PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than	An Authorized	d Committee			Office Use	e Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT	=/10	ample: If typing or the lines.	, type	12FE4N	15		
Consumer Healthcare	e Products Ass	ociation PAC	(CHPA/PA	AC)				
ADDRESS (number and street)	1625 Eye Street I	NW						
Check if different than previously reported. (ACC)	Suite 600 Washington				DC	20006		
2. FEC IDENTIFICATION N	NUMBER ▼	CITY ▲		5	STATE A	Ž	ZIP CODE ▲	
C C00040584		3. IS THIS REPORT	x NE		A	MENDED A)		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Jui	ay 20 (M5) n 20 (M6) l 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (I (Non-Election Year Only) Dec 20 (I (Non-Election Year Only) Jan 31 (N	M12)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31	(Q2) (C) 12-Day PRE-E Report		Primary (12P) Convention (12	PC)	General Special	(12S)	Runoff (12	2R)
Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	ion (d) 30-Day POST- Report	Election on Election For the:	General (30G)	D D /	Runoff		State of Special (3 in the	30S)
	10 18	Election on	through	06 M M 11	2018 / D D D 26	/ Y Y 201		ᆜ
I certify that I have examined Type or Print Name of Treasur	Green, Brian, , ,	ne best of my kno	wledge and be	lief it is tru	e, correct ar	nd complete) .	
Signature of Treasurer	een, Brian, , ,		[Electronically F	<i>?iled]</i> □	ate 12	M / D 05	2018	Y
NOTE: Submission of false, erro	oneous, or incomplete	information may su	ubject the person	n signing th	is Report to	the penaltie	s of 52 U.S.C. § ;	30109
Office Use Only							FORM 3X ev. 05/2016	

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: 10 18 2018 To: 11 26 2018

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2018		22710.16			
	(b) Cash on Hand at Beginning of Reporting Period	16412.27				
	(c) Total Receipts (from Line 19)	1098.84	41804.04			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17511.11	64514.20			
7.	Total Disbursements (from Line 31)	45.39	47048.48			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17465.72	17465.72			
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) Page 3

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

2018 11 26 2018 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 1028.42 22799.80 (i) Itemized (use Schedule A)..... 70.42 13400.08 (ii) Unitemized (iii) TOTAL (add 36199.88 1098.84 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 41199.88 1098.84 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.) 0.00 604.16 (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 (from Schedule H3)..... 0.00 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), 41804.04 12, 13, 14, 15, 16, 17, and 18(c))....... 1098.84 20. Total Federal Receipts 1098.84 41804.04 (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 Activity (from Schedule H4)		Salonaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	45.39	548.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45.39	548.48
2. Transfers to Affiliated/Other Party Committees	0.00	2500.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	44000.00
. Independent Expenditures (use Schedule E)	0.00	0.00
. Coordinated Party Expenditures (52 U.S.C. § 30116(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	4 4 4	
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
. Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	D))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely 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))	45.39	47048.48
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	45.39	47048.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 1098.84 41199.88 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 41199.88 1098.84 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 45.39 548.48 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 604.16 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 45.39 - 55.68 (subtract Line 37 from Line 36)

Use separate schedule(s) for each category of the

FOF	R LINE	NUMBER	: PAG	E 6 OF	13
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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 Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2018 City Zip Code State Transaction ID: SA11AI.9778 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Communications Pavroll Receipt For: Aggregate Year-to-Date ▼ Primary General 416.80 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 15 2018 City State Zip Code Transaction ID : SA11AI.9777 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Communications Payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 437.64 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2018 City State Zip Code Transaction ID: SA11AI.9775 VAArlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.40 Other (specify) 145.85 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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. 2018 City Zip Code State Transaction ID: SA11AI.9776 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Government Affairs Consumer Healthcare Products Pavroll Receipt For: Aggregate Year-to-Date ▼ Primary General 2187.57 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 2018 City State Zip Code Transaction ID: SA11AI.9779 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 395.96 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 2018 City Zip Code State Transaction ID: SA11AI.9780 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 416.80 Other (specify) 145.85 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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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 2018 City Zip Code State Transaction ID: SA11AI.9783 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Pavroll Receipt For: Aggregate Year-to-Date ▼ Primary General 416.80 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 2018 City State Zip Code Transaction ID: SA11AI.9784 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 437.64 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2018 City Zip Code State Transaction ID: SA11AI.9781 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Consumer Healthcare Products A Manager, Federal Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 416.80 Other (specify) 62.52 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 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 Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2018 15 City Zip Code State Transaction ID: SA11AI.9782 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products A Manager, Federal Government Affairs Pavroll Receipt For: Aggregate Year-to-Date ▼ Primary General 437.64 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 10 2018 City State Zip Code Transaction ID: SA11AI.9785 VA Herndon 20170 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) **CHPA** Vice President, Regulatory Affairs Payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 833.40 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 15 2018 City State Zip Code Transaction ID: SA11AI.9786 VAHerndon 20170 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 875.07 Other (specify) 104.18 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Leonard, Mary, , , Date of Receipt Mailing Address 2017 6th Street S. 2018 City Zip Code State Transaction ID: SA11AI.9788 VA Arlington 22204 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Asso. Communications Pavroll Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McKee, Allison, , , Date of Receipt Mailing Address 3329 Martha Custis Drive 15 2018 City State Zip Code Transaction ID: SA11AI.9790 VA Alexandria 22302 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 **Human Resources** payroll 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 2018 City State Zip Code Transaction ID: SA11AI.9791 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.80 Other (specify) 228.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number 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 of Individual (Last, First, Middle Initial) or Full Organization Name Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2018 15 City Zip Code State Transaction ID: SA11AI.9792 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Pavroll Receipt For: Aggregate Year-to-Date ▼ Primary General 4375.14 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 10 2018 City State Zip Code Transaction ID: SA11AI.9793 Chevy Chase MD 20815 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Payroll Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 15 2018 City Zip Code State Transaction ID: SA11AI.9794 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 258.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Full Name of Individual (Last, First, Middle Init A. Tringale, Mike, , , Mailing Address 2115 12th Place NW City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify)	State Zip Code DC 20009 C Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff. Aggregate Year-to-Date 833.40	Date of Receipt 10 31 2018 Transaction ID: SA11AI.9795 Amount of Each Receipt this Period 41.67 Memo Item Payroll
Full Name of Individual (Last, First, Middle Init Tringale, Mike, , , Mailing Address 2115 12th Place NW City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify)	State Zip Code DC 20009 C Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff. Aggregate Year-to-Date ▼	Date of Receipt 11 15 2018 Transaction ID: SA11AI.9796 Amount of Each Receipt this Period 41.67 Memo Item Payroll
Full Name of Individual (Last, First, Middle Init Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Date of Receipt M.M. / D.D. / Y.Y.Y.Y.Y. Amount of Each Receipt this Period Memo Item
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NAME OF COMMITTEE (In Full)		DAO (OLII	D A /D A O \						
Consumer Healthcare Products A	ssociatio	on PAC (CH	PA/PAC)						
Full Name (Last, First, Middle Initial)				Data of F	.:				
A. Wells Fargo Bank				Date of L	isburseme		Y Y Y	-	
Mailing Address 1510 K Street NW				11	13		2018		
City	State	Zip Code		FEC Iden	tification N	umber			
Washington Purpose of Disbursement	DC	20005							
November Bank fee				C					
Candidate Name			Category/		saction ID	_	.9802 ent this Pe	riod	
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	ement For:				7	7	45.39		
Senate President	Other (sp	General							
State: District:	_ Other (sp	ecity) \		Memo	Item				
Full Name (Last, First, Middle Initial)									
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Mailing Address									
City	State	Zip Code	FEC Identification Number						
Purpose of Disbursement				C					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:		Туре						
Senate	Primary	General				7	1 40	ш.	
President	Other (sp	ecify)		Mama Itam					
State: District:	_		Memo Item						
Full Name (Last, First, Middle Initial) C.				Date of D	isburseme	ent			
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Mailing Address						L			
City	State	Zip Code		FEC Iden	tification N	lumber			
Purpose of Disbursement				C					
			: :						
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				riod	
Office Sought: House Disburs	sement For:	I	71	11::	40.	40.			
Senate	Primary	General		7 7					
President	Other (sp	Other (specify) ▼			Memo Item				
State: District:									
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