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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Tha	n An Authorize	ed Committ	tee		Office Use Or	ıly	
NAME OF COMMITTEE (in		E OR PRINT		cample: If typ ver the lines.	ing, type	12FE4M	5		
Consumer Hea	althcare Pro	oducts As	sociation PAC	C (CHPA/	PAC)				
ADDRESS (number ar	nd street)	625 Eye Stree	t NW						
Check if diff than previou reported. (A	erent	uite 600 				DC	20006		
2. FEC IDENTIFIC	ATION NUMB	ER ▼	CITY ▲			STATE A	ZIP	CODE ▲	
C C0004058	34		3. IS THIS REPOR		NEW (N) OR	AN (A	MENDED		
4. TYPE OF REI (Choose One) (a) Quarterly Re	ports:	b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4	3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	x Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M (Non-Election Year Only) Dec 20 (M (Non-Election Year Only) Jan 31 (Y	112)
July 15	y Report (Q1) y Report (Q2)		Election rt for the:	Primary (12		General Special		Runoff (12	R)
January	y Report (Q3) 31 d Report (YE)		Election on	M = M /	D D /	Y Y Y Y Y	in t Sta	he te of	
Report Year Or	Mid-Year (Non-election aly) (MY)		αy Γ-Election rt for the:	General (30	G)	Runoff (30R)	Special (30)S)
Termina (TER)	tion Report		Election on	M = M /	D = D /	Y . Y . Y . Y	in t Sta	he te of	
5. Covering Period	08	01	2020	through	M M	31	2020	Y	
I certify that I have e	G	eport and to Green, Brian, ,		owledge and	belief it is tru	ue, correct an	d complete.		
Signature of Treasure	Green, Bri	an, , ,		[Electronical	ly Filed] [Date 09	11 11	2020	Y
NOTE: Submission of	false, erroneous,	, or incomplet	e information may	subject the pe	rson signing t	nis Report to t	ne penalties of	52 U.S.C. § 3	0109
Office Use								ORM 3X 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: 08 01 2020 To: 08 31 2020

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		26224.86
	(b) Cash on Hand at Beginning of Reporting Period	29072.67	
	(c) Total Receipts (from Line 19)	2836.40	15661.97
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31909.07	41886.83
7.	Total Disbursements (from Line 31)	2633.08	12610.84
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29275.99	29275.99
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)

08 01 2020 08 31 2020 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 2149.40 11336.60 (i) Itemized (use Schedule A)..... 100.00 2538.60 (ii) Unitemized (iii) TOTAL (add 13875.20 2249.40 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 13875.20 2249.40 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.) 587.00 1786.77 (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))....... 15661.97 2836.40 20. Total Federal Receipts 2836.40 15661.97 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: — (a) Allocated Federal/Non-Federal		Carolinal Loui to Pato		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	4 4	4		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	633.08	1610.84		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	633.08	1610.84		
Transfers to Affiliated/Other Party	4 4			
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	2000.00	11000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
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 MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(1) P. 111 1 P. 1 Q. 111	4 4	4 1 4		
(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	0.00	0.00		
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))	2633.08	12610.84		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	2633.08	12610.04		
_	2000.00	12610.84		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2249.40	13875.20
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2249.40	13875.20
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	633.08	1610.84
7. Offsets to Operating Expenditures (from Line 15, page 3)	587.00	1786.77
8. Net Operating Expenditures (subtract Line 37 from Line 36)	46.08	- 175.93

Use separate schedule(s) for each category of the

FC	FOR LINE NUMBER:					PAGE	6	OF	15
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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 Ascher, Jim, , , Date of Receipt Mailing Address 9109 Roe Avenue 2020 City Zip Code State Transaction ID: SA11AI.10618 Prairie Village KS 66207 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President B.F. Ascher & Co., Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2020 City State Zip Code Transaction ID: SA11AI.10638 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 Other (specify) 312.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2020 City State Zip Code Transaction ID: SA11AI.10639 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 333.44 Other (specify) 1041.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2020 City Zip Code State Transaction ID: SA11AI.10622 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Finance & Ops. (CFO) Consumer Healthcare Prod. Assn. Receipt For: Aggregate Year-to-Date ▼ Primary General 312.60 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 2020 City State Zip Code Transaction ID: SA11AI.10623 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) 333.44 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 14 2020 City Zip Code State Transaction ID: SA11AI.10624 VAArlington 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 312.60 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE CONSUMER Health	,	Associat	ion PAC	(CHPA/PAC))								
Full Name of Individual (I A. Gutierrez, Carlos, , , Mailing Address 926 Nort		l) or Full O	rganization Na	ame		Date of Receipt							
City Arlington		State VA	Zip Code 22201							A11AI. ceipt th	2020 10625 iis Period		
FEC ID number of contribution federal political committee).	C				-		-		7	20.	.84	
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Full Name of Individual (I Holgate, Taylor, , , Mailing Address 676 4th s	· ·	l) or Full O	rganization Na	ame		Date of	Re	_	eipt	/ Y	2020	Y	
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Full Name of Individual (Individual (Indiv	ı	l) or Full O	rganization Na	ame		Date of	Re	ece	eipt				
Mailing Address 676 4th : City Washington FEC ID number of contrit federal political committee	outing	State DC	Zip Code 20002							GA11AI.	2020 10627 is Period		
Name of Employer (for In Consumer Healthcare Pro Receipt For: Primary Other (specify)	ducts A	Man	upation (for In ager, Federal Year-to-Date	Government Affairs		Me	emo	o It	tem				
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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 Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2020 City Zip Code State Transaction ID: SA11AI.10633 VA Vienna 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) President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 3328.00 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. 2020 City State Zip Code Transaction ID: SA11AI.10634 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) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 2020 City Zip Code State Transaction ID: SA11AI.10635 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 400.00 Other (specify) 258.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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 Spangler, David, , , Date of Receipt Mailing Address 1449 N Street, NW Apartment 3 2020 City Zip Code State Transaction ID: SA11AI.10636 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 2625.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Spangler, David, , , Date of Receipt Mailing Address 1449 N Street, NW 2020 Apartment 3 City State Zip Code Transaction ID: SA11AI.10637 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 Other (specify) 2800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 14 2020 City Zip Code State Transaction ID: SA11AI.10640 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 625.05 Other (specify) 391.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2020 31 City Zip Code State Transaction ID: SA11AI.10641 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) Sr. Dir., Comms. & Pub. Aff. Consumer Healthcare Prod. Assn. Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 41.67 SUBTOTAL of Receipts This Page (optional)..... 2149.40 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 15 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Consumer Healthcare Products	e name and a	address of any political committed	e to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Ini A. Consumer Healthcare Products Associa Mailing Address 1625 Eye Street NW City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General	State DC Occ	Zip Code 20006 upation (for Individual) Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Ini B. 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 Zip Code Supation (for Individual) Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period Memo Item
Full Name of Individual (Last, First, Middle Ini C. 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 Upation (for Individual) Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional))	587.00

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

587.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15						
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NAME OF COMMITTEE (In Full)								
Consumer Healthcare Products As	sociation PAC (CHF	PA/PAC)						
Full Name (Last, First, Middle Initial) - CHRIS COONS FOR DELAWARE			Date of Disbursement					
- CHRIS COONS FOR DELAWARE			M M / D D / Y Y Y Y					
Mailing Address PO BOX 9900			08 10 2020					
City NEWARK	State Zip Code DE 19714		FEC Identification Number					
Purpose of Disbursement			C C00475392					
Candidate Name		Category/	Transaction ID : SB23.10611 Amount of Each Disbursement this Period					
COONS, CHRISTOPHER A, , ,		Type						
Office Sought: House Disburser x Senate	nent For: 2020 Primary x General		1000.00					
President State: DE District: 00	Other (specify) ▼		Memo Item					
State: DE District: 00 Full Name (Last, First, Middle Initial)			_					
KIND FOR CONGRESS COMMIT	TEE		Date of Disbursement					
Mailing Address 205 5TH AVENUE SOUTH			08 10 2020					
City	State Zip Code							
LA CROSSE	WI 54601		FEC Identification Number					
Purpose of Disbursement			C C00312017					
Candidate Name		Category/	Transaction ID : SB23.10612 Amount of Each Disbursement this Period					
Office Sought: X House Disburser	nent For: 2020	Туре	1000.00					
	Primary General		7 7 7					
State: WI District: 03	Other (specify)		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 Disburser	nent For:	Туре						
Senate	Primary General							
State: President State:	Other (specify) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional)		_	2000.00					
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TOTAL This Period (last page this line number only)			2000.00					