Image#	201	601 <sup>·</sup>	19900	4521	406
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01/19/2016 15 : 06

PAGE 1 / 15

FEC	AND DIS	<b>OF REC</b> <b>SBURSEN</b> n An Authorized		s		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typir r the lines.	ng, type	12FE4M5		
	Products As	sociation PAC		PAC)			
ADDRESS (number and street)	1625 Eye Stree	t NW					
Check if different than previously	Suite 600					20006	
reported. (ACC)						=	
2. FEC IDENTIFICATION N	IUMBER 🔻			S		ZIP COI	
C C00040584		3. IS THIS REPORT	~ /	N) <b>OR</b>	AMI (A)	ENDED	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)		Jul 20 (M7)	Oct 2	0 (M10)	Jan 31 (YE)
Quarterly Report ( July 15 Quarterly Report ( October 15	Q2) (C) 12-Da	ay Election rt for the:	Primary (12F Convention (		General ( <sup>-</sup> Special (1		Runoff (12R)
Quarterly Report ( January 31 Year-End Report (		Election on	M M /	D D /	Y Y Y Y Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	POS	ay <b>F</b> -Election Int for the:	General (300	à)	Runoff (30	)R)	Special (30S)
Termination Repor (TER)	t	Election on	M = M /		Y Y Y Y Y	in the State of	
5. Covering Period	2 01 /	Y Y Y Y 2015	through	M M 12	/ D D / 31	y y y y y 2015	
I certify that I have examined t	·	the best of my know	wledge and I	pelief it is true	e, correct and	complete.	
Type or Print Name of Treasure	er Bhan Green						
Signature of Treasurer	ın Green		[Electronically	Filed] Da	ate 01	/ D D / 19	2016
NOTE: Submission of false, error	neous, or incomplet	e information may su	bject the pers	son signing thi	s Report to the	e penalties of 2 L	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/20	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write	or	Type	Committee	Name

FEC Form 3X (Rev. 02/2003)

#### Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From:	M / D D / Y Y Y Y 2 01 2015 To	b: 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		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	22265.80	
	(c) Total Receipts (from Line 19)	1120.79	38175.41
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	23386.59	53792.48
7.	Total Disbursements (from Line 31)	1056.68	31462.57
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22329.91	22329.91
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

X

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Pe	riod: From: 12	/ D D / Y Y Y Y 01 2015	To: 12 / D D / Y Y Y Y 31 / 2015
I. Rec	eipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other t	han loans) From:		-
(a) Individuals/Perso	ons Other		
Than Political Co	ommittees		
(i) Itemized (use	e Schedule A)	1100.79	22411.54
(ii) Unitemized		20.00	10118.74
(iii) TOTAL (add	E E		
Lines 11(a)(i	) and (ii)	1120.79	32530.28
(b) Political Party C	ommittees	0.00	0.00
(c) Other Political C	ommittees		
(such as PACs).		0.00	5000.00
(d) Total Contributio	ns (add Lines		
11(a)(iii), (b), and			27520.00
	3, page 5)	1120.79	37530.28
12. Transfers From Affilia			
Party Committees	L	0.00	0.00
13. All Loans Received		0.00	0.00
	<b>Г</b>	0.00	0.00
14. Loan Repayments Re			0.00
15. Offsets To Operating	-		
(Refunds, Rebates, e		0.00	645.13
16. Refunds of Contributi	37, page 5)	7 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
to Federal Candidate			
		0.00	0.00
17. Other Federal Receipt		7 7 7	
	etc.)	0.00	0.00
18. Transfers from Non-F		7 7	/J. /J. /A.
(a) Non-Federal Acco			
( )	H3)	0.00	0.00
Υ.			
(b) Levin Funds (from	n Schedule H5)	0.00	0.00
(c) Total Transfers (a	dd 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add L	ines 11(d)		
12, 13, 14, 15, 16, 1		1120.79	38175.41
12, 10, 14, 10, 10, 1	, and io(0)/initial <b>F</b>	7 7 7	
20. Total Federal Receipt	ts		
(subtract Line 18(c) f		1120.79	38175.41
( )	, -	/5 /7 /7	

I

### DETAILED SUMMARY PAGE

II. Disbursem	ents	COLUMN A	A	COLUMN B			
Operating Expenditures:		Total This Per	riod	Calendar Y			
(a) Allocated Federal/No Activity (from Schedu							
(i) Federal Share	,		0.00		0.00		
(ii) Non-Federal Sha	are		0.00		0.00		
(b) Other Federal Opera					7		
Expenditures		7 7 7	56.68	7	658.45		
(c) Total Operating Expe			56.68		658.45		
(add 21(a)(i), (a)(ii), a			50.00	7	7		
Committees			0.00		0.00		
Federal Candidates/Comm and Other Political Comm	iittees		1000.00		30804.12		
. Independent Expenditures			0.00		0.00		
(use Schedule E)	ditures	7 7			7		
(2 U.S.C. §441a(d)) (use Schedule F)	L	7 7	0.00		0.00		
. Loan Repayments Made			0.00		0.00		
. Loans Made			0.00		0.00		
. Refunds of Contributions (a) Individuals/Persons C Than Political Comm	Other		0.00		0.00		
					7		
<ul><li>(b) Political Party Comm</li><li>(c) Other Political Comm</li></ul>		7 7 7	0.00		0.00		
(c) Other Political Comm (such as PACs)		7 7	0.00		0.00		
(d) Total Contribution Do	fundo						
(d) Total Contribution Re (add Lines 28(a), (b)			0.00		0.00		
. Other Disbursements			0.00		0.00		
. Federal Election Activity (							
(a) Allocated Federal Ele	ection Activity						
(from Schedule H6) (i) Federal Share	<b>Г</b>		0.00		0.00		
(.)		7 7			7		
(ii) "Levin" Share		7 7	0.00		0.00		
(b) Federal Election Activ With Federal Fu			0.00		0.00		
(c) Total Federal Election		7 7			<u>a</u> 1 1 a		
Lines 30(a)(i), 30(a)	(ii) and 30(b))►	7 7	0.00	7	0.00		
Total Disbursements (add	Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d),	29 and 30(c))		1056.68		31462.57		
Total Federal Disburseme	nts						
(subtract Line 21(a)(ii) and			1056 69		21460 57		
from Line 31)	▶		1056.68		31462.57		

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L

#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	1120.79	37530.28
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	1120.79	37530.28
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	56.68	658.45
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	645.13
3. Net Operating Expenditures (subtract Line 37 from Line 36)	56.68	13.32

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

6 OF

		Use separate schedule(s)	(che	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c 15	12		17	
Any information copied from such Reports or for commercial purposes, other than usin				or the		oose of	soliciting	g contrib	utions	17	
NAME OF COMMITTEE (In Full) Consumer Healthcare Prod	ucts Associat	ion PAC (CHPA/PAC	)								
Full Name (Last, First, Middle Initial) <b>A.</b> Susan DiBartolo			D	Date of	Re	ceipt					
Mailing Address 2717 Felter Lane			11	м м 12	/	15	) / Y	2015	Y		
City Bowie	State MD	Zip Code 20715		Trans		on ID :	SA11AI. Receipt th	8302	d		
FEC ID number of contributing federal political committee.	C					7		1	0.00		
Name of Employer Consumer Healthcare Products	Occupation Manager, I	Γ, Database & Website									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	]								
Full Name (Last, First, Middle Initial) <b>B. Susan DiBartolo</b>			C	Date of	Re	ceipt					
Mailing Address 2717 Felter Lane				™ M 12	/	31	) / Y	2015	Y		
City State Bowie MD		Zip Code 20715	Transaction ID : SA11AI.8303 Amount of Each Receipt this Pe						d		
FEC ID number of contributing federal political committee.	С					7			0.00		
Name of Employer Consumer Healthcare Products	Occupation Manager, IT	, Database & Website									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]								
Full Name (Last, First, Middle Initial) C. John Gay				Date of	Re	ceipt					
Mailing Address 3180 N. Quincy St.				м м 12	/	D 15		2015	Y		
City Arlington	State VA	Zip Code 22207	A				SA11AI. Receipt th		d		
FEC ID number of contributing federal political committee.	С					7			)4.17		
Name of Employer	Occupation										
Consumer Healthcare Products Receipt For:		ent, Government Affairs									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2395.91	]								
SUBTOTAL of Receipts This Page (option	al)					7		12	4.17	]	
TOTAL This Period (last page this line nu	mber only)					,					

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			Detailed Summary Page		11a	$\vdash$	11b 14	11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciti		ontribut	ions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)									
<b>A</b> .	Mailing Address 3180 N. Quincy St.	nn Gay ng Address 3180 N. Quincy St. State Zip Code										
	Arlington FEC ID number of contributing federal political committee.		Amount	tof	Each R	eceipt	this I	Period 104.	09			
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	ent, Government Affairs Year-to-Date ▼ 2500.00										
в.	Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct.				Date of	f Re	ceipt	/	Y Y 2	015	Y	
	City Alexandria FEC ID number of contributing federal political committee.	State VA	Zip Code 22304		Transaction ID : SA11AI.8306         Amount of Each Receipt this Period         20.84							
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)		ctor, Federal Affairs Year-to-Date ▼ 479.32									
C.	Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct.	State	Zip Code		Date of	/	, 31	JL	2	015	Y	
	City Alexandria FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	VA C Occupation Assoc. Dire	22304				ion ID : Each R			Period	68	
s	UBTOTAL of Receipts This Page (optional)		•••••	• •			7	- 1	-	145.	61	
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

(check only one)

PAGE

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			Detailed Summary Page		11a 13		11b 14	11c 15		12 16	1	7
	y information copied from such Reports and Sta for commercial purposes, other than using the											
$\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)									
Α.	Full Name (Last, First, Middle Initial) Brian Green Mailing Address 19110 Mateny Hill Road				Date of		D I			Y	Ŷ	
	City Germantown	State MD	Zip Code 20874	A	12     15     2015       Transaction ID : SA11AI.8308       Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.						7		_	20.	84	]
	Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary Other (specify)	ent, Finance & Ops. (CFO) Year-to-Date ▼ 479.32										
в.	Full Name (Last, First, Middle Initial) Brian Green Mailing Address 19110 Mateny Hill Road				Date of	Re ′	D . [	Y / Y	Y	Y	Y	
	City Germantown	State MD	Zip Code 20874					SA11AL	8309			_
	FEC ID number of contributing federal political committee.	С				_	,		_	20.	68	
	Name of Employer Consumer Healthcare Prod. Assn Receipt For:	Occupation Vice Preside	ent, Finance & Ops. (CFO)									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
C.	Full Name (Last, First, Middle Initial) Carlos Gutierrez				ate of	Re	ceipt					
	Mailing Address 926 North Barton Street	01-11-	Zi Osta	_ [	м м 12	/	D 15		20	) 15	Y	
	City Arlington	State VA	Zip Code 22201	A				<b>SA11AI.</b> Receipt th				
	FEC ID number of contributing federal political committee.	С					7		_	20.	84	]
	Name of Employer	Occupation										
	Consumer Healthcare Products Receipt For:	Director, St		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.32									
s	UBTOTAL of Receipts This Page (optional)		•				,	- 7		62.3	36	]
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		oose o	f soliciting	contrib	utions
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC	;)						
Α.	Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street City Arlington FEC ID number of contributing federal political committee.	State VA	Zip Code 22201			/ sacti	31 on ID	SA11AI. Receipt th	is Perio	d 0.68
	Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	Occupation Director, Str Aggregate		]						
	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.	State VA	Zip Code 20170			/	15 on ID :	SA11AL Receipt th	is Perio	d 0.84
	Name of Employer CHPA Receipt For: Primary General Other (specify) ▼	I	ent, Regulatory Affairs Year-to-Date ▼ 479.32	]						
C.	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) ▼		Zip Code 20170 lent, Regulatory Affairs Year-to-Date ▼ 500.00			/ sacti	31 ion ID	SA11AI. Receipt th	is Perio	d 0.68
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SCHEDULE A	(FEC F	orm 3X)
ITEMIZED REC	EIPTS	

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$\setminus$	NAME OF COMMITTEE (In Full)													
	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)											
Α.	Full Name (Last, First, Middle Initial) Mary Leonard				Da	ate of	Po	opint						
А.	Mailing Address 1200 North Veitch Street			-			_	D	D (	V	V	Y	V	
	Apt. 526				IV	12	Ĺ	15				015	T	
	City	State	Zip Code		Т	rans	acti	ion ID	: SA1	I AI.8	314	4		
	Arlington	VA	22201	_	An	nount	of	Each I	Receip	ot this	s P	eriod		
	FEC ID number of contributing federal political committee.	С						7		7		10	.00	
	Name of Employer	Occupation	1											
	Consumer Healthcare Prod. Asso	Communica	ations											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		230.00											
_			7 7											
В.	Full Name (Last, First, Middle Initial) Mary Leonard				Da	ate of	Re	eceipt						
	Mailing Address 1200 North Veitch Street Apt. 526		12 31 / Y Y Y Y 12 31 2015											
	City	State	Zip Code		Т	ransa	acti	ion ID :	: SA11	AI.8	<u>315</u>	;		<u> </u>
	Arlington	VA	22201	_	An	nount	of	Each I	Receip	ot this	s P	eriod		
	FEC ID number of contributing federal political committee.	С						7		,		10	.00	
	Name of Employer	Occupation	l											
	Consumer Healthcare Prod. Asso	Communica	ations											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		, 240.00											
<u> </u>	Full Name (Last, First, Middle Initial) Scott M. Melville				Da	ate of	Re	ceipt						
	Mailing Address 1596 Lupine Den Court					12	1	, 15		Y		)15	Y	
	City	State	Zip Code		Т	rans	act	ion ID	: SA1	1AI.8	310	6		
	Vienna	VA	22182	_	An	nount	of	Each I	Receip	ot this	s P	eriod		
	FEC ID number of contributing federal political committee.	С						7		,		208	3.33	
	Name of Employer	Occupation	l											
	Consumer Healthcare Products	President a	nd CEO											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		4791.60											
			7 7											
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 11 OF

			Detailed Summary Page		X 11a		11b 14	11c	:	12	17				
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	A not be sold or used by any pe ay not be sold or used by any pe ddress of any political committee	erson to s	for the	purp ntrib	pose of	solicit	ing co uch co	ontribut	tions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products														
Α.	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City	State	Zip Code	Date of Receipt											
	Vienna FEC ID number of contributing federal political committee.	VA C	22182	Amount of Each Receipt this Period											
	Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	Occupation President a Aggregate													
в.	Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.				Date of	Re ′	ceipt 15		Y Y 2	015	Y				
	City Falls Church FEC ID number of contributing federal political committee.	State VA	Zip Code 22042	_	Transa Amount		on ID : Each F				51				
	Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼														
C.	Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.				Date of	Re	ceipt	o /		015	Y				
	City Falls Church FEC ID number of contributing federal political committee.	State VA	Zip Code 22042		Trans Amount		ion ID : Each F			Period	.27				
	Name of Employer         Consumer Healthcare Products         Receipt For:         Primary         General         Other (specify) ▼	Occupation Governmer Aggregate													
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 12 OF

	11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>(</b> 11a		11b	11c	12							
ar for commercial puppess, other that using the name and address of any pollical committee to solicit contributions from such committee.          NAME OF COMMITTEE (in PLI)         Consumer Healthcare Products Association PAC (CHPA/PAC)         Full Name (Last, First, Middle Initia)         A, Ted Peterson         Mailing Address 8417 Weiler Avenue         City         City         PEC ID number of contributing tederal political committee.         City         Pinnary         Other (specify) ▼         Pointer (specify) ▼ <tr< th=""><th>_</th><th></th><th></th><th></th><th></th><th>-</th><th></th><th></th><th>-</th><th>-</th><th>17</th></tr<>	_					-			-	-	17						
Consumer Healthcare Products Association PAC (CHPA/PAC)         A. Ted Peterson         Mailing Address B417 Welter Avenue         City       State         Zip Code         Mainer (Last, First, Middle Initial)         PEC ID number of contributing federal political committee.         Primary       General         Other (specify) ψ         Pall Name (Last, First, Middle Initial)         B. Ted Peterson         Mailing Address 8417 Weller Avenue         City         Other (specify) ψ         Pull Name (Last, First, Middle Initial)         B. Ted Peterson         Mailing Address 8417 Weller Avenue         City         Mailing Address 2417 Weller Avenue         City         Question <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>																	
Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 8417 Weller Avenue       VA       22102         City       VA       22102         Ricean       VA       22102         FEC ID number of contributing federal political committee.       Occupation         VP       Receipt For:       Primary         Polit Name (Last, First, Middle Initial)       B. Ted Peterson         Mailing Address 8417 Weller Avenue       Occupation         City       State       Zip Code         Mailing Address 8417 Weller Avenue       Other (specify) ▼       Date of Receipt         Fell Name (Last, First, Middle Initial)       B. Ted Peterson       Date of Receipt IIIs Period         Mailing Address 8417 Weller Avenue       C       Transaction ID: SA11AL8323         Anount of Each Receipt IIIs Period       Transaction ID: SA11AL8323         Mailing Address 8417 Weller Avenue       C       Transaction ID: SA11AL8323         Mailing Address 240 Manor Circle       Qirgegate Year-to-Date ▼       Date of Receipt IIIs Period         Primary       General       Occupation       VP         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt IIIs Period         Chiy       State       Zip Code       Anount of Each Receipt IIIs Period	$\backslash$	· · · · ·															
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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<u> </u>						
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NAME OF COMMITTEE (In I	-					00111111							
	,	ion PAC (CHPA/PAC	)										
Full Name (Last, First, Middle A. Maria Sarabia	·		Date of Receipt										
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S	CHEDULE B (FEC Form 3X)			F	DR I	INE N	UMBER	:			PAGE	14 (	DF 15					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) (cl				only	one)											
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$\setminus$	NAME OF COMMITTEE (In Full)																	
	Consumer Healthcare Products Ass	sociation PA	C (CHP	A/F	PAC	C)												
Α.	Full Name (Last, First, Middle Initial) Wells Fargo Bank						Date o	_										
	Mailing Address 1510 K Street NW						12 11 2015											
	Washington	tate Zip C DC 2000					Trans	acti	on ID	: SB2	1B.830	01						
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$\setminus$	NAME OF COMMITTEE (In Full)			<b>~</b> ^ ~											
/	Consumer Healthcare Products As	sociation PAC (CH	IPA/I	אר A(	J)										
<u>ب</u>	Full Name (Last, First, Middle Initial)					<b>D</b> :									
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