

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street) 1625 Eye Street NW Suite 600 Washington DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00040584 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2019 through 07 31 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Green, Brian, , , Type or Print Name of Treasurer

Signature of Treasurer Green, Brian, , , [Electronically Filed] Date 09 12 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="14061.11"/>	<input type="text" value="14061.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28511.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1078.84"/>	<input type="text" value="30348.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="29590.21"/>	<input type="text" value="44409.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2042.33"/>	<input type="text" value="16861.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27547.88"/>	<input type="text" value="27547.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

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).....	1023.63	13191.54
(ii) Unitemized .....	55.21	16556.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1078.84	29747.88
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1078.84	29747.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	600.31
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (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
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1078.84	30348.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1078.84	30348.19

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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 .....	42.33	361.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	42.33	361.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	16500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2042.33	16861.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2042.33	16861.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1078.84	29747.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1078.84	29747.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	42.33	361.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	600.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	42.33	- 238.89

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

**A. Brikman, Anita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8300 Comanche Court  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.10229**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**B. Brikman, Anita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8300 Comanche Court  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 31 / 2019  
**Transaction ID : SA11AI.10230**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**C. Gay, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3180 N. Quincy St.  
 City Arlington State VA Zip Code 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Vice President, Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1354.21

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.10227**  
 Amount of Each Receipt this Period 104.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gay, John, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2019 <b>Transaction ID : SA11AI.10228</b>
Mailing Address 3180 N. Quincy St.			Amount of Each Receipt this Period 104.17
City Arlington	State VA	Zip Code 22207	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Vice President, Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Green, Brian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2019 <b>Transaction ID : SA11AI.10231</b>
Mailing Address 19110 Mateny Hill Road			Amount of Each Receipt this Period 20.84
City Germantown	State MD	Zip Code 20874	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Occupation (for Individual) Vice President, Finance & Ops. (CFO)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Green, Brian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2019 <b>Transaction ID : SA11AI.10232</b>
Mailing Address 19110 Mateny Hill Road			Amount of Each Receipt this Period 20.84
City Germantown	State MD	Zip Code 20874	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Occupation (for Individual) Vice President, Finance & Ops. (CFO)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.92		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

**A. Gutierrez, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 926 North Barton Street  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Director, State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.10235**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**B. Gutierrez, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 926 North Barton Street  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Director, State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 31 / 2019  
**Transaction ID : SA11AI.10236**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**C. Holgate, Taylor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 676 4th st NE #104  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products A Occupation (for Individual) Manager, Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.10233**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

**A. Holgate, Taylor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 676 4th st NE #104  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products A Occupation (for Individual) Manager, Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 31 / 2019  
**Transaction ID : SA11AI.10234**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**B. Kochanowski, Barbara, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 Hidden Park Place  
 City Herndon State VA Zip Code 20170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHPA Occupation (for Individual) Vice President, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.10237**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Kochanowski, Barbara, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 Hidden Park Place  
 City Herndon State VA Zip Code 20170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHPA Occupation (for Individual) Vice President, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2019  
**Transaction ID : SA11AI.10238**  
 Amount of Each Receipt this Period 41.67  
 Memo Item 20.84

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.18  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

**A. Melville, Scott, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1596 Lupine Den Court  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2708.42

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.10241**  
 Amount of Each Receipt this Period 208.34  
 Memo Item

**B. Melville, Scott, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1596 Lupine Den Court  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2916.76

Date of Receipt 07 / 31 / 2019  
**Transaction ID : SA11AI.10242**  
 Amount of Each Receipt this Period 208.34  
 Memo Item

**C. Schloss, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8221 Larry Pl.  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cons. Healthcare Prod. Assn. Occupation (for Individual) Sr. Dir., Fed. Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.10245**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.68
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

**A. Schloss, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8221 Larry Pl.  
 City Chevy Chase    State MD    Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cons. Healthcare Prod. Assn.    Occupation (for Individual) Sr. Dir., Fed. Affairs  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2019  
**Transaction ID : SA11AI.10246**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Tringale, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2115 12th Place NW  
 City Washington    State DC    Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Prod. Assn    Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff.  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.10247**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Tringale, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2115 12th Place NW  
 City Washington    State DC    Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consumer Healthcare Prod. Assn    Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff.  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2019  
**Transaction ID : SA11AI.10248**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	108.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wood, Britt, , ,

Mailing Address 26139 MURREY DRIVE

City South Riding	State VA	Zip Code 20152
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Products A	Occupation (for Individual) Membership
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2019

Transaction ID : SA11A1.10250

Amount of Each Receipt this Period  
15.21

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15.21
<b>TOTAL</b> This Period (last page this line number only).....	1023.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 1510 K Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	9

FEC Identification Number

C

**Transaction ID : SB21B.10223**

Amount of Each Disbursement this Period

42.33

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

42.33

42.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

**A. BUDDY PAC**

Full Name (Last, First, Middle Initial)  
Buddy PAC

Date of Disbursement: 07 / 11 / 2019

Mailing Address: 824 S MILLEDGE AVE STE 101

City: ATHENS State: GA Zip Code: 30605

Purpose of Disbursement:  Other (specify) \_\_\_\_\_

Candidate Name: carter, buddy, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: C H4GA01039  
Transaction ID : SB23.10224  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. STEVE DAINES FOR MONTANA, Steve, , ,**

Full Name (Last, First, Middle Initial)  
Steve Daines

Date of Disbursement: 07 / 23 / 2019

Mailing Address: PO BOX 1598

City: HELENA State: MT Zip Code: 59624

Purpose of Disbursement:  Other (specify) \_\_\_\_\_

Candidate Name: DAINES, STEVEN, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) \_\_\_\_\_

State: MT District: 00

FEC Identification Number: C S2MT00096  
Transaction ID : SB23.10278  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: C \_\_\_\_\_  
Amount of Each Disbursement this Period: \_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00