipt Mailing Address 3329 Martha Custis Drive 2018 City State Zip Code Transaction ID: SA11AI.9828 VA Alexandria 22302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Asso **Human Resources** payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** McKee, Allison, , , Date of Receipt Mailing Address 3329 Martha Custis Drive 2018 City Zip Code State Transaction ID: SA11AI.9829 VAAlexandria 22302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Consumer Healthcare Prod. Asso **Human Resources** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Melville, Scott, M.,, Date of Receipt Mailing Address 1596 Lupine Den Court 2018 City Zip Code State Transaction ID: SA11AI.9830 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President and CEO Consumer Healthcare Products payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 4583.48 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melville, Scott, M.,, Date of Receipt Mailing Address 1596 Lupine Den Court 2018 City State Zip Code Transaction ID: SA11AI.9831 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4791.82 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2018 City State Zip Code Transaction ID: SA11AI.9832 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.18 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 624.86 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 2018 City Zip Code State Transaction ID: SA11AI.9833 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 2018 City State Zip Code Transaction ID: SA11AI.9834 Chevy Chase MD 20815 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 575.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 2018 City Zip Code State Transaction ID: SA11AI.9835 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) payroll Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Deta 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 of Individual (Last, First, Middle Initial) or Full Organization Name Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2018 City Zip Code State Transaction ID: SA11AI.9836 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff. Consumer Healthcare Prod. Assn. payroll Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2018 City State Zip Code Transaction ID: SA11AI.9837 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 958.41 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2018 City State Zip Code Transaction ID: SA11AI.9838 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing C 41.59 federal political committee. Memo Item

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TOTAL This Period (last page this line number only)				5000.00										