Image#	201	5091	8900	2710	572
mayor	201	3031	0300	2110	512

09/18/2015 12 : 17

PAGE 1 / 14

	EPORT OF R ND DISBURS Other Than An Autho	EMENTS	Office Us	e Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT 🔻	Example: If typing, type over the lines.	12FE4M5	
Consumer Healthcare Pr	oducts Association F			
ADDRESS (number and street)	1625 Eye Street NW			
Check if different	Suite 600 Washington	· · · · · · · · · · · · · · · · · · ·	DC 20006	
2. FEC IDENTIFICATION NUME	BER V CITY	•	STATE A	ZIP CODE
C C00040584	3. IS T REF	HIS NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20	(M3) Jun 20 (M6)	× Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	(M4) Jul 20 (M7) Primary (12P)	Oct 20 (M10) General (12G)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)	
October 15 Quarterly Report (Q3)				
January 31 Year-End Report (YE)	Election	on / D D /	Y Y Y 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 (30R)	Special (30S)
Termination Report (TER)	Election	on/ D = D /	Y Y Y Y Y Y	in the State of
5. Covering Period 08	/ D D / Y Y Y Y 01 2015	through 08	/ D D / Y Y 31 201	
I certify that I have examined this F Type or Print Name of Treasurer	-	y knowledge and belief it is the	rue, correct and complete	e.
Signature of Treasurer	een	[Electronically Filed]	Date 09 / 18	D / Y Y Y Y 2015
NOTE: Submission of false, erroneous	s, or incomplete information n	nay subject the person signing	this Report to the penaltie	es of 2 U.S.C. §437g.
Conse Use Only FE6AN026				FORM 3X ev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write	or	Туре	Committee	Name

FEC Form 3X (Rev. 02/2003)

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From: 08	M / D D / Y Y Y Y 01 2015 To:	M / D D / Y
		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	12026.80	
	(c) Total Receipts (from Line 19)	1663.44	23314.30
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	13690.24	38931.37
7.	Total Disbursements (from Line 31)	1057.02	26298.15
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12633.22	12633.22
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

X

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period:	From: 08	/ D D / Y Y Y Y 01 2015	To: 08 / 01 / 2015
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loar	,		
(a) Individuals/Persons Othe			
Than Political Committee		1583.44	15000.43
(i) Itemized (use Sched	ule A)		
(ii) Unitemized		80.00	2668.74
(iii) TOTAL (add	F		
Lines 11(a)(i) and (ii))▶ L	1663.44	17669.17
(b) Political Party Committee	es	0.00	0.00
(c) Other Political Committee			
(such as PACs)		0.00	5000.00
(d) Total Contributions (add	Lines		
11(a)(iii), (b), and (c)) (C		1000.14	22660.47
Totals to Line 33, page		1663.44	22669.17
12. Transfers From Affiliated/Othe			
Party Committees	L	0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received.		0.00	0.00
15. Offsets To Operating Expende	itures		
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, pag	e 5)	0.00	645.13
16. Refunds of Contributions Mac	de	, , , , , , , , , , , , , , , , , , , ,	,
to Federal Candidates and O	other		
Political Committees		0.00	0.00
17. Other Federal Receipts	Ē		
(Dividends, Interest, etc.)		0.00	0.00
18. Transfers from Non-Federal a	and Levin Funds		
(a) Non-Federal Account			
(from Schedule H3)	L	0.00	0.00
(b) Levin Funds (from Sched		0.00	0.00
(b) Levin Funds (nom Sched	ule H5)		7 7 7 0.00
(c) Total Transfers (add 18(a)) and 18(b))	0.00	0.00
10 Total Dessints (add Lines 14)	(4)		
19. Total Receipts (add Lines 11)		1662 44	23314.30
12, 13, 14, 15, 16, 17, and 1	••••••	1663.44	23314.30
20. Total Federal Receipts	_		
(subtract Line 18(c) from Line	e 19)▶	1663.44	23314.30

I

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		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)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	57.02	395.5
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	57.02	395.5
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	25902.60
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. \$441a(d))	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.0
Other Disbursements	0.00	0.0
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(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))	1057.02	26298.1
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1057.02	26298.15

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L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	1663.44	22669.17
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1663.44	22669.17
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	57.02	395.55
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	645.13
. Net Operating Expenditures (subtract Line 37 from Line 36)	57.02	-249.58

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE

6 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16		17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose o	f solicitin		ntribut	ions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products											
Α.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.				Date of	_	D		Y	Y Y	Y	
	City Arlington	State VA	Zip Code 22207				-	SA11AI Receipt t	.809			
	FEC ID number of contributing federal political committee.	С					7	7		104.	17	
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		ent, Government Affairs Year-to-Date ▼ 1562.55									
в.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.				Date of	f Re	D		Y	Ŷ	Y	
	City Arlington	State VA	Zip Code 22207					SA11AI Receipt t	.809			
	FEC ID number of contributing federal political committee.	Occupation		_			7		_	104.	17	
	Consumer Healthcare Products Receipt For:	Vice Preside	ent, Government Affairs									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.72									
C.	Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct.			_	Date of	Re						
	City	State	Zip Code		08 Trans	act	15		20	015 6	Ŷ	
	Alexandria	VA	22304	/				Receipt t				
	FEC ID number of contributing federal political committee.	С					, .		_	20	.84	
	Name of Employer	Occupation										
	Consumer Healthcare Products	Assoc. Dire	ctor, Federal Affairs	_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.60									
s	UBTOTAL of Receipts This Page (optional)			•			, .			229.	18]
т	OTAL This Period (last page this line number o	nly)					,					

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 7 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	s Associat	ion PAC (CHPA/PAC))
Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct. City Alexandria FEC ID number of contributing	State VA	Zip Code 22304	Date of Receipt 08 31 2015 Transaction ID : SA11AI.8097 Amount of Each Receipt this Period
federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		ctor, Federal Affairs Year-to-Date ▼ 333.44	
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		ent, Finance & Ops. (CFO) Year-to-Date ▼	Date of Receipt
Other (specify) ▼ 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) ▼		312.60 Zip Code 20874 ent, Finance & Ops. (CFO) Year-to-Date ▼ 333.44	Date of Receipt 08 / 31 / 2015 Transaction ID : SA11AI.8099 Amount of Each Receipt this Period 20.84
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line numbe	r only)	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 8 OF

14

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17						
	y information copied from such Reports and for commercial purposes, other than using t				for the	purp	ose o	f soliciting	contribu	tions						
	NAME OF COMMITTEE (In Full) Consumer Healthcare Product	ts Associat	ion PAC (CHPA/PAC))												
Α.	Full Name (Last, First, Middle Initial) Carlos Gutierrez															
	Mailing Address 926 North Barton Street			08 15 2015 Transaction ID : SA11AI.8100												
	City	State	Zip Code													
	Arlington	VA	22201	_	Amoun	it of E	Each I	Receipt th	is Period							
	FEC ID number of contributing federal political committee.	С					,	7	20	.84						
	Name of Employer	Occupation	1													
	Consumer Healthcare Products	Director, St	ate Affairs													
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		312.60													
в.	Full Name (Last, First, Middle Initial) Carlos Gutierrez				Date o	f Red	ceipt									
	Mailing Address 926 North Barton Street				08 31 2015											
	City	State	Zip Code		Transaction ID : SA11AI.8101											
	Arlington	VA	22201		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			20.84											
	Name of Employer Consumer Healthcare Products	Occupation Director, Sta														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.44													
<u> </u>	Full Name (Last, First, Middle Initial) Kaelan Hollon				Date o	f Red	ceipt									
	Mailing Address 100 I Street SE Apt. 214				м м 08	/	D 15		y y 2015	Y						
	City Washington	State DC	Zip Code 20003					: SA11AI. Receipt th								
	FEC ID number of contributing federal political committee.	C					,		20	.84						
	Name of Employer	Occupation		_												
	Consumer Healthcare Prod. Assn	Director, Co	ommunications													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		240.00													
	Other (specify)		312.60													
⊢	UBTOTAL of Receipts This Page (optional).			•			,	7	62.	52						
L í	OTAL This Period (last page this line number	er oniy)	•••••••••••••••••••••••••••••••••••••••	•		_	7									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

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PAGE 9 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using				or the		oose of	solicitin	g contrib	outions
NAME OF COMMITTEE (In Full) Consumer Healthcare Produce	cts Associat	ion PAC (CHPA/PAC))						
Full Name (Last, First, Middle Initial) Kaelan Hollon Mailing Address 100 I Street SE Apt. 214 City Washington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify) ▼		Zip Code 20003 ommunications Year-to-Date ▼ 333.44	[/ acti	31 ion ID :		his Peric	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary		Zip Code 20170 ent, Regulatory Affairs Year-to-Date ▼			/ acti	15 on ID : 1		his Peric	y od 20.84
Cher (specify) ▼ Cher (specify) ▼ C. Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify) ▼		312.60 Zip Code 20170 ent, Regulatory Affairs Year-to-Date ▼ 333.44	[/ acti	31	SA11A	his Peric	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb						7		6	2.52

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 10 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b		11c		12		4 7	
	y information copied from such Reports and Sta for commercial purposes, other than using the											ions	17	
<u> </u>	NAME OF COMMITTEE (In Full) Consumer Healthcare Products													
A.	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:	State VA C Occupation President an Aggregate		_		/ sact	ion ID		∕ SA11AI. eccipt th	20 8108		ў 33]	
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott M. Melville		3124.96		Data o	f Do								
в.	Scott IM. Melvine Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee.	Zip Code 22182	_	Date of Receipt 08 31 2015 Transaction ID : SA11AI.8109 Amount of Each Receipt this Period 208.33										
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation President ar Aggregate												
с.	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 VA C Occupation Governmen Aggregate	Zip Code 22042 t Affairs Year-to-Date ▼ 937.65	_		/ sact	ion ID	15 D:8	/ Y SA11AI.	20 811 :]	
s	UBTOTAL of Receipts This Page (optional)		•	-			,		- 7	-	479.	17		
т	OTAL This Period (last page this line number o	nly)	••••••				,			_				

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

(check only one)

PAGE 11 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		oose o	f soliciting	contrib	utions
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PA	C)						
Α.	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.	State VA	Zip Code 22042			/ sacti	31 on ID	SA11AI. Receipt th	is Perio	
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation Governmen Aggregate					,	,		
B.	Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue City McLean FEC ID number of contributing federal political committee.	State VA	Zip Code 22102			, acti	15 on ID :	SA11AI. SA11AI.	is Perio	d 1.67
	Name of Employer CHPA Receipt For: Primary General Other (specify) ▼	Occupation VP Aggregate	Year-to-Date ▼ 625.05							
C.	Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue City McLean FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify) ▼	State VA C Occupation VP Aggregate	Zip Code 22102 Year-to-Date ▼ 666.72			/ sacti	31 ion ID	SA11AI. Receipt th	is Perio	d 1.67
s	UBTOTAL of Receipts This Page (optional)			•			7	7	14	5.85
т	OTAL This Period (last page this line number o	nly)		►			,			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

(check only one)

PAGE 12 OF

ITEMIZED RECEIPTS	for each category o Detailed Summary I	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CHP)	A/PAC)
A. Full Name (Last, First, Middle Initial) Marc L. Rovner Mailing Address 5 Persimmon Ln. City White Plains FEC ID number of contributing federal political committee.	State Zip Code NY 10605	Date of Receipt Date of Receipt 08 24 2015 Transaction ID : SA11AI.8091 Amount of Each Receipt this Period 500.00
Name of Employer Boehringer Ingelheim Receipt For: Primary General Other (specify)	Occupation Vice President & General Manager Aggregate Year-to-Date ▼ 5	500.00
Full Name (Last, First, Middle Initial) B. Emily Skor Mailing Address 2113 12th Street NW City Washington FEC ID number of contributing federal political committee. Name of Employer Consume Lasthease Deducts	State Zip Code DC 20009 C	Date of Receipt Date of Receipt 08 15 2015 Transaction ID : SA11AI.8120 Amount of Each Receipt this Period 20.84
Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Vice President, Communications Aggregate Year-to-Date ▼ 2	29.24
Full Name (Last, First, Middle Initial) Emily Skor Mailing Address 2113 12th Street NW City Washington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code DC 20009 C Occupation Vice President, Communications Aggregate Year-to-Date ▼	Date of Receipt 08 31 2015 Transaction ID : SA11AI.8121 Amount of Each Receipt this Period 20.84 250.08
SUBTOTAL of Receipts This Page (optional)		1592.44

S	CHEDULE B (FEC Form 3X)			FOR			:			PAG	E 13	OF 14					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(checl	k only	nly one)											
		Detailed Summary Page	è	×	21b 27	22 28a		23 28b	Н	24 28c	25	26 30b					
	y information copied from such Reports and Statem for commercial purposes, other than using the nam				perso	n for the		pose d		liciting	contrib	utions					
\setminus	NAME OF COMMITTEE (In Full)																
	Consumer Healthcare Products Ass	sociation PAC (C	HPA	/PA	C)												
Α.	Full Name (Last, First, Middle Initial) Wells Fargo Bank					Date o	_		_								
	Mailing Address 1510 K Street NW					08		D 1	1	/ Y	2015	Y					
	Washington	StateZip CodeDC20005				Transaction ID : SB21B.8090											
	Purpose of Disbursement		001 Amount of Each Disbursement this Pe														
	Candidate Name			ategor Type	ry/			Luon	Dios			7.02					
		nent For: Primary General Other (specify) ▼						,		,							
	State: District:																
в.	Full Name (Last, First, Middle Initial)					Date o	f Di										
	Mailing Address					M	/	D	D	/ Y	ΥΥ	Y					
	City S	State Zip Code															
	Purpose of Disbursement					Amount of Each Disbursement this Period											
	Candidate Name			ategor Type	ry/												
		nent For: Primary General Other (specify) ▼															
	State: District:																
C.	Full Name (Last, First, Middle Initial)					Date o	f Di				Y Y						
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	City S	State Zip Code															
	Purpose of Disbursement					Amoun	t of	Each	Disb	urseme	ent this	Period					
	Candidate Name																
	President	nent For: Primary General Other (specify) ▼						,		,							
_	State: District:																
⊢	OTAL This Period (last page this line number only).						-	-	-	7		7.02 7.02					

SCHEDULE B (FEC Form 3X)			NUMBER PAGE 14 OF 14										
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only											
	for each category of the Detailed Summary Page	21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
Any information copied from such Reports and State or for commercial purposes, other than using the na	I ements may not be sold or use me and address of any politica	ed by any perso	on for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
Consumer Healthcare Products A	ssociation PAC (CHI	PA/PAC)											
Full Name (Last, First, Middle Initial)													
A. PEOPLE FOR PATTY MURRAY			Date of Disbursement										
Mailing Address PO BOX 3662			08 06 2015										
City	State Zip Code		Transaction ID : SB23.8122										
SEATTLE Purpose of Disbursement	WA 98124												
Tupose of Disbursement			Amount of Each Disbursement this Period										
Candidate Name		Category/	4000.00										
PATTY MURRAY		Туре	1000.00										
Office Sought: House Disburse X Senate President	ement For: 2016 Primary General Other (specify) v												
State: WA District: 00													
Full Name (Last, First, Middle Initial)													
В.			Date of Disbursement										
Mailing Address													
City	State Zip Code												
Purpose of Disbursement			Amount of Each Disbursement this Period										
Candidate Name		Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) v												
State: District:	-												
Full Name (Last, First, Middle Initial)			Date of Disbursement										
Mailing Address			M M / D D / Y Y Y Y										
City	State Zip Code												
Purpose of Disbursement													
Candidate Name	Category/ Type	Amount of Each Disbursement this Period											
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) v												
State: District:													
SUBTOTAL of Disbursements This Page (optional).		····· ►	1000.00										
TOTAL This Period (last page this line number only	/)	••••••	1000.00										