PAGE 1 / 11

Image# 201605179015512178

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than	An Authorized	I Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT 1		mple: If typing, typr r the lines.	e 12FE4M	5
Consumer Healthcare I	Products Ass	ociation PAC	(CHPA/PAC)		
ADDRESS (number and street)	1625 Eye Street I	NW			
Check if different than previously reported. (ACC)	Suite 600 Washington			DC	20006
2. FEC IDENTIFICATION NU	MBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	× NEW (N)		MENDED A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q: July 15 Quarterly Report (Q: Quarterly Report (Q: January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-E Report  (d) 30-Day POST-	lection for the:	Jun 20 Jul 20  Primary (12P)  Convention (12C)  General (30G)	(M6) Se (M7) Oc Genera Special	in the State of
5. Covering Period 04	01	2016	through	04 30	2016
I certify that I have examined this Type or Print Name of Treasurer	•	ie dest of my kno	wieage and belief if	is true, correct a	па сотрете.
Signature of Treasurer Brian	Green		[Electronically Filed]	Date 05	M / 17 / Y Y Y Y Y Y 2016
NOTE: Submission of false, errone	ous, or incomplete	information may su	bject the person sig	ning this Report to	the penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 04 01 2016 To: 04 30 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		22329.91
	(b) Cash on Hand at Beginning of Reporting Period	22357.84	
	(c) Total Receipts (from Line 19)	7162.06	14333.76
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29519.90	36663.67
7.	Total Disbursements (from Line 31)	1056.49	8200.26
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28463.41	28463.41
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. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	-	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1750.00	6750.00
(ii) Unitamized	412.06	1925.31
(ii) Unitemized(iii) TOTAL (add	412.00	102551
Lines 11(a)(i) and (ii)▶	2162.06	8675.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	5000.00	5000.00
(such as PACs)	300.00	2330.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	7162.06	13675.31
Totals to Line 33, page 5)  2. Transfers From Affiliated/Other	1102.00	7 7
Party Committees	0.00	0.00
rarty committees	3.30	3 3
3. All Loans Received	0.00	0.00
_		
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	658.45
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Tatal Transfers (add 10/-) 10/(-))	0.00	2.22
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	7162.06	14333.76
D. Total Federal Receipts		
	7162.06	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:  (a) Allocated Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	56.49	200.26
(c) Total Operating Expenditures	ООТО	
(add 21(a)(i), (a)(ii), and (b))▶  2. Transfers to Affiliated/Other Party	56.49	200.26
Committees3. Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1000.00	8000.00
4. Independent Expenditures (use Schedule E)	0.00	0.00
5. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
o. Loan Repayments Made		
7. Loans Made	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	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
9. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C. §431(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
I. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1056.49	8200.26
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1056.49	8200.26

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7162.06	13675.31
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7162.06	13675.31
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	56.49	200.26
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	658.45
8. Net Operating Expenditures (subtract Line 37 from Line 36)	56.49	-458.19

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

11	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Statem- for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full)  Consumer Healthcare Products Ass	sociation PAC (CHPA/PAC)	
	Arlington  FEC ID number of contributing federal political committee.  Name of Employer  Consumer Healthcare Products  Receipt For:  Primary  Other (specify)	tate Zip Code (A 22207)  Eupation President, Government Affairs Gregate Year-to-Date  729.19	Date of Receipt  04 15 2016  Transaction ID: SA11AI.8447  Amount of Each Receipt this Period  104.17  Memo Item
	Arlington  V FEC ID number of contributing federal political committee.  Name of Employer Consumer Healthcare Products  Personate Fore		Date of Receipt  04 30 2016  Transaction ID: SA11AI.8448  Amount of Each Receipt this Period  104.17  Memo Item
	Perry Hall  FEC ID number of contributing federal political committee.  Name of Employer  Consumer Healthcare Products  Descript For:	tate Zip Code MD 21128  supation erations Manager gregate Year-to-Date   1000.00	Date of Receipt  O4 07 2016  Transaction ID: SA11AI.8445  Amount of Each Receipt this Period  1000.00  Memo Item
s	UBTOTAL of Receipts This Page (optional)		1208.34
T	OTAL This Period (last page this line number only)		

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 11 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 04 2016 City Zip Code State Transaction ID: SA11AI.8459 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Memo Item Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1458.31 Other (specify) Full Name (Last, First, Middle Initial) B. Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 04 30 2016 City State Zip Code Transaction ID: SA11AI.8460 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1666.64 Full Name (Last, First, Middle Initial) c. Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 04 15 2016 City Zip Code State Transaction ID: SA11AI.8463 Falls Church VA 22042 Amount of Each Receipt this Period FEC ID number of contributing С 62.50 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) 479.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) for each category of the Detailed Summary Page

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	(che	ck only	or	ne)					
	X	11a		11b	11c		12		
		13		14	15		16	;	17

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	g the name and address of any political committee to				
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ	ucts Association PAC (CHPA/PAC)				
Full Name (Last, First, Middle Initial) Lindsay Morris  Mailing Address 7605 Trail Run Rd.  City	Lindsay Morris  Mailing Address 7605 Trail Run Rd.				
Falls Church  FEC ID number of contributing federal political committee.  Name of Employer  Consumer Healthcare Products  Receipt For:  Primary General  Other (specify) ▼	VA 22042  C Occupation Government Affairs  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period 62.50 Memo Item			
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt			
City	ty State Zip Code				
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	- Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С				
Name of Employer	Occupation	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional	al)	62.50			
TOTAL This Period (last page this line nun	<u></u>	1750.00			

### S 17

~	NIEDIUE A. (EEO E OV)			
50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 11 (check only one)
IT	EMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Ar	by information copied from such Reports and St for commercial purposes, other than using the	tatements mand a	I ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)	
Α.	Full Name (Last, First, Middle Initial) PFIZER INC. PAC			Date of Receipt
	Mailing Address 235 EAST 42ND STREET			04 29 2016
	City	State	Zip Code	Transaction ID : SA11C.8446
	NEW YORK	NY	10017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C CO	0016683	5000.00
	Name of Employer	Occupation	1	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		5000.00	
	Other (specify) ▼		5000.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Assessment of Freeh President this President
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	l	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General			
	Other (specify) ▼			
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			Amount of Lacif Neceipt this Feriod
	federal political committee.	C		
	Name of Employer	Occupation	1	Memo Item
	Receipt For:	A ==	Vegete Date =	_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,	
			,	
8	UBTOTAL of Receipts This Page (optional)			5000.00

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

5000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	FOR LINE NUMBER: PAGE 1 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b   27	22 23 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may not be sold or use ne and address of any political	d by any perso	on for the purpose of solicit contributions f	soliciting contributions from such committee.	
NAME OF COMMITTEE (In Full)  Consumer Healthcare Products As					
Full Name (Last, First, Middle Initial)					
A. Wells Fargo Bank	Date of Disbursem				
Mailing Address 1510 K Street NW	04 11	2016			
City Washington	State Zip Code DC 20005		Transaction ID :	SB21B.8444	
Purpose of Disbursement	20005				
·		001	Amount of Each D	isbursement this Period	
Candidate Name		Category/ Type		56.49	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	Туро	Memo Item		
State: District:					
Full Name (Last, First, Middle Initial)  B.			Date of Disbursem	nent	
Mailing Address	Mailing Address				
City	State Zip Code				
Purpose of Disbursement			Amount of Each D	isbursement this Period	
Candidate Name		Category/ Type	A TOUR OF LACT D	isbursement this renou	
Office Sought:  House Senate President  Disburser	ment For: Primary General Other (specify)	.,,,,	Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) C.			Date of Disbursem		
Mailing Address	Mailing Address				
City	State Zip Code				
Purpose of Disbursement	Purpose of Disbursement				
Candidate Name	Category/ Type		isbursement this Period		
Office Sought:    House   Disburser	ment For: Primary General Other (specify)		Memo Item		
SUBTOTAL of Disbursements This Page (optional)				56.49	
This rage (upitofial)		<u> </u>			
TOTAL This Period (last page this line number only)	)		1	56.49	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of coliciting contributions from such CHPA/PAC)  NAME OF COMMITTEE (in Full)  Consumer Healthcare Products Association PAC (CHPA/PAC)  Full Name (Last, First, Middle Initial)  A. ELISE FOR CONGRESS  Mailing Address PO BOX 500  City  Candidate Name  ELISE M. STEFANIK  Office Sought:  House  President  State:  NY  State  Zip Code  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House  Office Sought:  House  Disbursement For:  Senate  President  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Memo Item  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	•
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  CONSUMER Healthcare Products Association PAC (CHPA/PAC)  Full Name (Last, First, Middle Initial)  LELISE FOR CONGRESS  Mailing Address PO BOX 500  City State Zip Code SLENS FALLS NY 12801  Purpose of Disbursement  Candidate Name  Category' Type  City State: Zip Code  Category' Type  Category' Type  Office Sought: Pouse Disbursement  Candidate Name  City State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: Pouse Disbursement  Candidate Name  Category' Type  Office Sought: Pouse Disbursement  Candidate Name  Category' Type  Office Sought: Pouse Disbursement  Candidate Name  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  State: Disbursement  Candidate Name  Category' Type  Office Sought: Pouse Disbursement  Candidate Name  Category' Type  Memo Item  State: Disbursement This Period  Category' Type  Memo Item	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🗙 23 🗆 24 🗆 25 🖂 26
NAME OF COMMITTEE (in Full)  Consumer Healthcare Products Association PAC (CHPA/PAC)  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement (Diter (specify))  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement (Diter (specify))  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement (Diter (specify))  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement (Diter (specify))  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement (Diter (specify))  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement (Diter (specify))  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement (Diter (specify))  Full Name (Last, First, Middle Initial)  Date of Disbursement (Disbursement)  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement (Disbursement)  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement (Disbursement)  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement (Disbursement)  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement (Disbursement)  Amount of Each Disbursement (Disbursement)  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement (Disbursement)  Amount of Each Disbursement (Disbursement)  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement (Disbursement)  Amount of Each Disbursement (Disbursement)  Mailing Address  City  State  Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement (Disbursement)  Amount of Each Disbursement (Disbursement)  Memo Item  1000.00				
A ELISE FOR CONGRESS  Mailing Address PO BOX 500  City State Zip Code OLENS FALLS NY 12801  Candidate Name Clast Disbursement  ELISE M. STEFANIK  Office Sought: Primary General Primary Gener	NAME OF COMMITTEE (In Full)			
Mailing Address PO BOX 500  City State Zip Code SLENS FALLS NY 12801  Transaction ID : SB23.8443  Amount of Each Disbursement this Period Disbursement For: 2016  Senate President State: NY District: 21  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: 2016  Senate President State: Disbursement For: 2016  Senate President Candidate Name  Category' Type  Office Sought: House Senate Primary General Primary General Primary General Category' Type  Office Sought: House Senate Primary General Primary General Primary General Primary General Category' Type  Office Sought: House Senate Primary General State: District:  Full Name (Last, First, Middle Initial)  Other (specify) ▼  Amount of Each Disbursement this Period Category' Type  Memo Item  Amount of Each Disbursement Type  Office Sought: House Senate Primary General Primary Gene	Full Name (Last, First, Middle Initial)			
City   State   Zip Code   Transaction ID : SB23.8443    Furpose of Disbursement   Candidate Name   Category/    City   State   Zip Code   President   Category/    City   State   Zip Code   Category/    City   State   Zip Code   Category/    Full Name (Last, First, Middle Initial)    Mailing Address   City   State   Zip Code   Category/    Full Name (Last, First, Middle Initial)    Mailing Address   City   State   Zip Code    Purpose of Disbursement   Category/   Type    Category/   Type   Memolitem    Memolitem   Memolitem    Mailing Address   Disbursement   Category/    City   State   Zip Code    Purpose of Disbursement   Disbursement   Category/    City   State   Zip Code    Purpose of Disbursement   Disbursement   Category/    City   State   Zip Code    Purpose of Disbursement   Disbursement   Category/    City   State   Zip Code    Purpose of Disbursement   Disbursement   Category/    City   State   Zip Code    Purpose of Disbursement   Disbursement   Category/    Candidate Name   Category/    City   State   Zip Code    Purpose of Disbursement   Disbursement   Category/    Candidate Name   Category/    Category/   Disbursement   Disburseme				M M / D D / Y Y Y Y
GLEN FALLS Purpose of Disbursement  Candidate Name  CLISE M. STEFANIK  Office Sought:  House Senate President State:  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Category/ Type  Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial)  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item				
Candidate Name  ELISE M. STEFANIK  Office Sought:	GLENS FALLS			Transaction ID : SB23.8443
ELISE M. STEFANIK  Office Sought: House Senate President State: NY District: 21  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Office Sought: House Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Office Sought: House Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period Category/ Type  Memo Item  Amount of Each Disbursement this Period Category/ Type  Office Sought: House Senate President State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President Senate President Senate President Other (specify)   Office Sought: House Senate President S	·			Amount of Each Disbursement this Period
Senate President Other (specify)  State: NY District: 21  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Memo Item  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For:  Senate President Other (specify)  Office Sought: House Disbursement For:  Senate President Other (specify)  Office Sought: House Disbursement For:  State: District: District: Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item				1000.00
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General President  State: District:  Mailing Address  City State Zip Code  Purpose of Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Category/ Type  Office Sought: House Senate Primary General Category/ Type  Office Sought: House Disbursement For: General Candidate Name  Candidate Name  Office Sought: House Primary General Primary General Category/ Type  Office Sought: House Disbursement For: Memo Item  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Memo Item  1000.00	Senate President	Primary General		Memo Item
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Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substruct: House Senate Primary General Other (specify)   State: District: 1000.00	Mailing Address			
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Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:  Subtrotal of Disbursements This Page (optional)	Candidate Name			
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