Image# 2017121890892	19128				_		PA	GE 1 / 15
FEC FORM 3X	A	EPORT ND DISE Other Than A	BURSE	MENT	S		Office Use Only	
1. NAME OF COMMITTEE (in f		PE OR PRINT V		ample: If typin or the lines.	ng, type	12FE4M	15	
	thcare Pro	oducts Asso	ciation PAC	(CHPA/F	PAC)			
ADDRESS (number and		625 Eye Street N	N					
		Suite 600						
Check if different than previous reported. (AC	ly _I \	Washington				DC	20006	-
2. FEC IDENTIFICA	TION NUME	BER V	CITY ▲		S		ZIP CC	DDE 🔺
C C00040584			3. IS THIS REPORT	~	NEW N) OR	AM (A	MENDED .)	
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M	Ports: Report (Q1) 5 Report (Q2) 5 Report (Q3) 81 Report (YE) Nid-Year Ion-election 0 (MY)	 (b) Monthly Report Due On: (c) 12-Day PRE-Ele Report for the Report fo	er the:		(12C) (12C)	Sep	(12S) in the State of 30R)	Special (30S)
5. Covering Period I certify that I have exa Type or Print Name of	amined this R	01 Report and to the Green, Brian, , ,	2017	through wledge and I [Electronical!	11	30 e, correct an	2017	Y Y Y Y Y 2017
Signature of Treasurer								2017
NOTE: Submission of fa	lse, erroneous	, or incomplete ir	nformation may s	ubject the per-	son signing thi	is Report to t		
Office Use Only							FEC FOF Rev. 05/2	

12/18/2017 15 : 40

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From:	M / D D / Y Y Y Y 1 01 701 700 1 01 1000 1 01 1000 1 000 7000 1 0000 1 00000 1 0000 1 00000 1 0000 1 00000 1 0000 1 000000 1 00000 1 000000 1 00000000	: 11 / 30 / Y Y Y Y 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		4354.41
	(b) Cash on Hand at Beginning of Reporting Period	28050.82	
	(c) Total Receipts (from Line 19)	1160.54	51454.17
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	29211.36	55808.58
7.	Total Disbursements (from Line 31)	4543.05	31140.27
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24668.31	24668.31
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. 05/2016)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From:	/ 01 / 2017 To:	11 30 Y Y Y Y Y 11 30 2017
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	1043.86	27366.67
	(ii) Unitemized	116.68	13422.30
	(iii) TOTAL (add Lines 11(a)(i) and (ii)►	1160.54	40788.97
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	10000.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	1160.54	50788.97
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	665.20
17	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(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))▶	1160.54	51454.17
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	1160.54	51454.17

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 560.77 Expenditures 43.05 (c) Total Operating Expenditures 560.77 (add 21(a)(i), (a)(ii), and (b)) 43.05 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 30579.50 and Other Political Committees... 4500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (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 Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 4543.05 31140.27 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 4543.05 31140.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ **Operating Expenditures**

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))▶
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

		-7			-7-	1160.54
						0.00
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	÷	-	÷.		-	1160.54
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L	_	-7-	_	_		43.05

50788.97 0.00 - 7 - 7 50788.97 560.77 - 7 665.20 7 7 - 104.43

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Page 5

COLUMN A **Total This Period**

COLUMN B Calendar Year-to-Date

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

(check only one)

PAGE 6 OF

			Detailed Summary Page	×	-		11b	11c		12	<u> </u>		
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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to so	licit cor	ntribu	itions fr	rom such	n co	mmitt	эе.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)										
<u> </u>	Full Name of Individual (Last, First, Middle Ini Brikman, Anita, , ,	tial) or Full C	rganization Name		Date of Receipt								
	Mailing Address 8300 Comanche Court				M M 11	/	D D 15		1 m	у 017	Y		
	City Bethesda	State MD	Zip Code 20817					SA11AI.9 eceipt thi					
	FEC ID number of contributing federal political committee.	С					-	-		29.4	12		
	Name of Employer (for Individual)	Occ	upation (for Individual)	P	Me ayroll D	emo)educ							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 411.88										
в.	Full Name of Individual (Last, First, Middle Ini Brikman, Anita, , ,	tial) or Full C	rganization Name		Date of	Rec	eipt						
	Mailing Address 8300 Comanche Court				M M 11	1	D D 30	/ Y	20)17	Y		
	City Bethesda	State MD	Zip Code 20817					SA11AI.9					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer (for Individual)	Occ	upation (for Individual)	P	Me ayroll D	emo Ieduc		eport					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 441.30										
с.	Full Name of Individual (Last, First, Middle Ini Gay, John, , ,	tial) or Full C	rganization Name		Date of	Rec	eipt						
	Mailing Address 3180 N. Quincy St.				^M 11	/	D D 15	/ Y)17 [°]	Y		
	City Arlington	State VA	Zip Code 22207					SA11AI.			_		
	FEC ID number of contributing federal political committee.	С				, ,		.,		104.	7		
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) President, Government Affairs	P	Me ayroll D	emo Deduc							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2187.57										
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number					, ,			_	163.(1		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE 7 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for th		rpose c	of solicitir		ntributio	ons
	NAME OF COMMITTEE (In Full)									
	Consumer Healthcare Products A	Associat	ion PAC (CHPA/PAC)							
Α.	Full Name of Individual (Last, First, Middle Initia Gay, John, , ,	l) or Full O	rganization Name	Date	of Re	eceipt				
	Mailing Address 3180 N. Quincy St.			M 11	M /	30			017	Ý
	City Arlington	State VA	Zip Code 22207				: SA11A Receipt			
	FEC ID number of contributing	С				Lacii	neceipt		104.1	7
	federal political committee.				-	- y -		_	1 40	
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) President, Government Affairs	Payrol		o Item uction				
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		2291.74							
В.	Full Name of Individual (Last, First, Middle Initia Green, Brian, , ,	i) or full O	rganization Name	Date	of Re	eceipt				
	Mailing Address 19110 Mateny Hill Road			11	11 / D D / Y Y Y Y 11 15 2017					
	City	State		Transaction ID : SA11AI.9199						
	Germantown	MD	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С	20.83							
	Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Occi Vice	Memo Item Payroll Deduction							
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify) ▼		416.60							
С.	Full Name of Individual (Last, First, Middle Initia Green, Brian, , ,	l) or Full O	rganization Name	Date	of Re	eceipt				
-	Mailing Address 19110 Mateny Hill Road				11 30 2017					
	City	State MD	Zip Code	Tra	nsac	tion ID	: SA11A	1.9226	6	
	Germantown		20874	Amou	unt of	Each	Receipt	this P	eriod	_
	FEC ID number of contributing federal political committee.	C		그는		y I	y	_	20.8	3
Name of Employer (for Individual) Consumer Healthcare Prod. Assn			upation (for Individual) President, Finance & Ops. (CFO)		Memo Item Payroll Deduction					
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		437.43							
F	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or					,		+	145.83	3

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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PAGE 8 OF

111	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13	F		1b 4	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	Associat	tio	n PAC (CHPA/PAC)											
Α.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , ,	l) or Full O)rga	nization Name		Date	of	Rece	eipt						
	Mailing Address 926 North Barton Street	State		Zip Code		[™] 11	_	/	15		2017	Ŷ			
	Arlington	VA		22201	-					SA11AL: Receipt th		4			
	FEC ID number of contributing federal political committee.	С				Amou		UI L				.83			
	Name of Employer (for Individual) Consumer Healthcare Products Receipt For: Primary General	Dire	ecto	tion (for Individual) r, State Affairs ar-to-Date ▼	F	ayroll		mo l educt							
	Other (specify)		-	437.43											
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Carlos, , ,							Date of Receipt							
	Mailing Address 926 North Barton Street				M M / D D / Y Y Y Y 11 30 2017										
	City	State VA		Zip Code		Transaction ID : SA11AI.9222									
	Arlington FEC ID number of contributing federal political committee.	C		22201		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Consumer Healthcare Products		•	tion (for Individual) r, State Affairs		ayroll		mo l educt							
	Receipt For: Primary General Other (specify) ▼	Yea	ar-to-Date ▼ 458.26												
с.	Full Name of Individual (Last, First, Middle Initia Kochanowski, Barbara, A., Dr.,	l) or Full O)rga	nization Name		Date	of	Rece	eipt						
	Mailing Address 951 Hidden Park Place					M M / D D / Y Y Y Y 11 15 2017									
	City Herndon	State VA		Zip Code 20170	_					SA11AI.					
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period									
	Name of Employer (for Individual) CHPA		Occupation (for Individual) Vice President, Regulatory Affairs					Payroll Deduction							
	Receipt For: Primary General			ar-to-Date ▼											
_	Other (specify)	L	Ţ	645.83											
s	UBTOTAL of Receipts This Page (optional)]	,		. ,	83	.33			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 9 OF

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	NAME OF COMMITTEE (In Full) Consumer Healthcare Products														
<u>к</u>	Full Name of Individual (Last, First, Middle Initi Kochanowski, Barbara, A., Dr.,	al) or Full C	Organization Name		Date	of F	Rece	eipt							
	Mailing Address 951 Hidden Park Place							11 30 2017							
	City Herndon	State VA	Zip Code 20170		Transaction ID : SA11AI.9219 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					-		-	41	.67				
	Name of Employer (for Individual) CHPA Receipt For:	Vice	e President, Regulatory Affairs		Payroll		no It duct								
	Primary General Other (specify) ▼	Primary General General													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Leonard, Mary, , ,							Date of Receipt							
	Mailing Address 2017 6th Street S.														
	City Arlington	State VA	Zip Code 22204	Transaction ID : SA11AI.9203 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		10.00 Memo Item Payroll Deduction											
	Name of Employer (for Individual) Consumer Healthcare Prod. Asso		cupation (for Individual) mmunications												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 210.00												
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Leonard, Mary, , ,							eipt							
	Mailing Address 2017 6th Street S.		11 30 / Y Y Y Y 2017												
	City Arlington	State VA	Zip Code 22204						SA11AI. Receipt th		1				
	FEC ID number of contributing federal political committee.	С		10.00							.00				
	Name of Employer (for Individual) Consumer Healthcare Prod. Asso Receipt For:	Con	upation (for Individual) nmunications	Memo Item Payroll Deduction											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00												
s	UBTOTAL of Receipts This Page (optional)		•••••	I			,		. ,	61	67				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE 10 OF

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a	11b	11c	12					
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	y information copied from such Reports and Sta for commercial purposes, other than using the n											
\square	NAME OF COMMITTEE (In Full)											
	Consumer Healthcare Products A											
Α.	Full Name of Individual (Last, First, Middle Initia McKee, Allison, , ,	l) or Full O	rganization Name	Date	of Receipt							
	Mailing Address 3329 Martha Custis Drive	M 11	M M / D D / Y Y Y Y 11 15 2017									
	City	State VA	Zip Code		saction ID							
	Alexandria	VA	22302	Amou	nt of Each	Receipt thi	is Period					
	FEC ID number of contributing federal political committee.	С					10.	00				
	Name of Employer (for Individual)	Occi	upation (for Individual)	N	Memo Item							
	Consumer Healthcare Prod. Asso	Hun	nan Resources	Payroll	Deduction							
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	Primary General Other (specify) ▼		210.00									
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	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name									
Β.	, , , , ,	-		Date	of Receipt							
	Mailing Address 3329 Martha Custis Drive			11 30 / Y Y Y Y 2017								
	City	State	Zip Code		saction ID							
	Alexandria	VA	22302	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		1Ľ		-	10.	00				
	Name of Employer (for Individual) Consumer Healthcare Prod. Asso		upation (for Individual) nan Resources		Memo Item Deduction							
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		220.00									
C.	Full Name of Individual (Last, First, Middle Initia Melville, Scott, M., ,	l) or Full O	rganization Name	Date	of Receipt							
	Mailing Address 1596 Lupine Den Court			M M / D D / Y Y Y Y 11 15 2017								
	City	State	Zip Code	Trar	nsaction ID	: SA11AI.9	9205					
	Vienna	VA	22182	Amou	nt of Each	Receipt thi	is Period					
	FEC ID number of contributing federal political committee.					9	208.	34				
	Name of Employer (for Individual)	Occi	upation (for Individual)	- I	Memo Item							
	Consumer Healthcare Products	Pres	sident and CEO	Payroll	Deduction							
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)	· · · ·	4375.14									
		L	-ge -ge -ae									
s	UBTOTAL of Receipts This Page (optional)		•			,	228.	34				
т	OTAL This Period (last page this line number or	ıly)										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE 11 OF

			Use separate schedule(s)	(check only one)								
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	y information copied from such Reports and Stat for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)											
	Consumer Healthcare Products A	ssociat	tion PAC (CHPA/PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Melville, Scott, M., ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 1596 Lupine Den Court			11 30 20 ²	Y Y 17							
	City	State	Zip Code	Transaction ID : SA11AI.9220								
	Vienna	VA	22182	Amount of Each Receipt this Pe	riod							
	FEC ID number of contributing federal political committee.	С		-	208.34							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
	Consumer Healthcare Products	Pres	sident and CEO	Payroll Deduction								
		Aggregate	Year-to-Date V									
	Other (specify) ▼		4583.48									
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Organization Name									
Β.	Sarabia, Maria, , ,			Date of Receipt								
	Mailing Address 240 Manor Circle Apartment 1			11 / D D / Y Y Y Y 11 15 2017								
	City Takoma Park	State MD	Zip Code 20912	Transaction ID : SA11AI.9206	vie el							
	FEC ID number of contributing		20312	Amount of Each Receipt this Pe	riod							
	federal political committee.	С		10.00								
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) nager, Meetings & Events	Memo Item CHPA Payroll								
		Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		, 210.00									
— С	Full Name of Individual (Last, First, Middle Initia Sarabia, Maria, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 240 Manor Circle			'	YY							
	Apartment 1	1		11 30 201	7							
	City Takoma Park	State MD	Zip Code 20912	Transaction ID : SA11AI.9225	· .							
			20012	Amount of Each Receipt this Pe	riod							
	FEC ID number of contributing federal political committee.				10.00							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
	Consumer Healthcare Products Receipt For:	-	ager, Meetings & Events	Payroll Deduction								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		220.00									
	UBTOTAL of Receipts This Page (optional)				228.34							

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 12 OF

IT.			Use separate schedule(s)	(check only one)								
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\setminus	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat										
	Consumer realineare r roudels	A3300iai										
Α.	Full Name of Individual (Last, First, Middle Init Schloss, Marc, , ,	tial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 8221 Larry PI.			M M / D D / Y Y Y Y								
	City	State	Zip Code	11 15 2017 Transaction ID : SA11AI.9207								
	Chevy Chase	MD	20815	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	· .											
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
	Cons. Healthcare Prod. Assn.	Sr.	Dir., Fed. Affairs	Payroll Deduction								
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify) V		525.00									
D	Full Name of Individual (Last, First, Middle Init Schloss, Marc, , ,	tial) or Full C	organization Name	Date of Receipt								
р.												
	Mailing Address 8221 Larry Pl.			11 30 2017								
	City	State	Zip Code	Transaction ID : SA11AI.9228								
	Chevy Chase	MD	20815	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) Cons. Healthcare Prod. Assn.		upation (for Individual) Dir., Fed. Affairs	Payroll Deduction								
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General	, iggi egute										
	Other (specify) v	L	550.00									
-	Full Name of Individual (Last, First, Middle Init Tringale, Mike, , ,	tial) or Full C	Organization Name	Date of Receipt								
0.	Mailing Address 2115 12th Place NW											
				11 15 2017								
	City	State	Zip Code	Transaction ID : SA11AI.9208								
	Washington	DC	20009	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		41.67								
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item								
	Consumer Healthcare Prod. Assn		Dir., Comms. & Pub. Aff.	Payroll Deduction								
	Receipt For:		Year-to-Date ▼									
	Primary General	, iggi oguto										
	Other (specify)		875.07									
⊢	UBTOTAL of Receipts This Page (optional)			91.67								
1	OTAL This Period (last page this line number	oniy)	••••••	•								

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

(check only one)

PAGE 13 OF

		Detailed Summary Page	×	_		11b		11c		12	<u> </u>		
Any information copied from such Reports													
or for commercial purposes, other than usin	ny me name and a	address of any political committee	to so	men cor	III	DULIONS	5 110	III SUCN		minite	.		
Consumer Healthcare Prod	ucts Associa	tion PAC (CHPA/PAC)										
Full Name of Individual (Last, First, Mide A. Tringale, Mike, , ,	dle Initial) or Full C	Organization Name		Date of	fR	eceipt			_				
Mailing Address 2115 12th Place NW				M M 11]		D 30	/ Y	Y 20	017	Y		
City Washington	State DC	Zip Code 20009						A11AI.9					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 41.67										
Name of Employer (for Individual) Consumer Healthcare Prod. Assn		upation (for Individual) Dir., Comms. & Pub. Aff.	P	Me ayroll D		io Item luction							
Receipt For: Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼												
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	Organization Name		Date of	f R	eceipt							
Mailing Address													
City	State	Zip Code		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			Memo Item									
Name of Employer (for Individual)	Occ	upation (for Individual)											
Receipt For: Primary General Other (specify) ▼	Year-to-Date V												
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	Organization Name		Date of	f R	eceipt							
Mailing Address				м м	1	/ D	D	/ Y	Y	Y	Y		
City	State	Zip Code		Amount	t of	f Each	n Rec	ceipt thi	is P	Period			
FEC ID number of contributing federal political committee.	С			Memo Item									
Name of Employer (for Individual)	Occ	upation (for Individual)											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]										
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu			• -		-	9 - 9		9		41.6 1043.8	-		

SCHEDULE B (FEC Form 3X)			FOR	LINE NUMBER: PAGE 14 OF 15		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check	c only one) 21b 22 23 26 27 28a 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	ssociatio	n PAC (CHP	PA/PA	C)		
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank				Date of Disbursement		
Mailing Address 1510 K Street NW				11 13 2017		
City Washington	State DC	Zip Code 20005		FEC Identification Number		
Purpose of Disbursement Monthly Service Charge Candidate Name		[C Transaction ID : SB21B.9232		
	ement For:		Categor Type	y/ Amount of Each Disbursement this Period 43.05		
Senate President	Primary Other (spec	General cify) ▼		Memo Item		
State: District: Full Name (Last, First, Middle Initial) B.	District:					
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement Candidate Name		[y/ Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President	ement For: Primary Other (spec					
State: District: Full Name (Last, First, Middle Initial)				Memo Item		
C				Date of Disbursement		
Mailing Address	I					
City Purpose of Disbursement	State	Zip Code		FEC Identification Number		
Candidate Name	y/ Amount of Each Disbursement this Period					
Senate	Primary	General	Туре			
State: District:	Other (spec	cify) 🔻		Memo Item		
SUBTOTAL of Disbursements This Page (optional).				12.05		
TOTAL This Period (last page this line number only	, ,		•••••			

SCHEDULE B (FEC Form 3X)			FC	DR LI	NE N	NUMBER: PAGE 15 OF 15						
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the			only 21b	one) 22 🗶 23 26 27						
	Detailed	I Summary Page			28a	28b 28c 29 30b						
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
Consumer Healthcare Products	Associatio	on PAC (CH	PA/F		;)							
Full Name (Last, First, Middle Initial) A. FRIENDS OF MIA LOVE						Date of Disbursement						
Mailing Address PO BOX 255						11 / 14 / 2017						
City RIVERTON	State UT	Zip Code 84065				FEC Identification Number						
Purpose of Disbursement				-	1	С С00505776						
Candidate Name				egory/	/	Transaction ID : SB23.9214 Amount of Each Disbursement this Period						
Office Sought: House Disbu	rsement For:	2018 General	Ty	vpe		2000.00						
State: District:	Cther (spe					Memo Item						
Full Name (Last, First, Middle Initial)												
B. JOE KENNEDY FOR CONGRE	SS					Date of Disbursement						
Mailing Address PO BOX 590464						11 / D D / Y Y Y Y 2017						
City NEWTON	State MA	Zip Code 02459				FEC Identification Number						
Purpose of Disbursement	100 (02433	_	-		С С00512970						
Candidate Name				gory/	/	Transaction ID : SB23.9211 Amount of Each Disbursement this Period						
	Irsement For:		Ty	vpe		1000.00						
Senate President	Primary Other (spe	ecify)				Memo Item						
State: District: Full Name (Last, First, Middle Initial)												
C. LATTA FOR CONGRESS						Date of Disbursement						
Mailing Address PO BOX 106						11 29 2017						
City BOWLING GREEN	State OH	Zip Code 43402				FEC Identification Number						
Purpose of Disbursement Primary/General Election	1					C C00438697						
Candidate Name		Category Type			/	Transaction ID : SB23.9231 Amount of Each Disbursement this Period						
Office Sought: K House Disbu	House Disbursement For: 2018			1500.00								
State: OH District: 05	Conter (specific terms)					Memo Item						
SUBTOTAL of Disbursements This Page (option	al))		4500.00						
TOTAL This Period (last page this line number of	only))		4500.00						