

# 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**  
 Check if different than previously reported. (ACC) **Washington DC 20006**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00040584** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2020 through  /  /  2020

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  /  /  2020

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="2020"/>		26224.86
(b) Cash on Hand at Beginning of Reporting Period.....	32485.86	
(c) Total Receipts (from Line 19) .....	1489.40	11011.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33975.26	37236.03
7. Total Disbursements (from Line 31).....	3545.74	6806.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30429.52	30429.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2020 To: M M / D D / Y Y Y Y 06 / 30 / 2020

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).....	1149.40	8037.80
(ii) Unitemized .....	340.00	2398.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1489.40	10436.40
(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) .....	1489.40	10436.40
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	574.77
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)).....▶	1489.40	11011.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1489.40	11011.17

**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 .....	45.74	306.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	45.74	306.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	6500.00
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)) ..	3545.74	6806.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3545.74	6806.51

**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) .....	1489.40	10436.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1489.40	10436.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	45.74	306.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	574.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45.74	- 268.26

**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 13
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Communications
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2020

**Transaction ID : SA11AI.10562**

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
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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 ▼  
250.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2020

**Transaction ID : SA11AI.10563**

Amount of Each Receipt this Period  
20.84

Memo Item

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

Mailing Address 19110 Mateny Hill Road

City Germantown	State MD	Zip Code 20874
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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:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2020

**Transaction ID : SA11AI.10544**

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 7 OF 13
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 19110 Mateny Hill Road

City Germantown	State MD	Zip Code 20874
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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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

**Transaction ID : SA11AI.10545**

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

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Director, State Affairs
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2020

**Transaction ID : SA11AI.10546**

Amount of Each Receipt this Period  
20.84

Memo Item

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

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Director, State Affairs
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

**Transaction ID : SA11AI.10547**

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 8 OF 13
	<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	<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
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2020  
**Transaction ID : SA11AI.10548**

Amount of Each Receipt this Period  
 20.84

Memo Item

**B. 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
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : SA11AI.10549**

Amount of Each Receipt this Period  
 20.84

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

Name of Employer (for Individual) CHPA	Occupation (for Individual) Vice President, Regulatory Affairs
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2020  
**Transaction ID : SA11AI.10552**

Amount of Each Receipt this Period  
 41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.35
<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 13
<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. 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 **500.04**

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : SA11AI.10553**  
 Amount of Each Receipt this Period **41.67**  
 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 **2288.00**

Date of Receipt **06 / 15 / 2020**  
**Transaction ID : SA11AI.10556**  
 Amount of Each Receipt this Period **208.00**  
 Memo Item

**C. 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 **2496.00**

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : SA11AI.10557**  
 Amount of Each Receipt this Period **208.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>457.67</b>
<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 10 OF 13
<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
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2020

**Transaction ID : SA11AI.10558**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. 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
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2020

**Transaction ID : SA11AI.10559**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1449 N Street, NW  
Apartment 3

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHPA	Occupation (for Individual) Senior VP., Policy & Int'l Affairs
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2020

**Transaction ID : SA11AI.10560**

Amount of Each Receipt this Period  
175.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 13
<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. Spangler, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1449 N Street, NW  
 Apartment 3  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHPA Occupation (for Individual) Senior VP., Policy & Int'l Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : SA11AI.10561**  
 Amount of Each Receipt this Period 175.00  
 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 ▼ 458.37

Date of Receipt 06 / 15 / 2020  
**Transaction ID : SA11AI.10564**  
 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 ▼ 500.04

Date of Receipt 06 / 30 / 2020  
**Transaction ID : SA11AI.10565**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	258.34
<b>TOTAL</b> This Period (last page this line number only).....	1149.40

# 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:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB21B.10571

Amount of Each Disbursement this Period

45.74

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M M M / D D D / Y Y 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:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M / D D D / Y Y 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)..... ▶

45.74

45.74

**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)**

Full Name (Last, First, Middle Initial)

**A. BUDDY CARTER FOR CONGRESS**

Mailing Address PO BOX 10570

City SAVANNAH

State GA

Zip Code 31412

Purpose of Disbursement

Candidate Name

**CARTER, EARL LEROY, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	0

FEC Identification Number

**C** C00543967

**Transaction ID : SB23.10570**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LATTA FOR CONGRESS**

Mailing Address PO BOX 106

City BOWLING GREEN

State OH

Zip Code 43402

Purpose of Disbursement

Candidate Name

**LATTA, ROBERT EDWARD MR, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	0

FEC Identification Number

**C** C00438697

**Transaction ID : SB23.10567**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City Long Branch

State NJ

Zip Code 07740

Purpose of Disbursement

Candidate Name

**PALLONE, FRANK JR, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	0

FEC Identification Number

**C** C00226928

**Transaction ID : SB23.10569**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

3500.00