

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 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00040584 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 / 01 / 2018 through 06 / 30 / 2018

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 07 / 12 / 2018

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

**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="2018"/>		22710.16
(b) Cash on Hand at Beginning of Reporting Period.....	29733.63	
(c) Total Receipts (from Line 19)	3648.42	31929.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33382.05	54639.84
7. Total Disbursements (from Line 31).....	12546.02	33803.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20836.03	20836.03
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

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

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

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).....	3508.42	18262.75
(ii) Unitemized	140.00	13062.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3648.42	31325.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3648.42	31325.52
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	604.16
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)).....▶	3648.42	31929.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3648.42	31929.68

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	46.02	303.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46.02	303.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	33500.00
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).....	0.00	0.00
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)) ..	12546.02	33803.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12546.02	33803.81

DETAILED SUMMARY PAGE
of Disbursements

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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)	3648.42	31325.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3648.42	31325.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	46.02	303.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	604.16
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46.02	- 300.35

**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. Brikman, Anita, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8300 Comanche Court

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

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

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Communications
-------------------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2018

Transaction ID : SA11AI.9585

Amount of Each Receipt this Period
20.84

Memo Item
Payroll

B. Brikman, Anita, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8300 Comanche Court

City Bethesda	State MD	Zip Code 20817
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Communications
-------------------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11AI.9586

Amount of Each Receipt this Period
20.84

Memo Item
Payroll

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

Mailing Address 1197 Mine Hill Rd.

City Fairfield	State CT	Zip Code 06430
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Lansinoh Laboratories, Inc.	Occupation (for Individual) Chief Executive Officer
------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2018

Transaction ID : SA11AI.9605

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1041.68
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"/> 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

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Finn, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9834 Zig Zag Road
 City Cincinnati State OH Zip Code 45242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Proctor & Gamble Occupation (for Individual) Consumer Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2018
Transaction ID : SA11AI.9608
 Amount of Each Receipt this Period 500.00
 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 ▼ 1145.87

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.9583
 Amount of Each Receipt this Period 104.17
 Memo Item
 Payroll

C. 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 ▼ 1250.04

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.9584
 Amount of Each Receipt this Period 104.17
 Memo Item
 Payroll

SUBTOTAL of Receipts This Page (optional).....	708.34
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"/> 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

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. 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 ▼ 229.24

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.9587
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll

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 ▼ 250.08

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.9588
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll

C. 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 ▼ 229.24

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.9591
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll

SUBTOTAL of Receipts This Page (optional).....	62.52
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

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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 ▼ 250.08

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.9592
 Amount of Each Receipt this Period 20.84
 Memo Item payroll

B. Holgate, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 4th ST NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products A Occupation (for Individual) Manager, Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.9589
 Amount of Each Receipt this Period 20.84
 Memo Item Payroll

C. Holgate, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 4th ST NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products A Occupation (for Individual) Manager, Federal Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.9590
 Amount of Each Receipt this Period 20.84
 Memo Item Payroll

SUBTOTAL of Receipts This Page (optional).....▶	62.52
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"/> 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

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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
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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 ▼
458.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2018

Transaction ID : SA11AI.9593

Amount of Each Receipt this Period
41.67

Memo Item
 Payroll

B. 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
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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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA11AI.9594

Amount of Each Receipt this Period
41.67

Memo Item
 Payroll

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

Mailing Address 107 Outrigger

City Greenwood	State SC	Zip Code 29649
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aaron Industries, Inc.	Occupation (for Individual) President and CEO
-------------------------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2018

Transaction ID : SA11AI.9610

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.34
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 11 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. 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 ▼ 2291.74

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.9599
 Amount of Each Receipt this Period 208.34
 Memo Item payroll

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 ▼ 2500.08

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.9600
 Amount of Each Receipt this Period 208.34
 Memo Item payroll

C. Schloss, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8221 Larry Pl.
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cons. Healthcare Prod. Assn. Occupation (for Individual) Sr. Dir., Fed. Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.9601
 Amount of Each Receipt this Period 25.00
 Memo Item payroll

SUBTOTAL of Receipts This Page (optional)..... ▶ 441.68
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 12 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

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Schloss, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8221 Larry Pl.
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cons. Healthcare Prod. Assn. Occupation (for Individual) Sr. Dir., Fed. Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11AI.9602
 Amount of Each Receipt this Period 25.00
 Memo Item payroll

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 ▼ 458.37

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.9603
 Amount of Each Receipt this Period 41.67
 Memo Item payroll

C. 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 06 / 29 / 2018
Transaction ID : SA11AI.9604
 Amount of Each Receipt this Period 41.67
 Memo Item payroll

SUBTOTAL of Receipts This Page (optional).....	108.34
TOTAL This Period (last page this line number only).....	3508.42

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

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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
Bank fee

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
0	6		1	1		2	0	1	8		

FEC Identification Number

C []

Transaction ID : SB21B.9625

Amount of Each Disbursement this Period

[] 46.02 []

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)..... ▶

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

[] 46.02 []

[] 46.02 []

**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

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. BOX 61337

City
DENVER

State
CO

Zip Code
80206

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB23.9617

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City
ATLANTA

State
GA

Zip Code
30325

Purpose of Disbursement

Candidate Name

ISAKSON, JOHN HARDY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: GA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	8

FEC Identification Number

C

Transaction ID : SB23.9612

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City
CONCORD

State
NC

Zip Code
28027

Purpose of Disbursement
3/20/18 check lost in the mail and voided

Candidate Name

HUDSON, RICHARD L. JR., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB23.9622

Amount of Each Disbursement this Period

Memo Item

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

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

<input type="text" value="6000.00"/>

<input type="text" value=""/>

**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

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City
CONCORD

State
NC

Zip Code
28027

Purpose of Disbursement
Re issue of 3/20/18 lost check

Candidate Name

HUDSON, RICHARD L. JR., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

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

FEC Identification Number

C C00504522

Transaction ID : SB23.9623

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHNSON FOR CONGRESS

Mailing Address PO BOX 906

City
MARIETTA

State
OH

Zip Code
45750

Purpose of Disbursement

Candidate Name

JOHNSON, BILL, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	8

FEC Identification Number

C C00476820

Transaction ID : SB23.9613

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City
LA CROSSE

State
WI

Zip Code
54601

Purpose of Disbursement

Candidate Name

KIND, RON, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	8

FEC Identification Number

C C00312017

Transaction ID : SB23.9611

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

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial) A. LATTA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 18 / 2018
Mailing Address PO BOX 106		FEC Identification Number C00438697 Transaction ID : SB23.9615 Amount of Each Disbursement this Period 1500.00
City BOWLING GREEN	State OH	Zip Code 43402
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name LATTA, ROBERT EDWARD MR, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH	District: 05	

Full Name (Last, First, Middle Initial) B. LOEBSACK FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 18 / 2018
Mailing Address PO BOX 3013		FEC Identification Number C00414318 Transaction ID : SB23.9616 Amount of Each Disbursement this Period 1000.00
City IOWA CITY	State IA	Zip Code 52244
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name LOEBSACK, DAVID WAYNE, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IA	District: 02	

Full Name (Last, First, Middle Initial) C. MARTIN HEINRICH FOR SENATE		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018
Mailing Address P.O. BOX 25763		FEC Identification Number C00434563 Transaction ID : SB23.9624 Amount of Each Disbursement this Period 1000.00
City ALBUQUERQUE	State NM	Zip Code 87125
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name HEINRICH, MARTIN, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NM	District: 01	

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	12500.00