

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street) 1625 Eye Street NW Suite 600 Washington DC 20006

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00040584

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 09/01/2016 through 09/30/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Green, Brian, , ,

Type or Print Name of Treasurer

Signature of Treasurer Green, Brian, , , [Electronically Filed] Date 10/13/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="22329.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19645.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="964.98"/>	<input type="text" value="26244.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20610.02"/>	<input type="text" value="48574.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14051.55"/>	<input type="text" value="42015.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6558.47"/>	<input type="text" value="6558.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 09 / 01 / 2016 To: 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	874.98	17833.24
(ii) Unitemized	90.00	2752.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	964.98	20586.05
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	964.98	25586.05
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	658.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. 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
(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)).....▶	964.98	26244.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	964.98	26244.50

DETAILED SUMMARY PAGE
of Disbursements

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	51.55	515.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	51.55	515.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	39500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	2000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14051.55	42015.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14051.55	42015.94

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	964.98	25586.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	964.98	25586.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	51.55	515.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	658.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51.55	-142.51

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 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)

A. Gay, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3180 N. Quincy St.

City Arlington	State VA	Zip Code 22207
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Vice President, Government Affairs
-------------------------------------------------------------------	-------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1770.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.8637

Amount of Each Receipt this Period
104.17

Memo Item

B. Gay, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3180 N. Quincy St.

City Arlington	State VA	Zip Code 22207
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Vice President, Government Affairs
-------------------------------------------------------------------	-------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.8638

Amount of Each Receipt this Period
104.17

Memo Item

C. Gibbons, Travis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 Cloudes Mill Ct.

City Alexandria	State VA	Zip Code 22304
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Assoc. Director, Federal Affairs
-------------------------------------------------------------------	-----------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
354.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.8639

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....	229.17
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: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 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)

A. Gibbons, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Cloudes Mill Ct.
 City Alexandria State VA Zip Code 22304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Assoc. Director, Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.8640
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Green, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19110 Mateny Hill Road
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Prod. Assn Occupation (for Individual) Vice President, Finance & Ops. (CFO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.8641
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Green, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19110 Mateny Hill Road
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Prod. Assn Occupation (for Individual) Vice President, Finance & Ops. (CFO)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.8642
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.49
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: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 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)

A. Gutierrez, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 926 North Barton Street
 City Arlington State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Director, State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.8643
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Gutierrez, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 926 North Barton Street
 City Arlington State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Director, State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.8644
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Kochanowski, Barbara, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 Hidden Park Place
 City Herndon State VA Zip Code 20170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHPA Occupation (for Individual) Vice President, Regulatory Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.8645
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.49
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: (check only one)	PAGE 9 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 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)

A. Kochanowski, Barbara, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 Hidden Park Place
 City Herndon State VA Zip Code 20170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHPA Occupation (for Individual) Vice President, Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.8646
 Amount of Each Receipt this Period 208.83
 Memo Item

B. Melville, Scott, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1596 Lupine Den Court
 City Vienna State VA Zip Code 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3541.61

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.8649
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Melville, Scott, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1596 Lupine Den Court
 City Vienna State VA Zip Code 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.8650
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 437.49
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: (check only one)	PAGE 10 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 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 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)

A. Tringale, Mike, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2115 12th Place NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff.
---------------------------------------------------------------------	-------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2016

Transaction ID : SA11AI.8659

Amount of Each Receipt this Period
41.67

Memo Item

B. Tringale, Mike, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2115 12th Place NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff.
---------------------------------------------------------------------	-------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2016

Transaction ID : SA11AI.8660

Amount of Each Receipt this Period
41.67

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.34
TOTAL This Period (last page this line number only).....	874.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. Wells Fargo Bank

Mailing Address 1510 K Street NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 12 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8661

Amount of Each Disbursement this Period

51.55

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

51.55

51.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. BERA VICTORY FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement

Candidate Name
BERA, AMERISH, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00519900**
Transaction ID : **SB23.8674**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Full Name (Last, First, Middle Initial)
Mailing Address 50 E ST, SE SUITE 1

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
SANCHEZ, LINDA, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 38

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: **C00384057**
Transaction ID : **SB23.8675**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. DIANE BLACK FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement

Candidate Name
BLACK, DIANE L MRS., , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: TN District: 06

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: **C00472878**
Transaction ID : **SB23.8669**
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. LaHood for Congress

Mailing Address P.O. Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement

Candidate Name

Lahood, Darin, Mckay, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	6

FEC Identification Number

C C00575050

Transaction ID : SB23.8672

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City
BOWLING GREEN

State
OH

Zip Code
43402

Purpose of Disbursement

Candidate Name

LATTA, ROBERT EDWARD MR, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	6

FEC Identification Number

C C00438697

Transaction ID : SB23.8665

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS

Mailing Address PO BOX 3013

City
IOWA CITY

State
IA

Zip Code
52244

Purpose of Disbursement

Candidate Name

LOEBSACK, DAVID WAYNE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	6

FEC Identification Number

C C00414318

Transaction ID : SB23.8673

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City
PORTLAND

State
OR

Zip Code
97232

Purpose of Disbursement

Candidate Name

WYDEN, RONALD L, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	7		2	0	1	6		

FEC Identification Number

C C00308676

Transaction ID : SB23.8668

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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

12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. Janice Hahn for Supervisor 2016

Full Name (Last, First, Middle Initial)
Mailing Address 777 S. Figueroa St.
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Non-Federal Election - County Supervisor

Candidate Name
Hahn, Janice, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District:

Date of Disbursement
MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number
C
Transaction ID : SB29.8681
Amount of Each Disbursement this Period
1000.00

Memo Item

B. Kathryn Barger for Supervisor 2016

Full Name (Last, First, Middle Initial)
Mailing Address 515 S. Figueroa St.
16th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Non-Federal Election - County Supervisor

Candidate Name
Barger, Kathryn, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District:

Date of Disbursement
MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number
C
Transaction ID : SB29.8680
Amount of Each Disbursement this Period
1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00