PAGE 1 / 16

Image# 201601199004521390

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than	An Authorized	l Committee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, ty r the lines.	/pe 1	2FE4M5	
Consumer Healthcare	Products Asso	ociation PAC	(CHPA/PAC	;) 		
ADDRESS (number and street)	1625 Eye Street N	\W				
Check if different	Suite 600					
than previously reported. (ACC)	Washington				DC	20006
2. FEC IDENTIFICATION NU	IMBER ▼	CITY		ST	ATE 🛦	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	NEW (N)	OR	X AME	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Jun 2	20 (M5) 20 (M6) 0 (M7)	Sep 2	0 (M8) Nov 20 (M11) (Non-Election Year Only) 0 (M9) Dec 20 (M12) (Non-Election Year Only) 0 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y)	(c) 12-Day PRE-EI Report		Primary (12P) Convention (12C)	D / Y	General (1	
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day	Election for the:	General (30G)	D / Y	Runoff (30	Special (30S) in the State of
5. Covering Period 11	01	2015	through	M M /	30/	2015
I certify that I have examined thi Type or Print Name of Treasurer	•	ne best of my kno	wledge and belief	it is true,	correct and	complete.
Signature of Treasurer Brian	Green		[Electronically Filed	d] Date	e 01	19 / 2016
NOTE: Submission of false, errone	eous, or incomplete	information may su	bject the person s	signing this	Report to the	penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

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: 11 01 2015 To: 11 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	12859.90	
	(c) Total Receipts (from Line 19)	10413.44	37054.62
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23273.34	52671.69
7.	Total Disbursements (from Line 31)	1007.54	30405.89
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22265.80	22265.80
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:	10181 1110 1 01108	
(a) Individuals/Persons Other		
Than Political Committees		0,010,025
(i) Itemized (use Schedule A)	3143.44	21310.75
(ii) Unitemized	, 7270.00	10098.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	10413.44	31409.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	5000.00
(such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	10.110.11	20,400,40
Totals to Line 33, page 5)	10413.44	36409.49
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	645.13
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(b) Lovin Funda (from Cobodulo IIF)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transiers (add To(a) and To(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	10413.44	37054.62
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	10413.44	37054.62

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
1. O (a	perating Expenditures: Adjusted Federal/Non-Federal Activity (from Schoolule H4)		Salonaar Tour to Dute
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal Share		
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
	Expenditures	106.02	601.77
(c	, , ,		
_	(add 21(a)(i), (a)(ii), and (b))▶	106.02	601.77
	ansfers to Affiliated/Other Party	0.00	0.00
C	ommitteesontributions to	0.00	0.00
Fe	ederal Candidates/Committees and Other Political Committees	901.52	29804.12
	dependent Expenditures		
(u	se Schedule E)	0.00	0.00
C	oordinated Party Expenditures		
(u	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
		2.22	
Lo	pan Repayments Made	0.00	0.00
		0.00	0.00
	pans Madeefunds of Contributions To:	0.00	0.00
(a		0.00	0.00
	man rollical committees	0.00	
(b) Political Party Committees	0.00	0.00
(c			
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(u	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(add Lines 20(a), (b), and (c))	7	
. 0	ther Disbursements	0.00	0.00
		7	7
F	ederal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) III aviall Chara	0.00	0.00
(h	(ii) "Levin" Share) Federal Election Activity Paid Entirely	3.00	9 9
(b	With Federal Funds	0.00	0.00
(c		7 7 7	7 7
(-	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
To	otal Disbursements (add Lines 21(c), 22,		
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	1007.54	30405.89
		7	
	etal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	4007.54	20405.00
Tro	om Line 31)▶	1007.54	30405.89

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10413.44	36409.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10413.44	36409.49
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	106.02	601.77
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	645.13
88. Net Operating Expenditures (subtract Line 37 from Line 36)	106.02	-43.36

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

F	OR	LINE	PAGE	6	OF	16			
(0	che	ck only	or	ne)					
	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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Susan DiBartolo Date of Receipt Mailing Address 2717 Felter Lane 2015 11 15 City Zip Code State Transaction ID: SA11AI.8199 MD Bowie 20715 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Manager, IT, Database & Website Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan DiBartolo Date of Receipt Mailing Address 2717 Felter Lane 30 11 2015 City State Zip Code Transaction ID: SA11AI.8200 MD **Bowie** 20715 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Consumer Healthcare Products Manager, IT, Database & Website Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Scott Emerson Date of Receipt Mailing Address 407 East Lancaster Ave. 17 2015 11 City State Zip Code Transaction ID: SA11AI.8240 PΑ Wayne 19087 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Name of Employer Occupation President The Emerson Group Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	L	Ĺ	_	7		_	7	i	202	20.00)	
TOTAL This Period (last page this line number only)		_	_	7	_	_	7	Ξ				

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

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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) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2015 11 15 City State Zip Code Transaction ID: SA11AI.8201 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 2187.57 Other (specify) Full Name (Last, First, Middle Initial) B. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 30 11 2015 City State Zip Code Transaction ID: SA11AI.8202 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.74 Other (specify) Full Name (Last, First, Middle Initial) **c.** Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 11 15 2015 City State Zip Code Transaction ID: SA11AI.8203 Alexandria VA 22304 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Name of Employer Occupation Assoc. Director, Federal Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 437.64 Other (specify) 229.18 SUBTOTAL of Receipts This Page (optional).....

- 9

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

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

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Consumer Healthcare Products As	,	
Name of Employer Consumer Healthcare Products Receipt For: Primary Other (specify) ▼ OA An An An An An An An An An	State Zip Code VA 22304 C ccupation ssoc. Director, Federal Affairs ggregate Year-to-Date ▼ 458.48	Date of Receipt M M M / 30 2015 Transaction ID: SA11AI.8204 Amount of Each Receipt this Period 20.84
Name of Employer Consumer Healthcare Prod. Assn	State Zip Code MD 20874 C ccupation ce President, Finance & Ops. (CFO) ggregate Year-to-Date 437.64	Date of Receipt 11 15 2015 Transaction ID: SA11AI.8205 Amount of Each Receipt this Period 20.84
Name of Employer Consumer Healthcare Prod. Assn V	State Zip Code MD 20874 C ccupation ice President, Finance & Ops. (CFO) ggregate Year-to-Date ▼ 458.48	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	62.52

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

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	ng the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	usts Association DAC (CLIDA/DAC)	
Consumer Healthcare Prod	ucts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Street		1,1 1,5 2015
City	State Zip Code	Transaction ID : SA11AI.8207
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.64	
Full Name (Last, First, Middle Initial) Carlos Gutierrez	I	Date of Receipt
Mailing Address 926 North Barton Street		11 30 2015
City	State Zip Code	Transaction ID : SA11AI.8208
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	1
Consumer Healthcare Products	Director, State Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.48	
Full Name (Last, First, Middle Initial) . Kaelan Hollon	1	Date of Receipt
Mailing Address 100 I Street SE Apt. 214		11 15 2015
City Washington	State Zip Code DC 20003	Transaction ID : SA11AI.8209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	1
Consumer Healthcare Prod. Assn	_	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	437.64	
SUBTOTAL of Receipts This Page (ontion	nal)	62.52
CODITION TO THE CONTROL THIS T AGE (OPHOR	<u> </u>	
TOTAL This Period (last page this line nu	mber only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal parties of any political committee to	on for the purpose of soliciting contributions of 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	77.0.1	11 30 2015
City	State Zip Code	Transaction ID : SA11AI.8210
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: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	458.48	
Full Name (Last, First, Middle Initial) 3. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place	Chaire To Contr	11 15 2015
City Herndon	State Zip Code VA 20170	Transaction ID : SA11AI.8211
<u> </u>	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) ▼	437.64	
Full Name (Last, First, Middle Initial) C. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		11 30 2015
City	State Zip Code	Transaction ID : SA11AI.8212
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) ▼	458.48	
SUBTOTAL of Receipts This Page (optional)	•	62.52
TOTAL This Period (last page this line number	only)	

Consumer Healthcare Prod. Asso

General

General

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

Receipt For:

Primary

Primary

Other (specify)

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

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		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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Mary Leonard Date of Receipt Mailing Address 1200 North Veitch Street Apt. 526 2015 City State Zip Code Transaction ID: SA11AI.8213 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Communications Consumer Healthcare Prod. Asso. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mary Leonard Date of Receipt Mailing Address 1200 North Veitch Street Apt. 526 30 11 2015 City State Zip Code Transaction ID: SA11AI.8214 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation

	Other (specify) ▼		22	20.00			
C.	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court				Date of Rec	ceipt /	2015
	City	State	Zip Code		Transaction	on ID : SA1	1AI.8215
	Vienna	VA	22182		Amount of E	Each Recei	ot this Period
	FEC ID number of contributing federal political committee.	С				,	208.
	Name of Employer	Occupation					
	Consumer Healthcare Products	President ar	nd CEO				
	Receipt For:	Aggregate '	Year-to-Date ▼				

4374.94

Communications

Aggregate Year-to-Date ▼

228.33

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

16

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) Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 30 2015 11 City Zip Code State Transaction ID: SA11AI.8216 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 4583.27 Other (specify) Full Name (Last, First, Middle Initial) **B.** Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 11 15 2015 City State Zip Code Transaction ID: SA11AI.8219 Falls Church VA 22042 Amount of Each Receipt this Period FEC ID number of contributing 62.51 federal political committee. Name of Employer Occupation Consumer Healthcare Products Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1312.71 Other (specify) Full Name (Last, First, Middle Initial) c. Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 30 11 2015 City Zip Code State Transaction ID: SA11AI.8220 Falls Church VA 22042 Amount of Each Receipt this Period FEC ID number of contributing 62.51 С federal political committee. Name of Employer Occupation Consumer Healthcare Products Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1375.22 Other (specify) 333.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

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

FOR LI	NE NU	IMBER	:	PAGE	. 1	13	OF	16
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Any information copied from such Reports and Statements may not be sold or used by any pers or for commercial purposes, other than using the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	
Consumer Healthcare Products Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) 1. Ted Peterson	Date of Receipt
Mailing Address 8417 Weller Avenue	11 15 2015
City State Zip Code	Transaction ID : SA11AI.8221
McLean VA 22102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	41.67
Name of Employer Occupation	
CHPA VP	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 875.07	
Full Name (Last, First, Middle Initial) Ted Peterson	Date of Receipt
Mailing Address 8417 Weller Avenue	M = M / D = D / Y = Y = Y
City State Zip Code	11 30 2015
McLean VA 22102	Transaction ID : SA11AI.8222 Amount of Each Receipt this Period
FFO ID sounds or of contributions	Amount of Lacif necelpt this Feriou
FEC ID number of contributing federal political committee.	41.67
Name of Employer Occupation	
CHPA VP	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼ 916.74	
Full Name (Last, First, Middle Initial) Maria Sarabia	Date of Receipt
Mailing Address 240 Manor Circle	M = M / D = D / Y = Y = Y = Y
Apartment 1 City State Zip Code	11 15 2015 Transaction ID : SA11AI.8223
Takoma Park MD 20912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	10.00
Name of Employer Occupation	
Consumer Healthcare Products Manager, Meetings & Events	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)	93.34
TOTAL This Period (last page this line number only)	

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

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		13		14		15	16	,	17

	the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
/ Consumer Healthcare Product	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Maria Sarabia		Date of Receipt
Mailing Address 240 Manor Circle		M = M / D = D / Y = Y = Y
Apartment 1	Chain 7th Only	11 30 2015
City Takoma Park	State Zip Code MD 20912	Transaction ID : SA11AI.8224
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Consumer Healthcare Products	Manager, Meetings & Events]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Emily Skor		Date of Receipt
Mailing Address 2113 12th Street NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	11 15 2015 Transaction ID : SA11AI.8227
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.84
Name of Employer	Occupation	1
Consumer Healthcare Products	Vice President, Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	354.28	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2113 12th Street NW		M = M / D = D / Y = Y = Y
City	State Zip Code	11 30 2015 Transaction ID : SA11AI.8228
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	-
Consumer Healthcare Products	Vice President, Communications	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.12	
	010.12	
SUBTOTAL of Receipts This Page (optional)		51.68
TOTAL This Period (last page this line number	er only)	3143.44

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SCHEDULE B (FEC Form 3X)	Har arrange to the	, FOR LI	INE NUMBER	:	PAGE 1	5 OF '
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Onlook	only one) 21b 22	23	724 72	25 🗀
	Detailed Summary Page		21b 22 27 28a	28b		29
Any information copied from such Reports and Stater	nents may not be sold or u	sed by any r	person for the	purpose of s	soliciting cont	ributions
or for commercial purposes, other than using the nan	ne and address of any polit	ical committe	ee to solicit co	ontributions fro	om such com	mittee.
NAME OF COMMITTEE (In Full)	i-ti DAO (OI		• •			
Consumer Healthcare Products As	sociation PAC (Cr	1PA/PAC	,)			
Full Name (Last, First, Middle Initial)						
A. Wells Fargo Bank				of Disburseme		
Mailing Address 1510 K Street NW			11	12	201	
City	State Zip Code		Trans	saction ID : S	P21D 9109	
Washington	DC 20005	I		Saction iD . S	00210.0190	
Purpose of Disbursement		001	Amoun	nt of Each Dis	sbursement t	his Period
Candidate Name		Category	-			
		Type				106.02
Office Sought: House Disburser Senate	ment For:					
President	Primary General Other (specify) ▼					
State: District:	(- /)					
Full Name (Last, First, Middle Initial)						
В.			Date o	of Disburseme		
Mailing Address			MM	/ D D	/ Y Y	Y Y
City	State Zip Code					
Purpose of Disbursement			=			
			Amoun	nt of Each Dis	sbursement t	his Period
Candidate Name		Category	/			
Office Sought: House Disburser	ment For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
C.			Date o	of Disburseme	ent	
			M M	/ D D	/ Y Y	YY
Mailing Address					ـــا ا	
City	State Zip Code					
Purpose of Disbursement						
			Amoun	nt of Each Dis	sbursement t	his Period
Candidate Name		Category Type	/			
Office Sought: House Disburser	ment For:	1,900			7	- 1
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)						106.02
(optional).			-			
TOTAL This Period (last page this line number only)			L			106.02

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 16 O	F 16
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		26
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use e and address of any political	d by any perso al committee to	on for the purpose of soliciting contribution solicit contributions from such committee	ons ee.
NAME OF COMMITTEE (In Full)				
Consumer Healthcare Products Ass	sociation PAC (CHF	PA/PAC)		
Full Name (Last, First, Middle Initial)			D (B) .	
A. Consumer Healthcare Products Ass	sociation		Date of Disbursement	Y
Mailing Address 1625 Eye Street NW Suite 600			11 10 2015	
•	State Zip Code		Transaction ID : SB23.8197	
Washington Purpose of Disbursement	DC 20006			
In-Kind for Brady for Congress			Amount of Each Disbursement this P	eriod
Candidate Name BRADY FOR CONGRESS		Category/ Type	901.	52
Senate	nent For: 2016 Primary General Other (specify)			
State: TX District: 08				
Full Name (Last, First, Middle Initial) B.			Date of Disbursement	
- .			M M / D D / Y Y Y	Υ
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this P	eriod
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	V
Mailing Address			, , , , , , , , , , , , , , , , , , , ,	
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this P	eriod
	nent For: Primary General Other (specify)	31		
SUBTOTAL of Disbursements This Page (optional)		·····•	901.8	52
TOTAL This Period (last page this line number only).			901.	52