PAGE 1 / 14

Image# 201510159002942290

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A FO	or Other Than A	An Authorized	l Committee	е		Office Use Only	
1. NAME OF TOOMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing r the lines.	g, type	12FE4M5		
Consumer Healthcare F	Products Asso	ciation PAC	(CHPA/P	AC)			
ADDRESS (number and street)	1625 Eye Street NV	N					
Check if different than previously	Suite 600 Washington				DC .	20006	
reported. (ACC)							
2. FEC IDENTIFICATION NUI	MBER ▼	CITY A		S	STATE A	ZIP CO	DE 🛦
C C00040584		3. IS THIS REPORT	× NE	EW) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	H	ay 20 (M5)	-	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		` `		, ,	H		(Non-Election Year Only)
April 15 Quarterly Report (Q1	(a)	Apr 20 (M4)		ıl 20 (M7)		20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2	(c) 12-Day PRE-Elect Report for		Primary (12P) Convention (12)	20)	General (Runoff (12R)
October 15 Quarterly Report (Q3		or the.	Convention (12	20)	Орсска	-	
January 31 Year-End Report (YE	≣)	Election on	M = M /	D D /	Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-EI Report fo		General (30G)		Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	M = M /	D D /	Y	in the State o	of
5. Covering Period 09	01 Y	2015	through	M M M	/ 30 /	2015	
I certify that I have examined this	Report and to the	best of my know	wledge and be	elief it is true	e, correct and	complete.	
Type or Print Name of Treasurer	Brian Green						
Signature of Treasurer Brian C	Green		[Electronically I	Filed] Da	ate 10	15	2015
NOTE: Submission of false, erroned	ous, or incomplete in	nformation may su	bject the perso	on signing thi	s Report to th	e penalties of 2	U.S.C. §437g.
Office Use						FEC FOR Rev. 12/2	

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: 09 01 2015 To: 09 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		15617.07
	(b) Cash on Hand at Beginning of Reporting Period	12633.22	
	(c) Total Receipts (from Line 19)	1163.44	24477.74
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13796.66	40094.81
7.	Total Disbursements (from Line 31)	1052.26	27350.41
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12744.40	12744.40
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. 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		10000 07
(i) Itemized (use Schedule A)	1083.44	16083.87
(ii) Unitemized	80.00	2748.74
	1163.44	18832.61
Lines Tr(a)(i) and (ii)	1100.44	10002.01
(b) Political Party Committees	0.00	0.00
· /	0.00	5000.00
	0.00	5000.00
` `		
	4462.44	23832.61
	1163.44	23832.01
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
The Edula Flooried	7	
_oan Repayments Received	0.00	0.00
· ·	7	7
·	0.00	645.13
	7	7 7
	0.00	0.00
	0.00	0.00
·		
	0.00	0.00
· '		
(from Schedule H3)	0.00	0.00
(h) Levin Funds (from Schodulo H5)	0.00	0.00
b) Leviii i unus (nom schedule fis)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(ii) Unitemized	(ii) Unitemized

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		
Operating Expenditures: (a) Allocated Federal/Non-Federal	- Iour Tills Forlow	Valendai Teal-to-Date		
Activity (from Schedule H4)				
(i) Federal Share		0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	52.26	447.81		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	52.26	447.81		
Transfers to Affiliated/Other Party	32.20	147.01		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	26902.60		
Independent Expenditures				
(use Schedule E)		0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use scriedule r)		0.00		
Loan Repayments Made		0.00		
Loans Made		0.00		
Refunds of Contributions To: (a) Individuals/Persons Other	7 7 7			
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c)).	0.00	0.00		
Other Disbursements		0.00		
Federal Election Activity (2 U.S.C.	§431(20))			
(a) Allocated Federal Election Activ	vity			
(from Schedule H6)	0.00	0.00		
(i) Federal Share				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid E	· ·			
With Federal Funds		0.00		
(c) Total Federal Election Activity (Lines 30(a)(i), 30(a)(ii) and 30		7 0.00		
Total Dioburcamenta (add Lines 04)	(a) 22			
Total Disbursements (add Lines 21) 23, 24, 25, 26, 27, 28(d), 29 and 3		27350.41		
	7			
Total Federal Disbursements	(a)(ii)			
(subtract Line 21(a)(ii) and Line 30(from Line 31)		27350.41		

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)	1163.44	23832.61
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1163.44	23832.61
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	52.26	447.81
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	645.13
8. Net Operating Expenditures (subtract Line 37 from Line 36)	52.26	-197.32

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

| Check only | X | 11a |

FOR LINE NUMBER:					PAGE		6	OF		14
(check only one)										
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 the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Α.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
	City Arlington	State Zip Code VA 22207	Transaction ID : SA11AI.8128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	104.17
	Name of Employer Consumer Healthcare Products Receipt For:	Occupation Vice President, Government Affairs Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1770.89	
В.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.		Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
	City Arlington	State Zip Code VA 22207	Transaction ID : SA11AI.8129 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	104.17
	Name of Employer Consumer Healthcare Products	Occupation Vice President, Government Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.06	
С.	Full Name (Last, First, Middle Initial) Travis Gibbons		Date of Receipt
	Mailing Address 340 Cloudes Mill Ct.		09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Alexandria	State Zip Code VA 22304	Transaction ID : SA11AI.8130 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer	Occupation Acces Director Endoral Affairs	
	Consumer Healthcare Products Receipt For: Primary Other (specify)	Assoc. Director, Federal Affairs Aggregate Year-to-Date ▼ 354.28	

SUBTOTAL of Receipts This Page (optional).....

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

229.18

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

FOF	LINE	NU	MBER	:	PAGE 7 OF				14
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct. City Alexandria FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22304 C Occupation Assoc. Director, Federal Affairs Aggregate Year-to-Date ▼ 375.12	Date of Receipt 09 30 2015 Transaction ID: SA11AI.8131 Amount of Each Receipt this Period 20.84
Full Name (Last, First, Middle Initial) Brian Green Mailing Address 19110 Mateny Hill Road City Germantown FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General	State Zip Code MD 20874 C Occupation Vice President, Finance & Ops. (CFO) Aggregate Year-to-Date ▼	Date of Receipt 09 15 2015 Transaction ID : SA11AI.8132 Amount of Each Receipt this Period 20.84
Other (specify) ▼ Full Name (Last, First, Middle Initial) Brian Green Mailing Address 19110 Mateny Hill Road City Germantown FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20874 C Occupation Vice President, Finance & Ops. (CFO) Aggregate Year-to-Date ▼ 375.12	Date of Receipt M M J 30 2015 Transaction ID: SA11AI.8133 Amount of Each Receipt this Period 20.84
SUBTOTAL of Receipts This Page (optional)	<u> </u>	62.52
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE		8	OF	14	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
Consumer Healthcare Produc	cts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Street		09 15 2015
City	State Zip Code	Transaction ID : SA11AI.8134
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	_
Consumer Healthcare Products	Director, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	354.28	
Full Name (Last, First, Middle Initial) 3. Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Street		09 30 _2015 _
City	State Zip Code	Transaction ID : SA11AI.8135
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer	Occupation	-
Consumer Healthcare Products	Director, State Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.12	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 100 I Street SE Apt. 214		09 15 2015
City	State Zip Code	Transaction ID : SA11AI.8136
Washington	DC 20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	-
Consumer Healthcare Prod. Assn	Director, Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	354.28	
SUBTOTAL of Receipts This Page (optional)	62.52
TOTAL This Period (last page this line numb	per only)	

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

ı	FOR LINE	NUMBER:	PAGE	9 OF	14			
	(check only one)							
	X 11a	11b	11c	12				
	13	14	15	16	17			

Any information copied from such Reports and a or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Kaelan Hollon Mailing Address 100 I Street SE		Date of Receipt
Apt. 214	01-1- 7'- 0 1	09 30 2015
City Washington	State Zip Code DC 20003	Transaction ID : SA11AI.8137
Washington	20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
Consumer Healthcare Prod. Assn	Director, Communications	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.12	
Full Name (Last, First, Middle Initial) 3. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place	7. 0. 1	09 15 2015
City	State Zip Code VA 20170	Transaction ID : SA11AI.8138
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	354.28	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski	1	Date of Receipt
Mailing Address 951 Hidden Park Place		09 30 2015
City	State Zip Code	Transaction ID : SA11AI.8139
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	375.12	
SUBTOTAL of Receipts This Page (optional)	>	62.52
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) for each category of the Detailed Summary Page

(ch	eck onl	y one)			
>	1 1a	11b	11c	12	
	13	14	15	16	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
igr > Consumer Healthcare Produc	ets Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Scott M. Melville		Date of Receipt
Mailing Address 1596 Lupine Den Court		09 15 2015
City	State Zip Code	Transaction ID : SA11AI.8142
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
Consumer Healthcare Products	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3541.62	
Full Name (Last, First, Middle Initial) Scott M. Melville	,	Date of Receipt
Mailing Address 1596 Lupine Den Court		09 30 _2015 _
City	State Zip Code	09 30 2015 Transaction ID : SA11AI.8143
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	208.33
Name of Employer	Occupation	
Consumer Healthcare Products	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3749.95	
Full Name (Last, First, Middle Initial) Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		09 15 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.8144
Falls Church	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer	Occupation	
Consumer Healthcare Products	Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1062.67	
	7	
SUBTOTAL of Receipts This Page (optional)	>	479.17
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER:				PAGE	. 1	11	OF	14		
	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any persthe name and address of any political committee t	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.		Date of Receipt
	State Zin Code	09 30 2015
City Falls Church	State Zip Code VA 22042	Transaction ID : SA11AI.8145 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	62.51
Name of Employer Consumer Healthcare Products Receipt For:	Occupation Government Affairs Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	1125.18	
Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue		Date of Receipt
		09 15 2015
City McLean	State Zip Code VA 22102	Transaction ID : SA11AI.8148
FEC ID number of contributing federal political committee.	C 22102	Amount of Each Receipt this Period 41.67
Name of Employer CHPA	Occupation VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	
Full Name (Last, First, Middle Initial) C. Ted Peterson		Date of Descipt
Mailing Address 8417 Weller Avenue		Date of Receipt 09 30 2015
City McLean	State Zip Code VA 22102	Transaction ID : SA11AI.8149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.67
Name of Employer	Occupation	-
CHPA	VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	
SUBTOTAL of Receipts This Page (optional).	_	145.85
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 12 OF (check only one) X 11a 11b 12 11c

14 Use separate schedule(s) for each category of the 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) Emily Skor Date of Receipt Mailing Address 2113 12th Street NW 2015 City Zip Code State Transaction ID: SA11AI.8154 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 270.92 Other (specify) Full Name (Last, First, Middle Initial) B. Emily Skor Date of Receipt Mailing Address 2113 12th Street NW 09 30 2015 City State Zip Code Transaction ID: SA11AI.8155 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 291.76 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 41.68 SUBTOTAL of Receipts This Page (optional).....

1083.44

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

S ľ

SCHEDULE B (FEC Form 3X)	Han any such a late of	FOR LINE NUMBER: PAGE 1				GE 13	OF 14						
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only one)											
	Detailed Summary Page		21b 27	22 28a	23	_b	24 28c	25 29	26 30l				
Any information copied from such Reports and Stater	nents may not be sold or u	sed by any											
or for commercial purposes, other than using the nan	ne and address of any polit	ical committ	tee to s	olicit cor	ntributio	ns fr	om suc	h commit	ttee.				
NAME OF COMMITTEE (In Full)													
Consumer Healthcare Products As	sociation PAC (Ch	IPA/PA(C)										
Full Name (Last, First, Middle Initial)				_									
A. Wells Fargo Bank				Date of	_								
Mailing Address 1510 K Street NW				09	/ D	11	/ Y	2015	Y				
City	State Zip Code			Trans	action	ID . 6	CD24D (2425					
Washington	DC 20005			irans	action	י טו	SB21B.8	0120					
Purpose of Disbursement		001		Δmount	of Fac	h Di	ehurean	nent this	Pariod				
Candidate Name				Amount	. OI Lat	,,,	Soursen	icht this	Toriou				
		Category Type	y/		-		-	5	2.26				
Office Sought: House Disburser													
Senate President	Other (specify) —												
State: District:	Other (specify) ▼												
Full Name (Last, First, Middle Initial)													
B.				Date of	Disbu	seme	ent						
				M - M	/ 0	□ D	/ Y	YYY	Y				
Mailing Address					ı L		4		_				
City	State Zip Code												
Purpose of Disbursement	Purpose of Disbursement							_					
•				Amount of Each Disbursemer				nent this	Period				
Candidate Name		Categor	y/			-							
Office Sought: House Dishusses	nont For:	Type			7	-	7						
Office Sought: House Disburser Senate	nent For: Primary General												
President	Other (specify)												
State: District:	·												
Full Name (Last, First, Middle Initial)				Dete	D:-/								
C.				Date of									
Mailing Address				M = M		D	/ Y	YYY	- Y				
City	State Zip Code												
Purpose of Disbursement	-												
r dipose of bisbursement					of Fa	h Di	shursan	nent this	Period				
Candidate Name		Category Type	y/	, anoun	. 5, Edi	טו	35413011	.5.1. 0113	. Griod				
Office Sought: House Disburser					7								
Senate	Primary General												
State: District:	Other (specify) ▼												
State. District.													
SUBTOTAL of Disbursements This Page (optional)								5	2.26				
			_	Ħ	- 1	÷	- 1						
TOTAL This Period (last page this line number only)			•		-		- 7	52	2.26				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 14						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	MIDELL.						
II LIVIIZED DISBURSEMENIS	for each category of the	21b	22 💢 23 24 25 26						
	Detailed Summary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and Staten	nents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions						
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
Consumer Healthcare Products As	sociation PAC (CH	PA/PAC)							
	000141101111710 (011	. , (1 , (0)							
Full Name (Last, First, Middle Initial)									
A. PALLONE FOR CONGRESS			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address PO BOX 3176			09 18 2015						
City S	State Zip Code								
Long Branch	NJ 07740		Transaction ID: SB23.8124						
Purpose of Disbursement	110 07740								
raipose or biosarcoment			Amount of Each Disbursement this Period						
Candidate Name		Catamani							
FRANK JR PALLONE		Category/ Type	1000.00						
	nent For: 2016	.,,,,							
	Primary General								
President	Other (specify) ▼								
State: NJ District: 06									
Full Name (Last, First, Middle Initial)									
B.			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address									
City	State Zip Code								
Durage of Dishursement									
Purpose of Disbursement			Amount of Each Disbursement this Period						
Candidate Name			Amount of Each Disbursement this Fence						
Canadato Namo		Category/ Type							
Office Sought: House Disbursen	nent For:	Турс							
Senate	Primary General								
President	Other (specify) ▼								
State: District:	(1								
Full Name (Last, First, Middle Initial)									
C.			Date of Disbursement						
			M M / D D / Y Y Y						
Mailing Address									
City	State Zip Code								
Purpose of Disbursement									
P	Amount of Each Disbursement this Period								
Candidate Name	Catamani	Amount of Lacif Disbursement this Feriod							
		Category/ Type							
Office Sought: House Disburser	nent For:) In -							
	Primary General								
President	Other (specify) ▼								
State: District:	•								
SUBTOTAL of Disbursements This Page (optional)			1000.00						
<u> </u>		<u>·</u>							
TOTAL This Period (last page this line number only)			1000.00						