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PAGE 1 / 13

F	FE(FORM		A	ND	DISE	OF RE BURSE	MENT	s		Office Use	Only	
1.	NAME O COMMIT	F TEE (in full)	TYF	PE OR	PRINT V		ample: If typer the lines.	oing, type	12FE4M5			
C		. ,	care Pro	oduct	s Assoc	iation PAC		/PAC)				
	DRESS (n	umber and stre		625 Eye	e Street NW							
	than	ck if different previously rted. (ACC)		Suite 600 Washing						20006		
2.	FEC IDE	ENTIFICATIO	ON NUMB	ER 🔻	_	CITY 🔺		S		ZI	P CODE 🔺	
	Cc	00040584				3. IS THIS REPORT		NEW (N) OR	× AN (A)	IENDED		
4.	(Choose	DF REPOR One) rterly Reports:		(b) Mor Rep Due		Feb 20 (M2 Mar 20 (M3		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (N (Non-Election Year Only) Dec 20 (N (Non-Election Year Only)	M12)
	П	April 15	a ant (01)			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (Y	Έ)
		Quarterly Rep July 15 Quarterly Rep October 15	port (Q2)	(c)	12-Day PRE -Elect Report for		Primary (12 Convention		General Special (Runoff (12	'R)
		Quarterly Rep January 31 Year-End Rep				Election on	M = M		Y Y Y Y Y		n the State of	
		July 31 Mid-Y Report (Non- Year Only) (N	election	(d)	30-Day POST -Ele Report for		General (30)G)	Runoff (3	80R)	Special (3	0S)
		Termination F (TER)	Report		·	Election on	M = M	/ D D /	Y = Y = Y = Y		n the State of	
5.	Covering	Period	05	/ D 01		2016	through	M M 05	/ D D / 31	2016	Y	
	-	have examin Name of Tre		eport a Brian Gr		best of my kno	wledge and	belief it is true	e, correct and	d complete.		
тур												
Sigr	nature of ⁻	Treasurer	Brian Gre	en			[Electronica	lly Filed]	ate 08	/ 19	2016	= Y
NO	TE: Submis	ssion of false,	erroneous	, or inc	omplete inf	ormation may s	ubject the pe	erson signing th	is Report to th	ne penalties	of 2 U.S.C. §437	7g.
L	Offi Us On	e									FORM 3X . 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write	or	Туре	Committee	Name

FEC Form 3X (Rev. 02/2003)

Consumer Healthcare Products Association PAC (CHPA/PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	(a) Cash on Hand January 1, 2016		22329.91
	(b) Cash on Hand at Beginning of Reporting Period	28463.41	
	(c) Total Receipts (from Line 19)	1620.40	15954.16
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	30083.81	38284.07
7.	Total Disbursements (from Line 31)	9050.11	17250.37
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21033.70	21033.70
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	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

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)

	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)	1333.32	8083.32
	(ii) Unitemized	287.08	2212.39
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	1620.40	10295.71
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	5000.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1620.40	15295.71
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
12	All Loans Received	0.00	0.00
13.			
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures		7 7 7
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	658.45
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		
17	Political Committees Other Federal Receipts	0.00	0.00
	(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
		0.00	0.00
	(b) Levin Funds (from Schedule H5)		7 7 7
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),	1000.40	15054.46
	12, 13, 14, 15, 16, 17, and 18(c))►	1620.40	15954.16
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	1620.40	15954.16

I

DETAILED SUMMARY PAGE

of Disbursements

_			
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	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	50.11	250.37
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))►	50.11	250.37
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		
4	and Other Political Committees	9000.00	17000.00
	Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
5.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)		
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	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
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))►		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9050.11	17250.37
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	9050.11	17250.37

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L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	1620.40	15295.71
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	1620.40	15295.71
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	50.11	250.37
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	658.45
 Net Operating Expenditures (subtract Line 37 from Line 36) 	50.11	-408.08

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

PAGE 6 OF

			Use separate schedule(s)		(check only one)						
11	EMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13	11b	11c		12 16		17	
	ny information copied from such Reports and for commercial purposes, other than using				for the	purpose			ntributi	ons	17
	NAME OF COMMITTEE (In Full)			: 10 50					mmue	е.	
Consumer Healthcare Products Association PAC (CHPA/PAC											
Α.				Date of Receipt							
	Mailing Address 3180 N. Quincy St.				м м 05	/ D 1	D / 5		016	Y	
	City	State	Zip Code		Trans	action ID	: SA11A	1.8487	7		
	Arlington	VA	22207		Amount	of Each	Receipt 1	this P	'eriod		
	FEC ID number of contributing federal political committee.	С				,	7	_	104.1	7	
	Name of Employer	Occupation		1	Mer	no ltem					
	Consumer Healthcare Products	Vice Presid	ent, Government Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		937.53								
			7								
	Full Name (Last, First, Middle Initial)										
Β.	John Gay				Date of	Receipt					
	Mailing Address 3180 N. Quincy St.		05 31 / Y Y Y Y 05 31)16	Y				
	City	State	Zip Code				: SA11A				
	Arlington	VA	22207		Amount	of Each	Receipt	this P	'eriod		
	FEC ID number of contributing federal political committee.	C							104.1	7	
	Name of Employer	Occupation	l		Mer	no ltem					
	Consumer Healthcare Products	Vice Presid	ent, Government Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1041.70								
с.	Full Name (Last, First, Middle Initial) Travis Gibbons	- I			Date of	Receipt					
	Mailing Address 340 Cloudes Mill Ct.				м м 05	/ D 3	D /	y y 20) 16	Y	
	City	State	Zip Code		Trans	action ID) : SA11A	1.849	0		
	Alexandria	VA	22304	/	Amount	of Each	Receipt 1	this P	'eriod		
	FEC ID number of contributing federal political committee.	С				,	7	_	20.8	3	
	Name of Employer	Occupation			Mer	no Item					
	Consumer Healthcare Products	Assoc. Dire	ector, Federal Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		208.30								
		A) A									
F	CUBTOTAL of Receipts This Page (optional).			- 1		- 7 -	T	+	229.1	7]

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 7 OF

			for each categor Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the				on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CH	PA/PAC)					
Α.	Full Name (Last, First, Middle Initial) Brian Green	Date of Receipt							
	Mailing Address 19110 Mateny Hill Road	Chata	Zin Oada		05 / D D / Y Y Y Y Y 2016				
	City Germantown	State MD	Zip Code 20874		Transaction ID : SA11AI.8492 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			20.83				
	Name of Employer	Occupation	l		Memo Item				
	Consumer Healthcare Prod. Assn	Vice Presid	ent, Finance & Ops.	(CFO)					
	Receipt For:	Aggregate	Year-to-Date ▼	208.30					
В.	Full Name (Last, First, Middle Initial) Carlos Gutierrez				Date of Receipt				
	Mailing Address 926 North Barton Street		M M / D D / Y Y Y Y 05 31 2016						
	City Arlington	State VA	Zip Code 22201		Transaction ID : SA11AI.8494 Amount of Each Receipt this Period 20.83				
	FEC ID number of contributing federal political committee.	С							
	Name of Employer Consumer Healthcare Products	Occupation Director, Sta			Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	208.30					
c.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of Receipt				
	Mailing Address 951 Hidden Park Place		M = M / D = D / Y = Y = Y Y 05 31 2016						
	City Herndon	State VA	Zip Code 20170		Transaction ID : SA11AI.8496 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			20.83				
	Name of Employer	Occupation	l		Memo Item				
	СНРА	Vice Presid	lent, Regulatory Affai	irs					
	Receipt For: Primary General	Aggregate	Year-to-Date V						
	Other (specify) ▼		7 7	208.30					
s	UBTOTAL of Receipts This Page (optional)			••••••	62.49				
т	OTAL This Period (last page this line number o	only)		•••••					

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE 8 OF

			Use separate schedule(s)	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13	of Receipt of Rec		17				
	y information copied from such Reports and S for commercial purposes, other than using the											
$\left\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)									
A.	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	Re	ceipt					
	Mailing Address 1596 Lupine Den Court				05	/			Y			
	City Vienna	State VA	Zip Code 22182								riod	
	FEC ID number of contributing federal political committee.	С					,		7	2	208.33	3
	Name of Employer Consumer Healthcare Products	Occupation President a			Me	mo l	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1874.97									
в.	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	Re	ceipt					
	Mailing Address 1596 Lupine Den Court				05	/			Y	ү 201	У 6	
	City Vienna	State VA	Zip Code 22182								riod	
	FEC ID number of contributing federal political committee.	С					7		7	2	208.33	3
	Name of Employer Consumer Healthcare Products	Occupation President a			Me	mo l	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2083.30									
C.	Full Name (Last, First, Middle Initial) Lindsay Morris				Date of	Re	ceipt					
	Mailing Address 7605 Trail Run Rd.				м м 05	/			Y			
	City Falls Church	State VA	Zip Code 22042	_							riod	
	FEC ID number of contributing federal political committee.	С					,		9		62.50)
	Name of Employer Consumer Healthcare Products	Occupation Governmer			Me	mo l	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 562.50									
s	UBTOTAL of Receipts This Page (optional)			•						4	179.16	3
	OTAL This Period (last page this line number			-								

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 9 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	s Association PAC (CHPA/PA	NC)
A. Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd. City Falls Church	State Zip Code VA 22042	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	C Occupation Government Affairs Aggregate Year-to-Date ▼ 625.00	Amount of Each Receipt this Period 62.50 Memo Item
Full Name (Last, First, Middle Initial) B. Marc L. Rovner Mailing Address 5 Persimmon Ln. City White Plains FEC ID number of contributing federal political committee. Name of Employer Boehringer Ingelheim Receipt For: Primary General Other (specify)	State Zip Code NY 10605 C Occupation Vice President & General Manager Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		1222.22

SCHEDULE B (FEC Form 3X)					IUMBER:				PA	GE	10 (DF 13				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	I`.		· · .	nly one)											
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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 As	sociation PAC (CHP	A/P	PAC	C)												
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of	f Dis	burse	emer	nt										
					M M	/	D	D	/ Y	Y	Y	Y				
Mailing Address 1510 K Street NW					05 11 2016											
5	State Zip Code				Trans	acti	on ID	: SI	321B.	8529						
The second group of the second s	DC 20005															
Purpose of Disbursement	1	00	01		this I	Period										
Candidate Name	L	Cate		y/	50.11											
Office Sought: House Disbursen	nent For:	Ту	ре		Memo Item											
Senate	Primary General Other (specify)				Me	mo it	.em									
State: District:																
Full Name (Last, First, Middle Initial)					Date of	f Die	burco	mor	at							
D.						/	DUISE	-		Y	Y	Y				
Mailing Address																
City																
Purpose of Disbursement		Amount of Each Disbursement this Period														
Candidate Name	Category/															
Office Sought: House Disbursen		, 			7		- 7									
Senate	Disbursement For:							Memo Item								
State: District:	Other (specify)															
Full Name (Last, First, Middle Initial)					Data											
С.					Date of	r Dis	burse			Y	Y	Y				
Mailing Address						Í			Ĺ							
City	State Zip Code															
Purpose of Disbursement		_	_													
Candidate Name		Cate Ty	gory	y/	Amount of Each Disbursement this Period											
Office Sought: House Disbursen	nent For: Primary General		pe		Mei	no lt	,		7							
State: District:	Other (specify)															
					_	-	_		-	-	-	_				
SUBTOTAL of Disbursements This Page (optional)					<u> </u>		7		7		50.	11				
TOTAL This Period (last page this line number only)				•							50.	11				

S	CHEDULE B (FEC Form 3X)			F	OR	LIN		JMBER	:			P/	AGE	11	OF 13				
IT	EMIZED DISBURSEMENTS		parate schedule(s) n category of the			neck only one)													
			d Summary Page		\vdash	2		22 28a	×	23 28b	-	24 28c	\vdash	25 29	26 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nan																		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	•		– • /-	- -														
	Consumer Healthcare Products As	sociatio	on PAC(CH	PA/F	Aر	(C))												
~	Full Name (Last, First, Middle Initial)			Date o	f Dia	bure	am	ont											
	FRIENDS OF MIKE LEE INC									D			Y Y	Y	Y				
	Mailing Address 10 WEST BROADWAY SUITE 500							05 20 2016											
	City S SALT LAKE CITY	State UT	Zip Code 84101					Transaction ID : SB23.8521											
	Purpose of Disbursement	01	04101	_	_	_													
						Amount of Each Disbursement this Period									Period				
	Candidate Name MIKE LEE			Cate				1000.00											
		nent For:	2016	I,	ype)		Memo Item											
	Senate	Primary	K General						IIIO I	leill									
	President	Other (sp	ecify) 🔻																
_	State: UT District: 00 Full Name (Last, First, Middle Initial)																		
В.	FRIENDS OF SCHUMER							Date o							- Maria				
	Mailing Address 192 LEXINGTON AVENUE SUITE	1001						05 25 2016											
	City S NEW YORK	State NY	Zip Code 10016					Transaction ID : SB23.8527											
	Purpose of Disbursement			<u> </u>	-		1												
	Candidate Name			Cat			4	Amount of Each Disbursement this Period											
	CHARLES E SCHUMER			Cate T	ego ype			2000.00											
		nent For:						Me	mo lt	tem									
	Senate President	Primary Other (sp	General																
	State: NY District: 00	oulor (op	(Colly)																
_	Full Name (Last, First, Middle Initial)							Data	(D)										
С.	GEORGIANS FOR ISAKSON							Date o		burse			X X	Y	V				
	Mailing Address POST OFFICE BOX 250116							м м 05	/		20			016	Ŷ				
		State	Zip Code					Trans	sacti	ion ID):	SB23.8	3520						
	ATLANTA Purpose of Disbursement	GA	30325			_	_												
								Amoun	t of	Each	D	isburse	emen	t this	Period				
		OHN HARDY ISAKSON				ory/		Amount of Each Disbursement this Period 1000.00											
)		<u>Le</u>	-	7				1000.	.00				
		Primary Other (sp	K General					Memo Item											
_	State: GA District: 00																		
s	UBTOTAL of Disbursements This Page (optional)						•			7		,		4000	.00				
т	OTAL This Period (last page this line number only)						•			,		,							

S	CHEDULE B (FEC Form 3X)).			PΔ	GF	12 () DF	13				
	EMIZED DISBURSEMENTS	Use separate schedule(s)			LINE r k only	NUMBEF one)	ι.					(
		for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b		24 28c		25 29		26 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													3				
$\left \right $	NAME OF COMMITTEE (In Full)																	
	Consumer Healthcare Products As	sociation PAC (CH	PA/F		C)													
•	Full Name (Last, First, Middle Initial)		Data	-4 D:	- 													
А.	GRASSLEY COMMITTEE INC		Date of Disbursement															
	Mailing Address PO BOX 1000		05	VI /		5	7		016	Y								
	City	State Zip Code				Tran	eact	ion ID		222.0	524							
	DES MOINES	IA 50304				Transaction ID : SB23.8524												
	Purpose of Disbursement				Amount of Each Disbursement this Period													
	Candidate Name		Cate	aor	rv/								~~					
	CHARLES E SENATOR GRASSLE			ype	<i>J</i> .			7		7		1000.	00					
		ment For: 2016				M	emol	ltem										
	Senate X President	Primary General Other (specify)																
	State: IA District: 00																	
	Full Name (Last, First, Middle Initial)																	
В.	KIND FOR CONGRESS COMMIT	TEE				Date	of Di	sburse	eme	ent								
						05 / D D / Y Y Y Y 05 18 2016												
	Mailing Address 205 5TH AVENUE SOUTH																	
		State Zip Code				Transaction ID : SB23.8516												
	LA CROSSE Purpose of Disbursement	WI 54601																
						Amount of Each Disbursement this Period												
	Candidate Name		Cate	Puor	n/													
	RON KIND			ype	<i></i>	1000.00												
		ment For: 2016				M	emo l	tem										
		Primary General																
	State: WI District: 03	Other (specify)																
_	Full Name (Last, First, Middle Initial)																	
C.	LISA MURKOWSKI FOR US SENA	ATE				Date	of Di	sburse	eme	ent								
						M	/ 1		D	/ _		Y	Y					
	Mailing Address PO BOX 100847					05		2	0		20	016						
	City	State Zip Code				Tron	sact	ion ID		SB23.8	522							
	ANCHORAGE	AK 99510				ITai	15401			023.0	522							
	Purpose of Disbursement																	
	Candidate Name			_	Amou	nt of	Each	Dis	sburse	ment	t this	Peric	bd					
	LISA MURKOWSKI	LISA MURKOWSKI Type										1000.	00					
	Office Sought: House Disburser																	
	X Senate																	
	President	Other (specify)																
_	State: AK District: 00																	
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