PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Aut	nonzea committee	Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Consumer Healthcare P	roducts Association	PAC (CHPA/PAC)	
ADDRESS (number and street)	1625 Eye Street NW		
Check if different	Suite 600		
than previously reported. (ACC)	Washington		DC 20006 -
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	TY A	STATE ▲ ZIP CODE ▲
C C00040584		S THIS NEW (N) C	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 ((Non-Election Year Only)
(a) Quarterly Reports:		· 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Flackin	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 10	01 2021	through 10	31 2021
I certify that I have examined this	Report and to the best of Green, Brian, , ,	my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	Brian, , ,	[Electronically Filed]	Date 11 08 2021
NOTE: Submission of false, erroneo	us, or incomplete informatio	n may subject the person signi	ng this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 10 01 2021 To: 10 31 2021

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		25615.56
	(b) Cash on Hand at Beginning of Reporting Period	37835.17	
	(c) Total Receipts (from Line 19)	1259.40	34590.55
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39094.57	60206.11
7.	Total Disbursements (from Line 31)	1055.89	22167.43
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38038.68	38038.68
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)

01 2021 10 31 2021 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 1178.56 15047.88 (i) Itemized (use Schedule A)..... 80.84 18946.12 (ii) Unitemized (iii) TOTAL (add 33994.00 1259.40 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 33994.00 1259.40 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.) 0.00 596.55 (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))....... 34590.55 1259.40 20. Total Federal Receipts 1259.40 34590.55 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period				
. Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	55.89	667.43			
(c) Total Operating Expenditures		007.40			
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	55.89	667.43			
CommitteesContributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	1000.00	21500.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00			
` /	4 4				
Loan Repayments Made	0.00	0.00			
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00			
Than Political Committees	0.00	0.00			
(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 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(20 (a) Allocated Federal Election Activity (from Schedule H6)))				
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00			
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))	1055.89	22167.43			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	1055.89	22167.43			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 1259.40 33994.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 33994.00 1259.40 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 55.89 667.43 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 596.55 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 55.89 70.88 (subtract Line 37 from Line 36)

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

13 6 OF 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 Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2021 City Zip Code State Transaction ID: SA11AI.11200 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 375.12 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 10 15 2021 City State Zip Code Transaction ID: SA11AI.11183 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) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.12 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 29 2021 City Zip Code State Transaction ID: SA11AI.11184 MD Germantown 20874 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) Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 395.96 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

13

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 of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2021 City Zip Code State Transaction ID: SA11AI.11185 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) Director, State Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 395.96 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 10 2021 City State Zip Code Transaction ID: SA11AI.11186 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 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 416.80 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 15 2021 City Zip Code State Transaction ID: SA11AI.11187 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) Consumer Healthcare Products A Manager, Federal Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 395.96 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

F	OR	LINE	NU	MBER	:	PAGE 8 OF				OF 13			
(0	che	ck only	or	ne)									
	X	11a		11b		11c		12					
		13		14		15		16	;		17		

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 2021 City Zip Code State Transaction ID: SA11AI.11188 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) Consumer Healthcare Products A Manager, Federal Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 416.80 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 10 15 2021 City State Zip Code Transaction ID: SA11AI.11189 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 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 791.73 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 29 2021 City State Zip Code Transaction ID: SA11AI.11190 VAHerndon 20170 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) **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) 104.18 SUBTOTAL of Receipts This Page (optional).....

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

13

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 of Individual (Last, First, Middle Initial) or Full Organization Name Lykins, Deana, , , Date of Receipt Mailing Address 121 Wintermute Rd. 2021 City Zip Code State Transaction ID: SA11AI.11180 NJ Newton 07860 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **GSK** Consumer Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 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 10 15 2021 City State Zip Code Transaction ID: SA11AI.11193 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3952.00 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 29 2021 City Zip Code State Transaction ID: SA11AI.11194 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4160.00 Other (specify) 466.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s)

'	OI I	LIIVL	IVO	IVIDEI		ITAGE	-		01	. •
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

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 Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 15 2021 City Zip Code State Transaction ID: SA11AI.11195 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 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. 10 2021 City State Zip Code Transaction ID: SA11AI.11196 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 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Spangler, David, , , Date of Receipt Mailing Address 1449 N Street, NW 15 2021 Apartment 3 City State Zip Code Transaction ID: SA11AI.11197 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Senior VP., Policy & Int'l Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2975.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional).....

13 FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 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 Spangler, David, , , Date of Receipt Mailing Address 1449 N Street, NW 2021 Apartment 3 City Zip Code State Transaction ID: SA11AI.11198 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing C 175.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior VP., Policy & Int'l Affairs **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 3150.00 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 10 15 2021 City State Zip Code Transaction ID: SA11AI.11201 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. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 791.73 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 29 2021 City Zip Code State Transaction ID: SA11AI.11202 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) Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) 258.34 SUBTOTAL of Receipts This Page (optional)..... 1178.56 TOTAL This Period (last page this line number only).....

S П

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF 13					
ITEMIZED DISBURSEMENTS		rate schedule(s)						
		category of the Summary Page	21b					
	Dotalloa	- animaly rage	28a	28b 28c 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
Consumer Healthcare Products As	sociatio	n PAC (CH	PA/PAC)					
Full Name (Last, First, Middle Initial)								
A. Wells Fargo Bank				Date of Disbursement				
Mailing Address 1510 K Street NW				10 12 2021				
,	State	Zip Code		FEC Identification Number				
Washington Purpose of Disbursement	DC	20005						
Bank fee				C				
Candidate Name			Category/	Transaction ID : SB21B.11179 Amount of Each Disbursement this Period				
			Type					
	ment For:			55.89				
Senate	Primary	General						
State: District:	Other (spec	any) ▼		Memo Item				
Full Name (Last, First, Middle Initial)								
B.				Date of Disbursement				
				M = M / D = D / Y = Y = Y				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement				С				
				C				
Candidate Name			Category/	Amount of Each Disbursement this Period				
			Type					
Office Sought: House Disburser				4 4				
Senate President	Primary Other (spec	General						
State: District:	Other (Spec) () () () () () () () () () (Memo Item				
Full Name (Last, First, Middle Initial)								
C.				Date of Disbursement				
				M M / D D / Y Y Y Y				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement				C				
				0				
Candidate Name	Amount of Each Disbursement this Period							
Office Sought: House Disburser	ment For:		Type					
Senate	Primary	General						
President	Other (spec	cify) 🔻		Memo Item				
State: District:								
SUBTOTAL of Disbursements This Page (optional)				55.89				
CODICIAL OF DISDUISEMENTS THIS FAGE (OPHORIAL)			·····	4 4				
TOTAL This Period (last page this line number only))			55.89				

ľ

y information copied from such Reports and State	for each	arate schedule(s) category of the Summary Page	(check only 21b	one) 22 X 23 26 27			
			28a	28b 28c 29 30b			
ior commercial purposes, earler than doing the ha				on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)							
Consumer Healthcare Products As	ssociatio	n PAC (CHF	PA/PAC)				
Full Name (Last, First, Middle Initial) FRIENDS OF DAN KILDEE				Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address P.O. BOX 248				10 18 2021			
City FLINT	State MI	Zip Code 48501		FEC Identification Number			
Purpose of Disbursement	.,,,,	40301		C C00499947			
·				Transaction ID : SB23.11175			
Candidate Name			Category/	Amount of Each Disbursement this Period			
KILDEE, DANIEL T DANIEL T., , ,			Type				
Office Sought: House Disburse Senate	ment For: 2 Primary	2022 General		1000.00			
President	Other (spec			Memo Item			
State: MI District: 05							
Full Name (Last, First, Middle Initial)				Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		Турс				
Senate	Primary	General					
State: President State:	Other (spec	cify)		Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		Туре				
Senate	Primary	General		7 7 7			
President	Other (spec	cify) 🔻		Memo Item			
State: District:				ш			