PAGE 1 / 16

Image# 201512189004316405

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	or Other Than An Au	ithorized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
Consumer Healthcare I	Products Association	on PAC (CHPA/PA	C)	
ADDRESS (number and street)	1625 Eye Street NW			
Check if different	Suite 600			
than previously reported. (ACC)	Washington		DC	20006
2. FEC IDENTIFICATION NU	MBER ▼ C	ITY 🛦	STATE ▲	ZIP CODE ▲
C C00040584		IS THIS REPORT X (N)	OR AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	1)			
July 15 Quarterly Report (Q:	(c) 12-Day	Primary (12P) Convention (12C)	General (Special (1	
October 15 Quarterly Report (Q	•	Convention (120) Special (20)
January 31 Year-End Report (Ye	≣)Elect	tion on	/ Y Y Y Y Y	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 (3	DR) Special (30S)
Termination Report (TER)	Elect	tion on	D / Y Y Y Y	in the State of
5. Covering Period 11	01 2015		11 ₃ / 30 ₃ /	2015
I certify that I have examined this	s Report and to the best	of my knowledge and belie	ef it is true, correct and	complete.
Type or Print Name of Treasurer	Brian Green			
Signature of Treasurer Brian	Green	[Electronically Fil	ed] Date 12	/ 18 / Y Y Y Y Y Y 2015
NOTE: Submission of false, errone	ous, or incomplete informati	ion may subject the person	signing this Report to th	e 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	11859.90	
	(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)	22273.34	52671.69
7.	Total Disbursements (from Line 31)	1007.54	31405.89
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21265.80	21265.80
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:	1	
(a) Individuals/Persons Other		
Than Political Committees	24044	24240.75
(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)	7	3000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	10413.44	36409.49
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(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	0.00	2.22
(from Schedule H3)	0.00	0.00
(b) Lovin Funda (from Schodula HE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	3.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	10413.44	37054.
. 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
Operating Expenditures: —	Total Tills I criod	Calendar Tear-10-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) N 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	106.02	601.77
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	106.02	601.77
Transfers to Affiliated/Other Party	2.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	901.52	30804.12
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(3001 43 1 703)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Birth are to		0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
/::\	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7 7
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
Total Dishurasments (add Lines 01/s) 00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1007.54	24 405 00
20, 21, 20, 20, 27, 20(d), 20 and 00(0))	1007.04	31405.89
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1007.54	31405.89

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
4. 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
6. 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
8. Net Operating Expenditures (subtract Line 37 from Line 36)	106.02	-43.36

FOR LINE NUMBER:					PAGE	6	OF	16
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X	11a	11c	12	2				
	13		14		15	16	6	17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ets Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Susan DiBartolo Mailing Address 2717 Felter Lane		Date of Receipt
Maining Address 2717 Feller Laire		11 15 2015
City	State Zip Code	Transaction ID : SA11AI.8199
Bowie	MD 20715	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	†
Consumer Healthcare Products	Manager, IT, Database & Website	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Susan DiBartolo Mailing Address 2777 February		Date of Receipt
Mailing Address 2717 Felter Lane		11 30 _2015 _
City	State Zip Code	Transaction ID : SA11AI.8200
Bowie	MD 20715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Consumer Healthcare Products	Manager, IT, Database & Website	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Scott Emerson		Date of Receipt
Mailing Address 407 East Lancaster Ave.		11 17 2015
City	State Zip Code	Transaction ID : SA11AI.8240
Wayne	PA 19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	1
The Emerson Group	President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		2020.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER:						PAGE		7	OF		16
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Consumer Healthcare Products	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) 1. John Gay		Date of Receipt
Mailing Address 3180 N. Quincy St.		M = M / D = D / Y = Y = Y = Y = Y = 1.1
City	State Zip Code	Transaction ID : SA11AI.8201
Arlington	VA 22207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
Consumer Healthcare Products	Vice President, Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2187.57	
Full Name (Last, First, Middle Initial) John Gay		Date of Receipt
Mailing Address 3180 N. Quincy St.		M M / D D / Y Y Y Y
City	State Zip Code	11 30 2015
Arlington	VA 22207	Transaction ID : SA11AI.8202 Amount of Each Receipt this Period
		Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
Consumer Healthcare Products	Vice President, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.74	
Full Name (Last, First, Middle Initial) C. Travis Gibbons		Date of Receipt
Mailing Address 340 Cloudes Mill Ct.		M M / D D / Y Y Y Y Y Y Y 1 Y 1 1 15 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.8203
Alexandria	VA 22304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
Consumer Healthcare Products	Assoc. Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	437.64	
SUBTOTAL of Receipts This Page (optional)	•	229.18
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE		8	OF		16
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		atements may not be sold or used by any person name and address of any political committee to	
$\overline{}$	NAME OF COMMITTEE (In Full)		
	Consumer Healthcare Products	Association PAC (CHPA/PAC)	
١.	Full Name (Last, First, Middle Initial) Travis Gibbons		Date of Receipt
	Mailing Address 340 Cloudes Mill Ct.		11 30 2015
	City	State Zip Code	Transaction ID : SA11AI.8204
	Alexandria	VA 22304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer	Occupation	
	Consumer Healthcare Products	Assoc. Director, Federal Affairs	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	458.48	
3.	Full Name (Last, First, Middle Initial) Brian Green		Date of Receipt
	Mailing Address 19110 Mateny Hill Road		M = M / D = D / Y = Y = Y
	City	State Zip Code	11 15 2015 Transaction ID : SA11Al.8205
	Germantown	MD 20874	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	Vice President, Finance & Ops. (CFO)	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	437.64	
).	Full Name (Last, First, Middle Initial) Brian Green		Date of Receipt
	Mailing Address 19110 Mateny Hill Road		11 30 _2015 _
	City	State Zip Code	Transaction ID : SA11AI.8206
	Germantown	MD 20874	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	Vice President, Finance & Ops. (CFO)	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	458.48	
SI	JBTOTAL of Receipts This Page (optional)	>	62.52
TC	OTAL This Period (last page this line number o	nly)	

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	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street		Date of Receipt
		11 15 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 ▼	
Other (specily)	437.04	
Full Name (Last, First, Middle Initial) Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Street		11 30 2015
City	State Zip Code VA 22201	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	458.48	
Full Name (Last, First, Middle Initial) C. Kaelan Hollon		Date of Receipt
Mailing Address 100 I Street SE Apt. 214		11 15 2015
City	State Zip Code	Transaction ID : SA11AI.8209
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) ▼	437.64	
Cities (specify)	401.04	
SUBTOTAL of Receipts This Page (optional).	·····	62.52
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	cts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Kaelan Hollon Mailing Address 100 I Street SE Apt. 214 City	State Zip Code	Date of Receipt 11 30 2015 Transaction ID: SA11AI.8210
Washington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify) ▼	Occupation Director, Communications Aggregate Year-to-Date 458.48	Amount of Each Receipt this Period 20.84
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon	State Zip Code VA 20170	Date of Receipt 11 15 2015 Transaction ID: SA11AI.8211 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	Occupation Vice President, Regulatory Affairs Aggregate Year-to-Date ▼ 437.64	20.84
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affairs Aggregate Year-to-Date ▼ 458.48	Date of Receipt 11 30 2015 Transaction ID: SA11Al.8212 Amount of Each Receipt this Period 20.84
)	62.52
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Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Mary Leonard Mailing Address 1200 North Veitch Street		Date of Receipt
Apt. 526		1.1 1.5 201.5
City	State Zip Code	Transaction ID : SA11AI.8213
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Consumer Healthcare Prod. Asso	Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Mary Leonard		Date of Receipt
Mailing Address 1200 North Veitch Street		M = M / D = D / Y = Y = Y
Apt. 526 City	State Zip Code	11 30 2015
City Arlington	VA 22201	Transaction ID : SA11AI.8214 Amount of Each Receipt this Period
		Amount of Lacti neceipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Consumer Healthcare Prod. Asso	Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) C. Scott M. Melville		Date of Receipt
Mailing Address 1596 Lupine Den Court		11
City Vienna	State Zip Code VA 22182	Transaction ID : SA11AI.8215 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) ▼	4374.94	
SUBTOTAL of Receipts This Page (optional)	>	228.33
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)	, _p = 35					
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		11 30 2015				
City	State Zip Code	Transaction ID : SA11AI.8216				
Vienna	VA 22182	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	208.33				
Name of Employer	Occupation					
Consumer Healthcare Products	President and CEO					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	33 0					
Other (specify) ▼	4583.27					
Full Name (Last, First, Middle Initial) 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 federal political committee.	С	62.51				
Name of Employer	Occupation					
Consumer Healthcare Products	Government Affairs					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.71					
Full Name (Last, First, Middle Initial) C. Lindsay Morris		Date of Receipt				
Mailing Address 7605 Trail Run Rd.		11 302015				
City	State Zip Code	Transaction ID : SA11Al.8220				
Falls Church	VA 22042	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	62.51				
Name of Employer	Occupation					
Consumer Healthcare Products	Government Affairs					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1375.22					
SUBTOTAL of Receipts This Page (optional)	>	333.35				
TOTAL This Period (last page this line number of	ınly)					

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	and Statements may not be sold or used by any persong the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ	ucts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) 1. Ted Peterson Mailing Address 8417 Weller Avenue		Date of Receipt
		11 15 2015
City	State Zip Code VA 22102	Transaction ID : SA11AI.8221
McLean	vn 22102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
СНРА	VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	
Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 2447 Weller Avenue		Date of Receipt
Mailing Address 8417 Weller Avenue		11 30 _2015 _
City	State Zip Code	Transaction ID : SA11AI.8222
McLean	VA 22102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CHPA	Occupation VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	
Full Name (Last, First, Middle Initial) C. Maria Sarabia		Date of Receipt
Mailing Address 240 Manor Circle Apartment 1		11 15 2015
City Takoma Park	State Zip Code MD 20912	Transaction ID : SA11AI.8223 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 Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (option	al)	93.34
IUIAL This Period (last page this line nui	mber only)	

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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee lucts Association PAC (CHPA/PAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maria Sarabia Mailing Address 240 Manor Circle Apartment 1 City Takoma Park FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code MD 20912 C Occupation Manager, Meetings & Events Aggregate Year-to-Date ▼	Date of Receipt 11 30 2015 Transaction ID: SA11AI.8224 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Emily Skor Mailing Address 2113 12th Street NW		Date of Receipt 11 15 2015
City	State Zip Code DC 20009	Transaction ID : SA11AI.8227
Washington FEC ID number of contributing federal political committee.	C 20009	Amount of Each Receipt this Period 20.84
Name of Employer Consumer Healthcare Products	Occupation Vice President, Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 354.28	
Full Name (Last, First, Middle Initial) Emily Skor		Date of Receipt
Mailing Address 2113 12th Street NW		11 30 2015
City Washington	State Zip Code DC 20009	Transaction ID : SA11AI.8228 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.12	
SUBTOTAL of Receipts This Page (option	nal)	51.68
	<u> </u>	3143.44
TOTAL This Period (last page this line nu	ımber only)	3143.44

S ľ

SCHEDULE B (FEC Form 3X)	Harana and Art Co	NE NUMBER: PAGE 15 OF 16							
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Orlocolk	only one) 21b 22	ne)22232425					
	Detailed Summary Page		27 22 27 28a		24 28c	29	26 30b		
Any information copied from such Reports and Statem	nents may not be sold or u								
or for commercial purposes, other than using the name	e and address of any politi	cal committe	ee to solicit c	ontributions	from such co	mmitte	e.		
NAME OF COMMITTEE (In Full)	i-ti DAO (OL								
Consumer Healthcare Products As	sociation PAC (CF	IPA/PAC	,)						
Full Name (Last, First, Middle Initial)									
A. Wells Fargo Bank				of Disbursen					
Mailing Address 1510 K Street NW			11	11 12 2015					
City	State Zip Code		Tran	eaction ID :	SB21B.8198	,			
Washington	DC 20005			isaction iD .	30210.0190	•			
Purpose of Disbursement		001	Amou	nt of Each D	isbursement	this Pe	eriod		
Candidate Name		Category							
		Type			7	106.0	ງ2		
Office Sought: House Disbursen Senate									
	Primary General Other (specify) ▼								
State: District:	(-p), \								
Full Name (Last, First, Middle Initial)									
В.			Date	of Disbursen					
Mailing Address				M / D D	/ Y Y	Y			
City	State Zip Code								
Purpose of Disbursement			-						
			Amou	Amount of Each Disbursement thi					
Candidate Name		Category	/						
Office Sought: House Disbursen	nent For:	Туре			-				
	Primary General								
	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) C.			Date	of Disbursen	nent				
			M	M / D D	/ Y Y	Y = Y	Y		
Mailing Address			L.						
City	State Zip Code								
Purpose of Disbursement			_						
			Amou	nt of Each D	isbursement	this Pe	eriod		
Candidate Name		Category, Type	/				\neg		
Office Sought: House Disbursen	nent For:	1,400		- 1	7	-			
	Primary General								
	Other (specify) ▼								
State: District:									
SUBTOTAL of Disbursements This Page (optional)						106.0)2		
			- #	1	1		Ħ		
TOTAL This Period (last page this line number only)			. L.			106.0)2		

SCHEDULE B (FEC Form 3X)	Han annual relief ()	FOR LINE	FOR LINE NUMBER: PAGE 16 OF 16		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) Consumer Healthcare Products Ass	, ,		Solidit Contributions in	om addi committee.	
Full Name (Last, First, Middle Initial)					
A. Consumer Healthcare Products Association			Date of Disbursement 11 10 2015		
Mailing Address 1625 Eye Street NW Suite 600					
,	tate Zip Code DC 20006		Transaction ID : S	B23.8197	
Purpose of Disbursement In-Kind for Brady for Congress	2000		Amount of Each Di	sbursement this Period	
Candidate Name Category/			Amount of Each bis		
BRADY FOR CONGRESS		Type	7	901.52	
Senate President	nent For: 2016 Primary General Other (specify)				
State: TX District: 08					
Full Name (Last, First, Middle Initial) B.			Date of Disbursement		
Mailing Address			M M / D D	/	
City	tate Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name	Category/ Type				
President	nent For: Primary General Other (specify)	71.	,	,	
State: District: Full Name (Last, First, Middle Initial)					
C.			Date of Disburseme		
Mailing Address					
City	tate Zip Code				
Purpose of Disbursement					
Candidate Name	Category/ Type	Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify) ▼	,,			
SUBTOTAL of Disbursements This Page (optional)				901.52	
TOTAL This Period (last page this line number only).				901.52	