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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Aut	Horized 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 ▼ CI	ΓΥ ▲	STATE ▲ ZIP CODE ▲
C C00040584		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	0 20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3) Jun 20 ((Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M	M7) Oct 20 (M10) Jan 31 (YE)
July 15	PRF-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Ele eti:	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 11	01 2019		1 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best of Green, Brian, , ,	my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	Brian, , ,	[Electronically Filed]	Date 12 / 13 / 2019
NOTE: Submission of false, erroneo	us, or incomplete informatio	n may subject the person sign	ing 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

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Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 11 01 2019 To: 11 30 2019

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		14061.11
	(b) Cash on Hand at Beginning of Reporting Period	29147.65	
	(c) Total Receipts (from Line 19)	2340.08	35899.58
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31487.73	49960.69
7.	Total Disbursements (from Line 31)	43.00	18515.96
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31444.73	31444.73
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 2019 11 30 2019 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 2330.08 18581.25 (i) Itemized (use Schedule A)..... 16718.02 10.00 (ii) Unitemized (iii) TOTAL (add 35299.27 2340.08 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 35299.27 2340.08 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.) 0.00 600.31 (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))....... 2340.08 35899.58 20. Total Federal Receipts 2340.08 35899.58 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Salvinai Tour to Dute
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	43.00	515.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	43.00	515.96
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	18000.00
Independent Expenditures	4 4 4	
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
. 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 (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(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
(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))	43.00	18515.96
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	43.00	18515.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

,		3
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)	2340.08	35299.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2340.08	35299.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	43.00	515.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	600.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	43.00	- 84.35

SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS 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 Bloomberg, Lauren, , , Date of Receipt Mailing Address 405 Constitution Ave, NE 15 2019 City Zip Code State Transaction ID: SA11AI.10351 DC Washington 20002 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 Products Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bloomberg, Lauren, , , Date of Receipt Mailing Address 405 Constitution Ave, NE 2019 City State Zip Code Transaction ID: SA11AI.10352 DC Washington 20002 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 Products Communications Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 15 2019 City Zip Code State Transaction ID: SA11AI.10337 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 395.96 Other (specify) 40.84 SUBTOTAL of Receipts This Page (optional).....

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 Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2019 City Zip Code State Transaction ID: SA11AI.10338 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 416.80 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 15 2019 City State Zip Code Transaction ID: SA11AI.10339 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) ▼ 416.80 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 2019 City Zip Code State Transaction ID: SA11AI.10340 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 437.64 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2019 15 City Zip Code State Transaction ID: SA11AI.10343 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 437.64 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 2019 City State Zip Code Transaction ID: SA11AI.10344 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) ▼ 458.48 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hiroshi, Mori, , , Date of Receipt Mailing Address 5260 Rogers Rd. 15 2019 City Zip Code State Transaction ID: SA11AI.10357 NY Hamburg 14075 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Mentholatum Company Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 541.68 SUBTOTAL of Receipts This Page (optional).....

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 Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2019 15 City Zip Code State Transaction ID: SA11AI.10341 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) Manager, Federal Government Affairs Consumer Healthcare Products A 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.** Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2019 City State Zip Code Transaction ID: SA11AI.10342 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 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. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 15 2019 City State Zip Code Transaction ID: SA11AI.10345 VAHerndon 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 875.07 Other (specify) 83.35 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 Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2019 City Zip Code State Transaction ID: SA11AI.10346 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Vice President, Regulatory Affairs **CHPA** 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. Leonard, Mary, , , Date of Receipt Mailing Address 2017 6th Street S. 2019 City State Zip Code Transaction ID: SA11AI.10348 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 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00 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 15 2019 City State Zip Code Transaction ID: SA11AI.10349 VAVienna 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 4375.14 Other (specify) 260.01 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 Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2019 City Zip Code State Transaction ID: SA11AI.10350 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 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. Quail, Dan, , , Date of Receipt Mailing Address 18274 French Creek Ave 15 2019 City State Zip Code Transaction ID: SA11AI.10360 CO Parker 80134 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Similasan Consumer Products 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.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 15 2019 City Zip Code State Transaction ID: SA11AI.10353 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) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 733.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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 Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 2019 City Zip Code State Transaction ID: SA11AI.10354 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 550.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Soloman, Carlyn, , , Date of Receipt Mailing Address 1801 Calle de los Alamos 15 2019 City State Zip Code Transaction ID: SA11AI.10358 San Clemente CA 92672 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Santa Cruz Consumer Products 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.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 15 2019 City State Zip Code Transaction ID: SA11AI.10355 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 875.07 Other (specify) 566.67 SUBTOTAL of Receipts This Page (optional).....

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

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	NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC)								
A.	Mailing Address 2115 12th Place NW City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify) ▼	State DC Occupa Sr. Dir. Aggregate Ye	Zip Code 20009 ation (for Individual) , Comms. & Pub. Aff. ar-to-Date ▼	Date of Receipt 11 29 2019 Transaction ID: SA11AI.10356 Amount of Each Receipt this Period 41.67 Memo Item					
В.	Full Name of Individual (Last, First, Middle Initi Mailing Address City	al) or Full Orga	anization Name	Date of Receipt					
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Other (specify)	Occupa Aggregate Ye	ation (for Individual) ar-to-Date ▼	Amount of Each Receipt this Period Memo Item					
c.	Full Name of Individual (Last, First, Middle Initi Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item					
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SCHEDULE B (FEC Form 3X)		FOR		NUMBER: PAGE 14 OF 14				
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		FOR LINE NUMBER: PAGE 14 OF 14 (check only one)				
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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 Association PAC (CHPA/PAC)								
Full Name (Last, First, Middle Initial)	Date of Dishuraneset							
A. Wells Fargo Bank	Date of Disbursement							
Mailing Address 1510 K Street NW	11 12 2019							
City	State DC	Zip Code		FEC Identification Number				
Washington Purpose of Disbursement	DC	20005		C				
Bank fee								
Candidate Name	Candidate Name							
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:			43.00				
Senate	President Other (specify) ▼							
State: District:				Memo Item				
Full Name (Last, First, Middle Initial)								
Tan Name (Last, First, Image Final)				Date of Disbursement				
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Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement								
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Candidate Name	Category/	Amount of Each Disbursement this Period						
	Туре							
Senate Primary General President Other (specify)								
State: District:	Other (spec	city)		Memo Item				
Full Name (Last, First, Middle Initial)								
C.	Date of Disbursement							
Mailing Address	M M / D D / Y Y Y Y							
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement				C				
	121							
Candidate Name Category/ Type				Amount of Each Disbursement this Period				
Office Sought: House Disbursement For: Senate Primary General								
Senate	Primary							
	President Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional).	43.00							
ago (optional).								
TOTAL This Period (last page this line number only	/)			43.00				