Image#	201608	199022	556433
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08/19/2016 13 : 44

PAGE 1 / 13

FEC FORM 3X	Α	ND	DISB	F RECURSEN		s		Office Use O	nly
1. NAME OF COMMITTEE (in fi		e or	PRINT <b>V</b>		mple: If typi r the lines.	ng, type	12FE4M5		
	,	oduct	s Associa			PAC)			
ADDRESS (number and		625 Eye	e Street NW						
Check if differ than previous reported. (AC	ent	Vashing						20006	
2. FEC IDENTIFICA	TION NUME	ER 🔻		CITY 🔺		S		ZIP	
C C00040584				3. IS THIS REPORT		NEW (N) <b>OR</b>	× AN (A)	IENDED	
<ul> <li><b>TYPE OF REP</b></li> <li>(Choose One)</li> <li>(a) Quarterly Report</li> </ul>		(b) Mor Rep Due		Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly	Report (Q1)			Apr 20 (M4)	×	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly October 1	Report (Q2) 5	(c)	12-Day <b>PRE</b> -Electio Report for t		Primary (12F		General (		Runoff (12R)
January 3	Report (Q3) 1 Report (YE)		E	Election on	M = M /		Y Y Y Y Y		the ate of
July 31 M Report (N Year Only	on-election	(d)	30-Day <b>POST</b> -Electi Report for t		General (300	G)	Runoff (3	0R)	Special (30S)
Terminatio (TER)	n Report		·	Election on	M = M /	D D /	Y Y Y Y Y		the ate of
5. Covering Period	M M 06	/ D 01		016	through	M M 06	/ D D / 30	y y y 2016	Y
I certify that I have exa Type or Print Name of		eport <i>a</i> Brian Gr		est of my kno	wledge and	belief it is true	e, correct and	d complete.	
Type of Finit Name of			cen						
Signature of Treasurer	Brian Gre	en			[Electronicall	y Filed] Da	ate 08	/ D D 19	2016
NOTE: Submission of fa	lse, erroneous	, or inc	omplete infor	mation may su	bject the per	son signing thi	is Report to th	ne penalties c	of 2 U.S.C. §437g.
Office Use Only									ORM 3X

#### 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: 06	/         D         D         /         Y	06 / D D / Y Y Y Y 2016
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		22329.91
	(b) Cash on Hand at Beginning of Reporting Period	21033.70	
	(c) Total Receipts (from Line 19)	1270.40	17224.56
	<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>	22304.10	39554.47
7.	Total Disbursements (from Line 31)	1047.23	18297.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21256.87	21256.87
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

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### **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 Period: From:	06 / 01 / Y Y Y Y 2016 To:	06 / D D / Y Y Y Y 2016			
I. Receipts	I. Receipts COLUMN A Total This Period				
1. Contributions (other than loans) From:	<u> </u>				
(a) Individuals/Persons Other					
Than Political Committees					
(i) Itemized (use Schedule A)	999.98	9083.30			
(ii) Unitemized	270.42	2482.81			
(iii) TOTAL (add		11566 11			
Lines 11(a)(i) and (ii)▶	1270.40	11566.11			
	0.00	0.00			
(b) Political Party Committees	0.00	7 7			
(c) Other Political Committees	0.00	5000.00			
(such as PACs)					
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry	1270.40	16566.11			
Totals to Line 33, page 5)	7 7 7	7 7			
2. Transfers From Affiliated/Other	0.00	0.00			
Party Committees	0.00				
2 All Leans Dessived	0.00	0.00			
3. All Loans Received	7 7 7	7 7 7			
		0.00			
4. Loan Repayments Received	0.00	0.00			
5. Offsets To Operating Expenditures					
(Refunds, Rebates, etc.)	0.00	050 /5			
(Carry Totals to Line 37, page 5)	0.00	658.45			
6. Refunds of Contributions Made					
to Federal Candidates and Other					
Political Committees	0.00	0.00			
7. Other Federal Receipts					
(Dividends, Interest, etc.)	0.00	0.00			
8. Transfers from Non-Federal and Levin Fun	ds				
(a) Non-Federal Account	0.00				
(from Schedule H3)	0.00	0.00			
	0.00	0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
9. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))	1270.40	17224.56			
	7	7 7			
0. Total Federal Receipts					
(subtract Line 18(c) from Line 19)►	1270.40	17224.56			

I

## **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: (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	47.23	297.6		
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	47.23	297.6		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	1000.00	18000.00		
and Other Political Committees				
(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		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
		7 7		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00		
Other Disbursements	0.00	0.00		
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity (from Schedule H6)</li></ul>				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1047.23	18297.60		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	1047.23	18297.60		

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### 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)	1270.40	16566.11
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1270.40	16566.11
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	47.23	297.60
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	658.45
Net Operating Expenditures (subtract Line 37 from Line 36)	47.23	-360.85

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

(check only one)

PAGE 6 OF

		Detailed Summary Page	×	11a 13		11b	110	12	Г	17			
Ar	y information copied from such Reports and Sta	atements ma	y not be sold or used by any pe	erson f	or the	pur	pose c	15 of soliciting	g contri	butio	17 ns		
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	licit co	ntrik	outions	from suc	h comr	nittee	).		
$\backslash$	NAME OF COMMITTEE (In Full)	A											
	Consumer Healthcare Products	Associat	ION PAC (CHPA/PAC)										
Α.	Full Name (Last, First, Middle Initial) John Gay				Date o	f Re	eceipt						
	Mailing Address 3180 N. Quincy St.				M M		D	D / Y	Y	Y Y			
					06		15		2016	6			
	City Arlington	State VA	Zip Code 22207	Transaction ID : SA11AI.8531 Amount of Each Receipt this Period									
	FEC ID number of contributing			_ /	Amoun	τοτ	Each	Receipt ti	iis Peri	oa	_		
	federal political committee.	С					7	7	10	)4.17			
	Name of Employer	Occupation		- i	Me	mo	ltem						
	Consumer Healthcare Products		ent, Government Affairs										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		1145.87										
	Other (specify)		1143.07										
_	Full Name (Last, First, Middle Initial)					<i>.</i> –							
в.	John Gay Mailing Address 3180 N. Quincy St.			- '	Date o		eceipt	D ( V	V	v			
	Walking Mariess 3180 N. Quincy St.				06		30		2016	r = r			
	City	Zip Code		Trans	act	ion ID	: SA11AI	.8532					
	Arlington	VA	22207		Amoun	t of	Each	Receipt tl	nis Peri	od			
	FEC ID number of contributing federal political committee.							1(	)4.17				
				_	Me	mo	ltem						
	Name of Employer Consumer Healthcare Products	Occupation					item						
	Receipt For:		ent, Government Affairs Year-to-Date ▼										
	Primary General	Aggregate		1250.04									
	Other (specify)		, 1250.04										
	Full Name (Last, First, Middle Initial)												
С.	Travis Gibbons			[	Date o	f Re	eceipt						
	Mailing Address 340 Cloudes Mill Ct.				м м 06	/	D 1	D / Y 5	2016		1		
	City	State	Zip Code			sact		SA11AI					
	Alexandria	VA	22304		Amoun	t of	Each	Receipt th	nis Peri	od			
	FEC ID number of contributing	С							:	20.83			
	federal political committee.	0						7	-				
		Occupation			Memo Item								
	Consumer Healthcare Products Receipt For:		ctor, Federal Affairs	_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		229.13										
						_	_			_	_		
s	UBTOTAL of Receipts This Page (optional)		••••••••••••••••••••••••••••••••••••••				7	9	22	29.17			
т	OTAL This Period (last page this line number o	nly)	····· •										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 7 OF

11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	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	s Associat	tion PAC (CHPA/PAC)	)									
<u> </u>	Full Name (Last, First, Middle Initial) Travis Gibbons				Date o	f Rec	ceipt						
	Mailing Address 340 Cloudes Mill Ct.				м м	/	30		2016	Y			
	City Alexandria	State VA	Zip Code 22304	A				<b>SA11AI</b> Receipt th		d			
	FEC ID number of contributing federal political committee.	С					,		2	0.83			
	Name of Employer	Occupation	ector, Federal Affairs		Me	mo lte	em						
	Consumer Healthcare Products Receipt For:			_									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.96										
В.	Full Name (Last, First, Middle Initial) Brian Green				Date o	f Rec	ceipt						
	Mailing Address 19110 Mateny Hill Road	teny Hill Road						06 15 _2016 _					
	City Germantown	State MD		Transaction ID : SA11AI.8535 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		20.83						0.83			
	Name of Employer Consumer Healthcare Prod. Assn	Occupation Vice Presid	ent, Finance & Ops. (CFO)		– Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 229.13	1									
<u>с</u> .	Full Name (Last, First, Middle Initial) Brian Green				Date o	f Rec	ceipt						
	Mailing Address 19110 Mateny Hill Road				м м 06	/	D 10		2016	Y			
	City Germantown	State MD	Zip Code 20874	A				<b>: SA11AI</b> Receipt th		d			
	FEC ID number of contributing federal political committee.	С			20.83								
	Name of Employer	Occupation	I	1	Me	mo lt	em						
	Consumer Healthcare Prod. Assn	Vice Presic	lent, Finance & Ops. (CFO)	_									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		249.96										
s	UBTOTAL of Receipts This Page (optional)						,		62	2.49			
T	OTAL This Period (last page this line number	only)	•••••••	•			,						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 8 OF

		Detailed Summary Page		1a 3	_	1b 4	11c	12	17								
Any information copied from such Reports ar or for commercial purposes, other than using			person for	the p	ourpo	se of :	soliciting	contribu	tions								
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ																	
Full Name (Last, First, Middle Initial) <b>A. Carlos Gutierrez</b>			Da	te of	Rece	eipt											
Mailing Address 926 North Barton Street			06 15 2016														
City	State	Zip Code	т	ransa	ictio	n ID : S	SA11AL	8537									
Arlington	VA	22201	Am	nount	of Ea	ach Re	eceipt th	is Period									
FEC ID number of contributing federal political committee.	С				,		- 7	20.	83								
Name of Employer	Occupation	1	Memo Item														
Consumer Healthcare Products	Director, St	ate Affairs															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 229.13	]														
Full Name (Last, First, Middle Initial) <b>Carlos Gutierrez</b>			Da	ite of	Rece	əipt											
Mailing Address 926 North Barton Street				06	/	D D 30	/ Y	ү ү 2016	Y								
City	State	Zip Code					SA11AI.8										
Arlington	on VA 22201								Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			20.83 Memo Item													
Name of Employer Consumer Healthcare Products	Occupation Director, St			Mem	no lte	m											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	]														
Full Name (Last, First, Middle Initial) C. Dr. Barbara A. Kochanowski			Da	ite of	Rece	əipt											
Mailing Address 951 Hidden Park Place				06	/	D D 15	/ Y	ү ү 2016	Y								
City	State VA	Zip Code 20170					SA11AI.										
Herndon	VA	20170	Am	nount	of Ea	ach Re	eceipt th	is Period									
FEC ID number of contributing federal political committee.	C				"			20.	83								
Name of Employer	Occupation	1		Mem	no lte	m											
СНРА	Vice Presic	lent, Regulatory Affairs															
Receipt For:	Aggregate	Year-to-Date <b>V</b>															
Primary General Other (specify) ▼		229.13	]														
SUBTOTAL of Receipts This Page (optional	)				,			62.	49								
TOTAL This Period (last page this line num	ber only)				,												

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE 9 OF

IT	EMIZED RECEIPTS				eck only	one)	12							
			Detailed Summary Page		13	14	11c 15		16	1	17			
	y information copied from such Reports and St for commercial purposes, other than using the													
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)											
Α.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	Receipt								
	Mailing Address 951 Hidden Park Place				м м 06	/ 30	D / Y	20	16	Y				
	City	State	Zip Code				, : SA11AI.							
	Herndon	VA	20170	_	Amount	of Each	Receipt th	nis Pe	eriod					
	FEC ID number of contributing federal political committee.	С							20.8	3	]			
	Name of Employer	Occupation			Men	no ltem								
	CHPA	Vice Presid	ent, Regulatory Affairs											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		249.96											
в.	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	Receipt								
Mailing Address 1596 Lupine Den Court					м м 06	/ D	D / Y 5	201	ү 16	Y				
	City	State	Zip Code				: SA11AI.							
	Vienna	VA 22182				Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.								208.3	3	1			
	Name of Employer Consumer Healthcare Products	Occupation			Mer	no ltem								
	Receipt For:	President ar		_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		2291.63											
с.	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	Receipt								
	Mailing Address 1596 Lupine Den Court				м м 06	/ D 30	D / Y	201	Y 16	Y				
	City	State	Zip Code		Trans	action ID	: SA11AI	.8544						
	Vienna	VA	22182	_	Amount	of Each	Receipt th	nis Pe	eriod					
FEC ID number of contributing federal political committee.						,			208.3	3				
	Name of Employer	Occupation			Men	no ltem								
	Consumer Healthcare Products	President a	nd CEO											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		2499.96											
s	UBTOTAL of Receipts This Page (optional)			•					437.49	Э	1			
	OTAL This Period (last page this line number o			-		,					j			

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

PAGE 10 OF

			Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page		<b>X</b> 11a	11b	11c		12				
					13	14	15		16	17			
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)										
Α.	Full Name (Last, First, Middle Initial) Lindsay Morris				Date of	Receipt							
Λ.	Mailing Address 7605 Trail Run Rd.				M M	/ D	D / Y	Y	Y	Y			
	City	State	Zip Code	_	06	15			016				
	Falls Church	VA	22042	$\vdash$		action ID : of Each F							
	FEC ID number of contributing	0			Amount			1310					
	federal political committee.	С				7	7	_	62.5	0			
	Name of Employer	Occupation			Men	no ltem							
	Consumer Healthcare Products	Governmen	t Affairs										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		687.50										
			/J /J // /*										
_	Full Name (Last, First, Middle Initial)				Data af	Descist							
в.	Lindsay Morris Mailing Address 7605 Trail Run Rd.			-	Date of					1			
	Walling Address 7605 Hall Ruff Rd.			06 30 _2016 _									
	City	State	Zip Code			ction ID :			_				
	Falls Church	VA	22042		Amount	of Each F	Receipt tl	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С		62.50									
	Name of Employer	Occupation											
	Consumer Healthcare Products	Governmen	t Affairs										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		750.00										
— c.	Full Name (Last, First, Middle Initial) Mike Tringale				Date of	Receipt							
	Mailing Address 2115 12th Place NW				м м 06	/ 15		20	16	Y			
	City	State	Zip Code			action ID							
	Washington	DC	20009			of Each F							
	FEC ID number of contributing federal political committee.	С				7	7		41.6 <sup>-</sup>	7			
	Name of Employer	Occupation			Memo Item								
	Consumer Healthcare Prod. Assn	Sr. Dir., Co	mms. & Pub. Aff.										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		208.35										
			AT										
s	UBTOTAL of Receipts This Page (optional)		····· •	•				-	166.6	7			
т	OTAL This Period (last page this line number	only)		•									

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

(check only one)

PAGE 11 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12					
	y information copied from such Reports and Sta for commercial purposes, other than using the								g con						
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products														
Α.	Full Name (Last, First, Middle Initial) Mike Tringale Mailing Address 2115 12th Place NW				Date o M M		eceipt 30			016	Y				
	City Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.8556           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7	-		41.6	7				
	Name of Employer         Consumer Healthcare Prod. Assn         Receipt For:         Primary       General         Other (specify) ▼		mms. & Pub. Aff. Year-to-Date ▼ 250.02		Me	mo I	ltem								
в.	Full Name (Last, First, Middle Initial) Mailing Address				Date o	f Re	eceipt	D / Y	Y	Y	Y				
	City	State	Zip Code	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee. Name of Employer	C		Memo Item											
	Receipt For: Primary General Other (specify)		Year-to-Date ▼												
C.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt								
	Mailing Address City	State	Zip Code	_	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.															
					Me	mo l	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼												
s	UBTOTAL of Receipts This Page (optional)		•	.			7			41.6	7				
т	OTAL This Period (last page this line number o	nly)					,	7		999.9	8				

SCHEDULE B (FEC Form 3X)		FC	DR I	NF N	UMBER			F	AGE	12	OF 13				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(cł	neck	only o	-		23 28b	24		25 29	26 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nar			any j	persor	n for the		oose o	of solici	ting c	ontribu	itions				
NAME OF COMMITTEE (In Full) Consumer Healthcare Products As	ssociation PAC (CHP	A/F	PAC	;)											
Full Name (Last, First, Middle Initial)  A. Wells Fargo Bank							sburse	ment							
Mailing Address 1510 K Street NW					06 / D D / Y Y Y Y 06 13 2016										
City Washington	State Zip Code DC 20005				Tran	sacti	on ID	: SB21	B.85€	51					
Purpose of Disbursement	20003	0	01	1	Amour	nt of	Each	Disburs	semer	nt this	Period				
Candidate Name		Cate Ty	egory vpe	/			,			47.	23				
Senate President	ment For: Primary General Other (specify) ▼				Me	emo l	tem								
State: District: Full Name (Last, First, Middle Initial) B.					Date c				V	v	Y				
Mailing Address	Iress														
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Candidate Name	ose of Disbursement Jidate Name			,	Amour	-		Disburs			Period				
Senate President	ment For: Primary General Other (specify) ▼		vpe		Me	emo li									
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City	State Zip Code														
Purpose of Disbursement     Image: Candidate Name       Candidate Name     Category/					Amour	nt of	Each	Disburs	semer	nt this	Period				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	L)	vpe		Me	emo li									
SUBTOTAL of Disbursements This Page (optional)				•						47.	23				
TOTAL This Period (last page this line number only	)			•			,			47.	23				

SCHEDULE B (FEC Form 3X)			NUMBER PAGE 13 OF 13										
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only											
	for each category of the Detailed Summary Page	21b 27	22         X         23         24         25         26           28a         28b         28c         29         30b										
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full)													
Consumer Healthcare Products As	sociation PAC (CHF	PA/PAC)											
Full Name (Last, First, Middle Initial) A. GUTHRIE FOR CONGRESS			Date of Disbursement										
			06 / D D / Y Y Y Y 06 08 / 2016										
Mailing Address PO BOX 9639													
5	State Zip Code		Transaction ID : SB23.8560										
BOWLING GREEN Purpose of Disbursement	KY 42102		-										
			Amount of Each Disbursement this Period										
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S. BRETT HON. GUTHRIE Office Sought: X House Disburser	nent For: 2016	Туре											
	Primary X General		Memo Item										
President	Other (specify) ▼												
State: KY District: 02 Full Name (Last, First, Middle Initial)													
B.			Date of Disbursement										
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		Category/ Type											
Office Sought: House Disburser Senate			Memo Item										
President	Primary General Other (specify) ▼												
State: District:													
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Mailing Address													
City	State Zip Code												
Purpose of Disbursement			-										
			Amount of Each Disbursement this Period										
Candidate Name		Category/ Type											
Office Sought: House Disburser	ment For:	- 78 -	Memo Item										
Senate President	Primary General												
State: District:	Other (specify)												
			1000.00										
SUBTOTAL of Disbursements This Page (optional)		•••••	1000.00										
TOTAL This Period (last page this line number only)		••••••	1000.00										

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