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Image# 201602109008453461

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	or Other Than An Au	ithorized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
Consumer Healthcare I	Products Association	on PAC (CHPA/PA	C)	
ADDRESS (number and street)	1625 Eye Street NW			
Check if different	Suite 600			
than previously reported. (ACC)	Washington		DC	20006
2. FEC IDENTIFICATION NU	MBER ▼ C	ITY 🛦	STATE ▲	ZIP CODE ▲
C C00040584		IS THIS REPORT (N)	OR × AMI	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) X Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q	1)	or 20 (M4) Jul :	20 (M7) Oct 2	0 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q:	PRE-Election	Primary (12P)	General (
October 15 Quarterly Report (Q	Report for the:	Convention (120	Special (1	25)
January 31 Year-End Report (Y	≣) Elect	tion on	D / Y N Y N Y N Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30	DR) Special (30S)
Termination Report (TER)	Elect	tion on	D / Y = Y = Y = Y	in the State of
5. Covering Period 10	01 2015		10 31 /	2015
I certify that I have examined this	s Report and to the best of	of my knowledge and beli	ef it is true, correct and	complete.
Type or Print Name of Treasurer	Brian Green			
Signature of Treasurer Brian	Green	[Electronically Fi	ded] Date 02	10 / 2016
NOTE: Submission of false, errone	ous, or incomplete informati	ion may subject the person	signing this Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 10 01 2015 To: 10 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		15617.07
	(b) Cash on Hand at Beginning of Reporting Period	13744.40	
	(c) Total Receipts (from Line 19)	2163.44	26641.18
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15907.84	42258.25
7.	Total Disbursements (from Line 31)	3047.94	29398.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12859.90	12859.90
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

	01 2015 To:	10 31 2015		
I. Receipts	COLUMN B Calendar Year-to-Date			
	2083 44	18167.31		
(i) Itemized (use Schedule A)	2000.44	10.07.07		
(ii) Unitemized	80.00	2828.74		
Lines 11(a)(i) and (ii)	, 2163.44	20996.05		
Political Party Committees	0.00	0.00		
Other Political Committees (such as PACs)	0.00	5000.00		
`				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2163.44	25996.05		
		0.00		
rty Committees	0.00	0.00		
Loans Received	0.00	0.00		
an Repayments Received	0.00	0.00		
To the second se	7	7 7		
efunds, Rebates, etc.)				
arry Totals to Line 37, page 5)	0.00	645.13		
funds of Contributions Made				
Federal Candidates and Other				
litical Committees	0.00	0.00		
ner Federal Receipts				
vidends, Interest, etc.)	0.00	0.00		
insfers from Non-Federal and Levin Funds				
Non-Federal Account				
(from Schedule H3)	0.00	0.00		
Levin Funds (from Schedule H5)	0.00	0.00		
_	0.00			
	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

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
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Carolinai Tour to Buto
	(i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	47.94	495.75
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	47.94	495.75
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	3000.00	28902.60
	Independent Expenditures		
	(use Schedule E)	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 MadeRefunds of Contributions To:	0.00	0.00
	(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	0.00	
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	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))	3047.94	29398.35
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3047.94	29398.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2163.44	25996.05		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2163.44	25996.05		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	47.94	495.75		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	645.13		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	47.94	-149.38		

FEC ID number of contributing

federal political committee.

Name of Employer

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

FOR LINE NUMBER:						PAGE	6	OF	14
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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) Full Name (Last, First, Middle Initial) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 10 2015 15 City State Zip Code Transaction ID: SA11AI.8167 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1979.23 Other (specify) Full Name (Last, First, Middle Initial) B. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 10 31 2015 City Zip Code State Transaction ID: SA11AI.8168 VA 22207 Arlington Amount of Each Receipt this Period

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Consumer Healthcare Products	Vice President, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.40	
Full Name (Last, First, Middle Initial) C. Travis Gibbons		Date of Receipt
Mailing Address 340 Cloudes Mill Ct.		10 15 2015
City	State Zip Code	Transaction ID : SA11AI.8169
Alexandria	VA 22304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20
Name of Employer	Occupation	1
Consumer Healthcare Products	Assoc. Director, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.96	

Occupation

SUBTOTAL of Receipts This Page (optional).....

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

104.17

20.84

229.18

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

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct. City Alexandria FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General	State Zip Code VA 22304 C Occupation Assoc. Director, Federal Affairs Aggregate Year-to-Date ▼	Date of Receipt 10 31 2015 Transaction ID: SA11AI.8170 Amount of Each Receipt this Period 20.84
Other (specify) ▼ Full Name (Last, First, Middle Initial) Brian Green Mailing Address 19110 Mateny Hill Road City Cermantown	State Zip Code MD 20874	Date of Receipt 10 15 2015 Transaction ID: SA11AI.8171
Germantown FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Finance & Ops. (CFO) Aggregate Year-to-Date 395.96	Amount of Each Receipt this Period 20.84
Full Name (Last, First, Middle Initial) Brian Green Mailing Address 19110 Mateny Hill Road City Germantown FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify)	State Zip Code MD 20874 C Occupation Vice President, Finance & Ops. (CFO) Aggregate Year-to-Date 416.80	Date of Receipt 10 31 2015 Transaction ID : SA11AI.8172 Amount of Each Receipt this Period 20.84
SUBTOTAL of Receipts This Page (optional)	>	62.52
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:						PAGE	8	OF	14
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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) Full Name (Last, First, Middle Initial) Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 10 2015 City State Zip Code Transaction ID: SA11AI.8173 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 395.96 Other (specify) Full Name (Last, First, Middle Initial) **B.** Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 10 31 2015 City Zip Code State Transaction ID: SA11AI.8174 VA 22201 Arlington Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee.

Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation Director, State Affairs Aggregate Year-to-Date ▼ 416.80	
Full Name (Last, First, Middle Initial) C. Kaelan Hollon Mailing Address 100 I Street SE Apt. 214 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20003	Date of Receipt 10 15 2015 Transaction ID : SA11AI.8175 Amount of Each Receipt this Period 20.84
Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify)	Occupation Director, Communications Aggregate Year-to-Date ▼ 395.96	
		20.50

SUBTOTAL of Receipts This Page (optional).....

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

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

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Kaelan Hollon Mailing Address 100 I Street SE		Date of Receipt
Apt. 214		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.8176
Washington	DC 20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
Consumer Healthcare Prod. Assn	Director, Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.80	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place		Date of Receipt
Maining Address 951 Hidden Park Place		10 15 2015
City	State Zip Code	Transaction ID : SA11AI.8177
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.96	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.8178
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.80	
SUBTOTAL of Receipts This Page (optional)	>	62.52
TOTAL This Period (last page this line number	only)	

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

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	Statements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation President and CEO Aggregate Year-to-Date ▼ 3958.28	Date of Receipt 10 15 2015 Transaction ID: SA11AI.8181 Amount of Each Receipt this Period 208.33
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation President and CEO Aggregate Year-to-Date ▼ 4166.61	Date of Receipt 10 31 2015 Transaction ID: SA11AI.8182 Amount of Each Receipt this Period 208.33
Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd. City Falls Church FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22042 C Occupation Government Affairs Aggregate Year-to-Date 1187.69	Date of Receipt 10 15 2015 Transaction ID: SA11AI.8185 Amount of Each Receipt this Period 62.51
SUBTOTAL of Receipts This Page (optional)	<u> </u>	479.17
TOTAL This Period (last page this line numbe	r only)	

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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) Full Name (Last, First, Middle Initial) Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 10 2015 31 City State Zip Code Transaction ID: SA11AI.8186 VA Falls Church 22042 Amount of Each Receipt this Period FEC ID number of contributing C 62.51 federal political committee. Name of Employer Occupation Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.20 Other (specify) Full Name (Last, First, Middle Initial) B. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 10 15 2015 City State Zip Code Transaction ID: SA11AI.8187 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **CHPA** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 791.73 Other (specify) Full Name (Last, First, Middle Initial)

c. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 10 31 2015 City State Zip Code Transaction ID: SA11AI.8188 McLean VA 22102 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation VΡ CHPA Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify)

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 12 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a	y on	11b	11c	12	۱
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ny information copied from such Reports and Statements mar for commercial purposes, other than using the name and ac	, , , ,					_		
NAME OF COMMITTEE (In Full)								

Full Name (Last, First, Middle Initial) Emily Skor		Date of Receipt
Mailing Address 2113 12th Street NW		10 15 2015
City Washington	State Zip Code DC 20009	Transaction ID : SA11AI.8193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
Consumer Healthcare Products	Vice President, Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.60	
Full Name (Last, First, Middle Initial) . Emily Skor		Date of Receipt
Mailing Address 2113 12th Street NW		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.8194
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer Consumer Healthcare Products	Occupation Vice President, Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.44	
Full Name (Last, First, Middle Initial) David Spangler		Date of Receipt
Mailing Address 1449 N Street, NW Apartment 3		10 12 2015
City Washington	State Zip Code DC 20005	Transaction ID : SA11AI.8195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
	Occupation	-
Name of Employer	<u>'</u>	
СНРА	Senior VP., Policy & Int'l Affairs	
CHPA Receipt For:	Senior VP., Policy & Int'l Affairs Aggregate Year-to-Date ▼	_
СНРА		_
CHPA Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	1041.68

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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 13 OF	14
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBLIT.	
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	Detailed Summary Page	27	28a 28b 28c 29	30b
Any information copied from such Reports and Statem	ents may not be sold or use	ed by any nerso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
angle Consumer Healthcare Products As	sociation PAC (CHF	PA/PAC)		
Full Name (Last, First, Middle Initial)				
			Date of Disbursement	
^{A.} Wells Fargo Bank			M M / D D / Y Y Y	
Mailing Address 1510 K Street NW			10 13 2015	
,	tate Zip Code DC 20005		Transaction ID : SB21B.8159	
Washington Purpose of Disbursement	DC 20005			
. d.pood of 2.000.000.000			Amount of Each Disbursement this Perio	d
Candidate Name		Category/		\neg
		Type	47.94	┙
Office Sought: House Disbursen				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
011				
City	tate Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement this Perio	d
Candidate Name		Category/		П
	_	Type	7 7	_
Office Sought: House Disbursen Senate				
	Primary ☐ General Other (specify) ▼			
State: District:	outer (opeony)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	tate Zip Code			
Purpose of Disbursement	T			
Turpose of Disbursement			Amount of Each Disbursement this Perio	v4
Candidate Name		Category/	Amount of Each Dispursement this Peno	u
		Type		
Office Sought: House Disbursen			, , , , , , , , , , , , , , , , , , , ,	
	Primary General			
	Other (specify) ▼			
State: District:				_
SUBTOTAL of Disbursements This Page (optional)			47.94	7
COSTOTAL OF DISSURGEMENTS THIS Fage (optional)				=
TOTAL This Period (last page this line number only).			47.94	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 14 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule((s) check only	
	for each category of the Detailed Summary Page		22 🗶 23 24 25 26
	Botanoa Gammary Fage	27	28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any pol	litical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Consumer Healthcare Products As	ssociation PAC (C	HPA/PAC)	
Full Name (Last, First, Middle Initial)			
A. ALEXANDER FOR SENATE 2020	INC		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 228 S WASHINGTON STREET			10 01 2015
SUITE 115 City	State Zip Code		
ALEXANDRIA	VA 22314		Transaction ID : SB23.8162
Purpose of Disbursement			
		11 11	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
LAMAR ALEXANDER		Type	1000.00
Office Sought: House Disburse	ment For: 2020		
∑ Senate ∑	Primary General		
President	Other (specify) ▼		
State: TN District: 00			
Full Name (Last, First, Middle Initial)	0.1010		Data of Dishusassant
B. BOB CORKER FOR SENATE 201	8 INC		Date of Disbursement
Mailing Address 1015 STONEBRIDGE PARK DRI	\/F		10 28 2015
Maining Address 1013 STONEBRIDGE FARR BRI	V L		10 2010
	State Zip Code		
City	otate Zip oode		Transaction ID · SR23 8163
FRANKLIN	TN 37069		Transaction ID : SB23.8163
FRANKLIN Purpose of Disbursement			Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name		Category/	
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER	TN 37069	Category/ Type	Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Disburse	TN 37069 ment For: 2018	Type	Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Disburse	TN 37069 ment For: 2018 Primary General	Type	Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Disburse Senate	TN 37069 ment For: 2018	Type	Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President	TN 37069 ment For: 2018 Primary General	Type	Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Disburse Senate President State: TN District: 00	TN 37069 ment For: 2018 Primary General	Type	Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President State: TN District: 00 Full Name (Last, First, Middle Initial) C. PEOPLE FOR PATTY MURRAY	TN 37069 ment For: 2018 Primary General	Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President State: TN District: 00 Full Name (Last, First, Middle Initial)	TN 37069 ment For: 2018 Primary General	Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President State: TN District: 00 Full Name (Last, First, Middle Initial) C. PEOPLE FOR PATTY MURRAY Mailing Address PO BOX 3662	ment For: 2018 Primary General Other (specify)	Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President State: TN District: 00 Full Name (Last, First, Middle Initial) C. PEOPLE FOR PATTY MURRAY	TN 37069 ment For: 2018 Primary General	Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President State: TN District: 00 Full Name (Last, First, Middle Initial) C. PEOPLE FOR PATTY MURRAY Mailing Address PO BOX 3662 City	ment For: 2018 Primary General Other (specify) State Zip Code	Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement 1000.00
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FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President State: TN District: 00 Full Name (Last, First, Middle Initial) C. PEOPLE FOR PATTY MURRAY Mailing Address PO BOX 3662 City SEATTLE Purpose of Disbursement Candidate Name PATTY MURRAY	ment For: 2018 Primary General Other (specify) ▼ State Zip Code WA 98124	Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement 1000.00 Transaction ID: SB23.8164
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President State: TN District: 00 Full Name (Last, First, Middle Initial) C. PEOPLE FOR PATTY MURRAY Mailing Address PO BOX 3662 City SEATTLE Purpose of Disbursement Candidate Name PATTY MURRAY Office Sought: House Disburse	ment For: 2018 Primary General Other (specify) State Zip Code WA 98124 ment For: 2016	Category/ Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement 1000.00 Transaction ID: SB23.8164 Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President President State: TN District: 00 Full Name (Last, First, Middle Initial) C. PEOPLE FOR PATTY MURRAY Mailing Address PO BOX 3662 City SEATTLE Purpose of Disbursement Candidate Name PATTY MURRAY Office Sought: House Senate	ment For: 2018 Primary General Other (specify) State Zip Code WA 98124 ment For: 2016 Primary General	Category/ Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement 10 28 2015 Transaction ID: SB23.8164 Amount of Each Disbursement this Period
FRANKLIN Purpose of Disbursement Candidate Name ROBERT P JR CORKER Office Sought: House Senate President State: TN District: 00 Full Name (Last, First, Middle Initial) C. PEOPLE FOR PATTY MURRAY Mailing Address PO BOX 3662 City SEATTLE Purpose of Disbursement Candidate Name PATTY MURRAY Office Sought: House President Senate President	ment For: 2018 Primary General Other (specify) State Zip Code WA 98124 ment For: 2016	Category/ Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement 10 28 2015 Transaction ID: SB23.8164 Amount of Each Disbursement this Period
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