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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	r Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Consumer Healthcare P	roducts Associatio	n PAC (CHPA/PAC)	
ADDRESS (number and street)	1625 Eye Street NW		
Check if different	Suite 600		
than previously reported. (ACC)	Washington		DC 20006 -
2. FEC IDENTIFICATION NUM	BER ▼ C	TY 🛦	STATE ▲ ZIP CODE ▲
C C00040584		IS THIS REPORT (N) C	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 ((Non-Election Year Only)
(a) Quarterly Reports:		ar 20 (M3) Jun 20 (N	(Non-Election Year Only)
April 15 Quarterly Report (Q1)		r 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15	(C) 12-Day PRF-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Floor	ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Elect	ion on	in the State of
5. Covering Period 07	01 2021	through 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best of Green, Brian, , ,	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer Green, I	3rian, , ,	[Electronically Filed]	Date 08 11 2021
NOTE: Submission of false, erroneon	us, or incomplete informati	on may subject the person signi	ng this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 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: 07 01 2021 To: 07 31 2021

		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1, 2021		25615.56					
	(b) Cash on Hand at Beginning of Reporting Period	36034.63						
	(c) Total Receipts (from Line 19)	1459.40	29312.35					
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37494.03	54927.91					
7.	Total Disbursements (from Line 31)	58.93	17492.81					
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37435.10	37435.10					
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00						
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00						

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

01 2021 07 31 2021 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 1199.40 9970.52 (i) Itemized (use Schedule A)..... 260.00 18745.28 (ii) Unitemized (iii) TOTAL (add 28715.80 1459.40 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 28715.80 1459.40 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.) 0.00 596.55 (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))....... 29312.35 1459.40 20. Total Federal Receipts 1459.40 29312.35 (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				
Operating Expenditures:	iotai iiiis Feliou	Calendar Year-to-Date				
(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	58.93	492.81				
Expenditures(c) Total Operating Expenditures	30.33	432.01				
(add 21(a)(i), (a)(ii), and (b))▶	58.93	492.81				
Transfers to Affiliated/Other Party	7 7					
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees						
and Other Political Committees	0.00	17000.00				
Independent Expenditures (use Schedule E)	0.00	0.00				
Coordinated Party Expenditures	0.00	0.00				
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
,	45 45 45	0.00				
Loan Repayments Made	0.00	0.00				
	4 4	4 4				
Loans MadeRefunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other						
Than Political Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds		7 7				
(add Lines 28(a), (b), and (c))	0.00	0.00				
	4 4	4 4				
Other Disbursements (Including						
Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101(2)	0))					
(a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
		4 4				
(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				
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))	50.00	47/00 04				
20, 21, 20, 20, 21, 20(a), 20 and 00(0))	58.93	17492.81				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	58.93	17492.81				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 1459.40 28715.80 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 1459.40 28715.80 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 58.93 492.81 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 596.55 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 58.93 - 103.74 (subtract Line 37 from Line 36)

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		6	OF	13	
(check only one)										
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		13		14		15		16	6	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 15 2021 City Zip Code State Transaction ID: SA11AI.11095 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 250.08 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 2021 City State Zip Code Transaction ID: SA11AI.11096 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) 270.92 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 15 2021 City Zip Code State Transaction ID: SA11AI.11079 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 250.08 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2021 City Zip Code State Transaction ID: SA11AI.11080 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 270.92 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 15 2021 City State Zip Code Transaction ID: SA11AI.11081 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.92 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 30 2021 City Zip Code State Transaction ID: SA11AI.11082 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 291.76 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	=	8	OF	13	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 15 2021 City Zip Code State Transaction ID: SA11AI.11083 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Manager, Federal Government Affairs Consumer Healthcare Products A Receipt For: Aggregate Year-to-Date ▼ Primary General 270.92 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2021 City State Zip Code Transaction ID: SA11AI.11084 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products A Manager, Federal Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 291.76 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 15 2021 City State Zip Code Transaction ID: SA11AI.11085 VAHerndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 541.71 Other (specify) 83.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

13 FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 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 Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2021 City Zip Code State Transaction ID: SA11AI.11086 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Regulatory Affairs **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lykins, Deana, , , Date of Receipt Mailing Address 121 Wintermute Rd. 2021 City State Zip Code Transaction ID: SA11AI.11101 NJ Newton 07860 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **GSK** Consumer Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 15 2021 City Zip Code State Transaction ID: SA11AI.11089 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2704.00 Other (specify)

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

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

299.67

SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s)

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ITEMIZED RECEIPTS 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 Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2021 City Zip Code State Transaction ID: SA11AI.11090 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2912.00 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. 15 2021 City State Zip Code Transaction ID: SA11AI.11091 Chevy Chase MD 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) 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 30 2021 City Zip Code State Transaction ID: SA11AI.11092 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 350.00 Other (specify) 258.00 SUBTOTAL of Receipts This Page (optional).....

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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 15 2021 City Zip Code State Transaction ID: SA11AI.11093 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 1925.00 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 2021 Apartment 3 City State Zip Code Transaction ID: SA11AI.11094 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) 2100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 15 2021 City Zip Code State Transaction ID: SA11AI.11097 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 541.71 Other (specify) 391.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2021 City State Zip Code Transaction ID: SA11AI.11098 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 583.38 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B 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 ▼ General Primary Other (specify)

SUBTOTAL of Receipts This Page (optional)		_	,	_	_	,	_	41.67	
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SCHEDULE B (FEC Form 3X)	FOD LINE	R LINE NUMBER: PAGE 13 OF 13									
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NAME OF COMMITTEE (In Full)											
Consumer Healthcare Products As	sociation	n PAC (CH	PA/PAC)								
Full Name (Last, First, Middle Initial)											
A. Wells Fargo Bank				Date of Disbursement							
Mailing Address 1510 K Street NW				07 12 2021							
,	State	Zip Code		FEC Identification Number							
Washington Purpose of Disbursement	DC	20005									
Bank Fee				C							
Candidate Name			Category/	Transaction ID : SB21B.11076 Amount of Each Disbursement this Period							
			Type								
Office Sought: House Disburser				58.93							
Senate	Primary	General									
President State: District:	Other (spec	iiy) ▼		Memo Item							
Full Name (Last, First, Middle Initial)											
B.				Date of Disbursement							
				M = M / D = D / Y = Y = Y							
Mailing Address											
City	State	Zip Code		FEC Identification Number							
Purpose of Disbursement											
. d.pess 6. 2.654.56				C							
Candidate Name			Category/	Amount of Each Disbursement this Period							
			Type								
Office Sought: House Disburser				4 4							
Senate President	Primary	General									
State: District:	Other (spec	iiy)		Memo Item							
Full Name (Last, First, Middle Initial)											
C.				Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Address											
City	State	Zip Code		FEC Identification Number							
Purpose of Disbursement				C							
			O								
Candidate Name	Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disburser	ment For:										
Senate	Primary	General									
President	Other (spec	ify) 🔻		Memo Item							
State: District:				_							
CURTOTAL of Dishumananta This Days (and				58.93							
SUBTOTAL of Disbursements This Page (optional)			·····•	55.50							
TOTAL This Period (last page this line number only))			58.93							