PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Consumer Healthcare	Products Association	n PAC (CHPA/PAC)	
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 ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00040584		IS THIS REPORT (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (Q		r 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q January 31 Year-End Report (YI	Fleati	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	X General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electi	on on 11 08	in the State of
5. Covering Period 10		through 11	M / D D / Y Y Y Y Y Y Z Y Z Z 2016
I certify that I have examined thi	s Report and to the best o Green, Brian, , ,	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	n, Brian, , ,	[Electronically Filed]	Date 12 / 08 / 2016
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 10 20 2016 To: 11 28 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	6993.07	
	(c) Total Receipts (from Line 19)	964.98	27691.97
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7958.05	50021.88
7.	Total Disbursements (from Line 31)	5050.89	47114.72
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2907.16	2907.16
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. 05/2016)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 894.98 19165.71 (i) Itemized (use Schedule A)..... 70.00 2867.81 (ii) Unitemized (iii) TOTAL (add 22033.52 964.98 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 5000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 27033.52 964.98 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 658.45 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 27691.97 964.98 20. Total Federal Receipts 964.98 27691.97 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal		Salsiladi Todi to Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) Federal Share	4 4	4 4		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	50.89	614.72		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	50.89	614.72		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to	0.00	45 45		
Federal Candidates/Committees and Other Political Committees	5000.00	44500.00		
Independent Expenditures	45 45 45	4 4		
(use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	45 45 45 45 45 45 45 45 45 45 45 45 45 4			
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Lacon Made		0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
man Folitical Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	4	4 4		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds		4 4		
(add Lines 28(a), (b), and (c))	0.00	0.00		
•	4 4	4 4		
Other Disbursements (Including				
Non-Federal Donations)	0.00	2000.00		
Federal Election Activity (52 U.S.C. § 30101(2	0))			
(a) Allocated Federal Election Activity	0))			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
``	7	3.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	7 7	4 4		
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))	5050.89	47114.72		
Total Fodoral Dichuraamanta	7 7	7 7		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)				
nom Line organization	5050.89	47114.72		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	964.98	27033.52
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	964.98	27033.52
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50.89	614.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	658.45
88. Net Operating Expenditures (subtract Line 37 from Line 36)	50.89	-43.73

Use separate schedule(s)

F	OR	LINE	NU	IMBER	:	PAGE	6	OF	14
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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2016 City Zip Code State Transaction ID: SA11AI.8705 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.40 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 15 2016 City State Zip Code Transaction ID: SA11AI.8706 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2187.57 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gibbons, Travis, , , Date of Receipt Mailing Address 340 Cloudes Mill Ct. 2016 City State Zip Code Transaction ID: SA11AI.8707 VAAlexandria 22304 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) 229.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Gibbons, Travis, , , Date of Receipt Mailing Address 340 Cloudes Mill Ct. 2016 15 City Zip Code State Transaction ID: SA11AI.8708 VA Alexandria 22304 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 437.43 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 10 2016 City State Zip Code Transaction ID: SA11AI.8709 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 416.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 15 2016 City Zip Code State Transaction ID: SA11AI.8710 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 437.43 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2016 City Zip Code State Transaction ID: SA11AI.8711 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 15 2016 City State Zip Code Transaction ID: SA11AI.8712 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 437.43 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2016 City State Zip Code Transaction ID: SA11AI.8713 VAHerndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2016 15 City Zip Code State Transaction ID: SA11AI.8714 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Vice President, Regulatory Affairs **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 437.43 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Leonard, Mary, , , Date of Receipt Mailing Address 1200 North Veitch Street 15 2016 Apt. 526 City State Zip Code Transaction ID: SA11AI.8716 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Asso Communications Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2016 City State Zip Code Transaction ID: SA11AI.8717 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) 239.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2016 15 City Zip Code State Transaction ID: SA11AI.8718 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4374.93 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sarabia, Maria, , , Date of Receipt Mailing Address 240 Manor Circle 15 2016 Apartment 1 City State Zip Code Transaction ID: SA11AI.8722 MD Takoma Park 20912 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Manager, Meetings & Events Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2016 City State Zip Code Transaction ID: SA11AI.8727 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) 260.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2016 15 City Zip Code State Transaction ID: SA11AI.8728 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff. Consumer Healthcare Prod. Assn. Receipt For: Aggregate Year-to-Date ▼ Primary General 625.05 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

41.67 SUBTOTAL of Receipts This Page (optional)..... 894.98 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)			EOD LINE	NUMBER: PAGE 12 OF 14			
ITEMIZED DISBURSEMENTS		ate schedule(s)	FOR LINE (check only	NOMBER:			
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	Detailed 3		28a	28b 28c 29 30b			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may no	ot be sold or use	ed by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)		yee or any penne					
Consumer Healthcare Products As	sociation	PAC (CH	PA/PAC)				
Full Name (Last, First, Middle Initial)							
A. Wells Fargo Bank				Date of Disbursement			
Mailing Address 1510 K Street NW				11 14 2016			
City	State	Zip Code		FEC Identification Number			
Washington	DC	20005					
Purpose of Disbursement			001	C			
Candidate Name				Transaction ID : SB21B.8697			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser	nent For:		.,,,,	50.89			
Senate	Primary	General					
President	Other (speci	fy) ▼		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)				Data of Dishumannant			
В.				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y			
ag . aa.eee							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement							
Pulpose of Disbursement				C			
Candidate Name			Cotogony	Amount of Each Dishurasment this Period			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser	nent For:			1			
	Primary	General					
	Other (speci	fy)		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial) C.				Date of Disbursement			
-				M M / D D / Y Y Y Y			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
			L II				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser				4-1-4-1-4-1			
Senate	Primary	General		_			
State: District:	Other (speci	īy) ▼		Memo Item			
State. District.							
SUBTOTAL of Disbursements This Page (optional)				50.89			
COSTOTAL OF DISDUTSCHIEFTED THIS Fage (OPTIONAL)			·····	4 4 4			
TOTAL This Period (last page this line number only)				50.89			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s		NUMBER: PAGE 13 OF 14				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21h	7 one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r							
NAME OF COMMITTEE (In Full)							
Consumer Healthcare Products A	Association PAC (Ch	HPA/PAC)					
Full Name (Last, First, Middle Initial) A. BENNET FOR COLORADO			Date of Disbursement				
BENNET FOR COLORADO			M M / D D / Y Y Y Y				
Mailing Address PO BOX 3078			11 08 2016				
City DENVER	State Zip Code 80201		FEC Identification Number				
Purpose of Disbursement			C C00458398				
Candidate Name			Transaction ID : SB23.8704				
BENNET, MICHAEL F, , ,		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburs	sement For: 2016 Primary General	'	1000.00				
President	Primary ★ General Other (specify) ▼		Memo Item				
State: CO District: 00							
Full Name (Last, First, Middle Initial) B. FRIENDS OF SCHUMER			Date of Disbursement				
THENDO OF CONTONIER			M - M / D - D / Y - Y - Y				
Mailing Address 192 LEXINGTON AVENUE SU	ITE 1001		11 02 2016				
City NEW YORK	State Zip Code NY 10016		FEC Identification Number				
Purpose of Disbursement	10010		C C00346312				
Candidate Name			Transaction ID : SB23.8703				
SCHUMER, CHARLES E, , ,		Category/ Type	Amount of Each Disbursement this Period				
	sement For: 2016	,,,,	1000.00				
X Senate President	Primary General						
State: NY District: 00	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial) C. GEORGIANS FOR ISAKSON			Date of Disbursement				
			M M / D D / Y T Y T Y T Y				
Mailing Address POST OFFICE BOX 250116			11 02 2016				
City ATLANTA	State Zip Code 30325		FEC Identification Number				
Purpose of Disbursement	OA 30323		C C00384693				
			Transaction ID : SB23.8701				
Candidate Name		Category/	Amount of Each Disbursement this Period				
ISAKSON, JOHN HARDY, , , Office Sought: House Disburs	sement For: 2016	Туре	1000.00				
x Senate	Primary General		4 4				
President	Other (specify) ▼		Memo Item				
State: GA District: 00							
SUBTOTAL of Disbursements This Page (optiona	l)		3000.00				
TOTAL This Period (last page this line number or	nly)	·····					

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	to and address of any politica	. committee to	CONTRACTOR TOTAL SHORT COMMITTEE.
Consumer Healthcare Products As	sociation PAC (CHF	PA/PAC)	
Full Name (Last, First, Middle Initial) A. PEOPLE FOR PATTY MURRAY			Date of Disbursement
Mailing Address PO BOX 3662			11 02 2016
,	State Zip Code WA 98124		FEC Identification Number
Purpose of Disbursement			C C00257642 Transaction ID : SB23.8702
Candidate Name MURRAY, PATTY, , ,		Category/ Type	Amount of Each Disbursement this Period
x Senate	nent For: 2016 Primary General		1000.00
State: WA District: 00	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. PORTMAN FOR SENATE COMMITTEE			Date of Disbursement
Mailing Address 9856 ARCHER LANE			11 02 2016
City DUBLIN Purpose of Disbursement	State Zip Code OH 43017		FEC Identification Number
Candidate Name Category/			C C00458463 Transaction ID : SB23.8700 Amount of Each Disbursement this Period
	nent For: 2016	Туре	1000.00
	Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement			C
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	Senate Primary General		
State: District:	Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			2000.00
TOTAL This Period (last page this line number only)			5000.00