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PAGE 1 / 14

FEC FORM 3X	REPORT O AND DISBU For Other Than An	URSEMEN ⁻	rs 🛛	Office U	se Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		2FE4M5	
Consumer Healthcar	re Products Associa	ation PAC (CHPA	VPAC)		
ADDRESS (number and street)	1625 Eye Street NW				
Check if different than previously reported. (ACC)	Vashington			DC 2000	
2. FEC IDENTIFICATION			ST	ATE 🔺	
C C00040584		3. IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report July 15 Quarterly Report October 15	t (Q2) (C) 12-Day PRE-Election Report for t			General (12G) Special (12S)	Jan 31 (YE)Runoff (12R)
Quarterly Report January 31 Year-End Report		Election on	/ D D / Y	YYYY	in the State of
July 31 Mid-Yea Report (Non-ele Year Only) (MY)	ction (d) 30-Day		30G)	Runoff (30R)	Special (30S)
Termination Rep (TER)	ort		/ D D / Y	Y Y Y	in the State of
5. Covering Period		015 through	n 06 /	30 / Y Y 30 20	Y Y 15
I certify that I have examined Type or Print Name of Treas	-	est of my knowledge an	d belief it is true,	correct and comple	te.
Signature of Treasurer	rian Green	[Electronic	ally Filed] Date	e 08 / 04	
NOTE: Submission of false, en	roneous, or incomplete infor	mation may subject the p	person signing this	Report to the penalt	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write of	or Type	Committee	Name

FEC Form 3X (Rev. 02/2003)

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From: 06	01 2015 To	b: 06 / 06 / Y Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		15617.07
	(b) Cash on Hand at Beginning of Reporting Period	12049.58	
	(c) Total Receipts (from Line 19)	2313.44	16487.42
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	14363.02	32104.49
7.	Total Disbursements (from Line 31)	4047.16	21788.63
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10315.86	10315.86
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:	M / D D / Y	06 / D D / Y Y Y Y 2015
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	0044.70	8354.39
(i) Itemized (use Schedule A)	2041.76	0004.09
	074.00	2487.90
(ii) Unitemized	271.68	2401.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	2313.44	10842.29
	7 7 7 2010.11	
(b) Political Party Committees		0.00
(c) Other Political Committees		
(such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	2313.44	15842.29
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	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.)	0.00	645.13
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made		7 7 7
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 Fu		7 7
(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),	2212 44	16487.42
12, 13, 14, 15, 16, 17, and 18(c))▶	2313.44	10407.42
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	2313.44	16487.42

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4 COLUMN B	
II. Disbursements	II. Disbursements COLUMN A Total This Period		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	47.16	288.63	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	47.16	288.6	
Committees Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	4000.00	21500.00	
Independent Expenditures (use Schedule E)	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00		
(use Scheaule F)		0.00	
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	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Defunde			
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))►		0.00	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	4047.16	21788.63	
		21/00.00	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	4047.16	21788.63	

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2313.44	15842.29
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	2313.44	15842.29
c. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	47.16	288.63
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	645.13
8. Net Operating Expenditures (subtract Line 37 from Line 36)	47.16	-356.50

FE6AN026

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

(check only one)

PAGE

6 OF

			Detailed Summary Page		11a 13		11b 14		11c 15		12 16	17
	information copied from such Reports and Sor commercial purposes, other than using the				for the		pose o	f soli	iciting		ntribut	ions
	IAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)	I								
A. _	ull Name (Last, First, Middle Initial) Gary Downing Mailing Address 1197 Mine Hill Rd. Dity Fairfield EC ID number of contributing	State CT	Zip Code 06430		Date of 06 Trans Amount	/ acti	23 ion ID	3 : SA′		20 8088		Ŷ
⊼ L	ederal political committee. lame of Employer ansinoh Laboratories, Inc. Receipt For: Primary General Other (specify) v	C Occupation Chief Execu Aggregate			L		5				1000	
B.	ull Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St. Sity Arlington	State VA	Zip Code 22207		Date of 06 Trans Amount	/ acti	15 on ID :	5 : SA 1		20 3013		Y
fe ⊼ C	EC ID number of contributing ederal political committee. lame of Employer consumer Healthcare Products Receipt For:		ent, Government Affairs Year-to-Date ▼ 1145.87				7		- T		104.	17
C	ull Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			_	Date of	Re	ceipt 30		/ Y		y)15	Y
F fe N C	Consumer Healthcare Products Consumer Healthcare Products Consumer Jean General Cother (specify) ▼		Zip Code 22207 ent, Government Affairs Year-to-Date ▼ 1250.04		Trans Amount		ion ID Each I					17
SU	BTOTAL of Receipts This Page (optional)		•	- I			7		7		1208.	34
то	TAL This Period (last page this line number of	only)	••••••	•	Ľ	_	,		7			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

(check only one)

PAGE 7 OF

TIEMIZED RECEIPTS	5	for each category of the Detailed Summary Page		1a 3	11b	11c	12 16	17
		y not be sold or used by any p ddress of any political committe						
NAME OF COMMITTEE (In Consumer Healthca		ion PAC (CHPA/PAC)					
Full Name (Last, First, Midd A. Travis Gibbons			Da	te of F	Receipt			
Mailing Address 340 Cloude		7		06	15	5	2015	Y
City Alexandria	State VA	Zip Code 22304				: SA11AI Receipt th		k
FEC ID number of contributi federal political committee.	ing C				7		20	0.84
Name of Employer	Occupation							
Consumer Healthcare Produce Receipt For:		ctor, Federal Affairs	_					
Primary Gene Other (specify) ▼		Year-to-Date ▼ 229.24]					
Full Name (Last, First, Midd B. Travis Gibbons	le Initial)		Da	te of F	Receipt			
Mailing Address 340 Cloude	s Mill Ct.		M	м 06	/ D 30	D / Y	2015	Y
City Alexandria	State VA	Zip Code 22304		Transaction ID : SA11AI.8016 Amount of Each Receipt this Period				
FEC ID number of contributi federal political committee.	C				7		20	0.84
Name of Employer Consumer Healthcare Produc	occupation Assoc. Dire	ctor, Federal Affairs						
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 250.08]					
Full Name (Last, First, Midd C. Brian Green	le Initial)		Da	te of F	Receipt			
Mailing Address 19110 Mate	eny Hill Road		М	06	/ D 15	D / Y	2015	Y
City Germantown	State MD	Zip Code 20874				: SA11AI Receipt th		
FEC ID number of contributi federal political committee.	S I I I I I I I I I I I I I I I I I I I				7			0.84
Name of Employer	Occupation							
Consumer Healthcare Prod.	Assn Vice Presid	ent, Finance & Ops. (CFO)						
Receipt For:		Year-to-Date ▼	_					
Other (specify) ▼		229.24						
SUBTOTAL of Receipts This	Page (optional)				, ,		62	2.52
TOTAL This Period (last page	this line number only)		Ē		7			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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PAGE 8 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		ose of	soliciting	g contribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))						
Α.	Full Name (Last, First, Middle Initial) Brian Green Mailing Address 19110 Mateny Hill Road				Date of	f Re	D D	/ Y	Y Y	Y
	City	State	Zip Code	_	06 Trans	acti	30 on ID :	SA11AI	2015 .8018	
	Germantown FEC ID number of contributing federal political committee.	C	20874		Amoun	t of	Each R	eceipt th	nis Period 20).84
	Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify)		ent, Finance & Ops. (CFO) Year-to-Date ▼ 250.08							
в.	Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street				Date of	f Re	ceipt	/ Y	ŶŶ	Y
	City Arlington FEC ID number of contributing federal political committee.	State VA	Zip Code 22201	_				SA11AI.	nis Period	.84
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation Director, Sta Aggregate					7	7		
C.	Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street			_	Date of	f Re	ceipt	/ 7	YYY	Y
	City Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	State VA C Occupation Director, St Aggregate						SA11AI eccipt th	nis Period	0.84
	UBTOTAL of Receipts This Page (optional)		r	<u> </u>			y	- J	62	.52
Т	OTAL This Period (last page this line number o	nly)	••••••	•			7			

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 9 OF

IT.	TEMIZED BECEIPTS		Use separate schedule(s)	(chec	(check only one)								
Washington DC FEC ID number of contributing federal political committee. C Name of Employer Occur Direct Consumer Healthcare Prod. Assn Direct		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c		2	17			
				erson fo	r the		pose of	soliciting	g cont	ributio	ons		
$\left\langle \right\rangle$		Associat	ion PAC (CHPA/PAC)										
Α.	Kaelan Hollon			_	ate o		ceipt			Y			
	Apt. 214	State	Zip Code	- L	06		15	SA11AI	201				
	Washington	DC	20003	A	moun	t of	Each R	leceipt th	nis Pe	riod			
	8	С					9			20.8	4		
	Name of Employer	Occupation											
	Consumer Healthcare Prod. Assn	Director, Co	ommunications										
		Aggregate	Year-to-Date 🔻										
			229.24										
В.	Full Name (Last, First, Middle Initial) Kaelan Hollon			D	ate o	f Re	ceipt						
	Mailing Address 100 I Street SE Apt. 214	7.0.1	- L	06 30 2015									
	City Washington	State DC	Zip Code 20003					SA11AI.		ul a al			
	FEC ID number of contributing federal political committee.	C			noun		, each h	leceipt th	iis Pe	20.8	4		
	Name of Employer Consumer Healthcare Prod. Assn	Occupation Director, Co	mmunications										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.08										
С.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski			D	ate o	f Re	ceipt						
	Mailing Address 951 Hidden Park Place				м м 06	/	D D D) / Y	201				
	City Herndon	State VA	Zip Code 20170					SA11AI					
		•/1	20170	Ar	moun	t of	Each R	leceipt th	nis Pe	riod	_		
	FEC ID number of contributing federal political committee.	С					7			20.8	34		
	Name of Employer	Occupation											
	CHPA Receipt For:		ent, Regulatory Affairs	_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		229.24										
s	UBTOTAL of Receipts This Page (optional)		•				,			62.5	2		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 10 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	cts Association PAC (CHPA/PA	C)
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 General Other (specify)	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affairs Aggregate Year-to-Date ▼ 250.08	Date of Receipt 06 30 2015 Transaction ID : SA11AI.8024 Amount of Each Receipt this Period 20.84
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation President and CEO Aggregate Year-to-Date ▼ 2291.64	Date of Receipt
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation President and CEO Aggregate Year-to-Date ▼ 2499.97	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 437.50
TOTAL This Period (last page this line numb	per only)	►

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

(check only one)

PAGE 11 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	ts Associat	ion PAC (CHPA/PAC)	
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		Date of Receipt
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		Date of Receipt 06 30 2015 Transaction ID : SA11AI.8032 Amount of Each Receipt this Period 62.51
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 ▼ 458.37	Date of Receipt 06 15 2015 Transaction ID : SA11AI.8033 Amount of Each Receipt this Period 41.67
SUBTOTAL of Receipts This Page (optional)			166.69
TOTAL This Period (last page this line numbe	er only)	•••••••	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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14

11	EMIZED RECEIPTS	RECEIPTS for each category of the Detailed Summary Page					11b	11c	12						
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	y information copied from such Reports and S for commercial purposes, other than using the														
\setminus	NAME OF COMMITTEE (In Full)														
	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))											
Α.	Full Name (Last, First, Middle Initial) Ted Peterson				Date c	of Re	eceipt								
	Mailing Address 8417 Weller Avenue				06	/	30		ү ү 2015	Y					
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI.	.8034						
	McLean	VA	22102	_	Amour	nt of	Each	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С					7	7	41	.67					
	Name of Employer CHPA	Occupation VP													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	Ayyreyale		11											
	Other (specify)		500.04												
В.	Full Name (Last, First, Middle Initial)				Date c	of Re	eceipt								
	Mailing Address				MN	/		D / Y	Y Y	Y					
			Zip Code												
	City		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7								
	Name of Employer	Occupation													
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼												
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date o	of Re	eceint								
0.	Mailing Address			Date of Receipt											
	City	State	Zip Code		Amour	at of	Fach	Pagaint th	nia Dariad						
	FEC ID number of contributing federal political committee.	С			Amour		J	Receipt th							
	Name of Employer	Occupation													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		g												
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	OTAL This Period (last page this line number of			-	÷		7	- 7	2041	.76					
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SC	CHEDULE B (FEC Form 3X)			י פר						PAGF	13	OF	14				
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck	only o												
		Detailed Summary Page		×	21b 27	22 28a	$\left - \right $	23 28b	2	4 8c	25 29		26 30b				
	y information copied from such Reports and Staten for commercial purposes, other than using the nam												6				
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	Consumer Healthcare Products As	sociation PAC (CHI	PA/ł	-A((ر												
~	Full Name (Last, First, Middle Initial)					Date o	f Die	bure	mort								
А.	Wells Fargo Bank							Durse		Y	Y Y	Y					
	Mailing Address 1510 K Street NW							06 11 2015									
	5	State Zip Code DC 20005				Transaction ID : SB21B.8042											
	Washington Purpose of Disbursement	DC 20005			_												
			(001		Amour	nt of I	Each	Disbu	seme	nt this	Perio	bd				
	Candidate Name			egor	y/						4	7.16					
	Office Sought: House Disbursen	nent For:	Т	уре				7	-	7							
		Primary General															
	State: District:	Other (specify)															
_	Full Name (Last, First, Middle Initial)																
В.						Date c	of Dis	burse	ment								
	Mailing Address					M M	/	D	D /	Y	Y Y	Y					
	Maning Address							-				_					
	City S	State Zip Code															
	Purpose of Disbursement		-														
	Candidate Name								Amount of Each Disbursement this Period								
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	Office Sought: House Disbursen	nent For:		,				,		,							
		Primary General Other (specify)															
	State: District:																
_	Full Name (Last, First, Middle Initial)																
C.						Date c	_										
	Mailing Address					M _ M		D	D /	Y	Y Y	Y					
	City	State Zip Code															
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	Candidate Name		Cat T	egor ype	y/	Amour		Each		seme		Penc	Ja				
	Office Sought: House Disbursen							/		,							
		Primary General Other (specify)															
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						_	-	-				7.40					
s	UBTOTAL of Disbursements This Page (optional)					<u></u>		7	-	7	4	7.16					
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TEMIZED DISBURSEMENTS Use separate schedule(s) breach category (a prime prima prime prima prima prime prime prime prime prime prima prima p	S	CHEDULE B (FEC Form 3X)				חר						PAGE	: 14	OF	14			
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) A. JOHNSON FOR CONGRESS Mailing Address Mailing Address PolAND Oth 2000.00 Oth 2010 City State PolAND Oth Candidate Name Disbursement For: Bill JOHNSON Processent Other (specify) Other (specify) PolAnd President Other (specify) Other (specify) Poland State Other (specify) Other (specify) Part N JENKINS FOR CONGRESS Date of Disbursement Mailing Address P.O. BOX 1441 Other (specify) City State Zip Code City State Zip Code City State Disbursement For: Other (specify) Other (specify) Date of Disbursement this Period Candidate Name Disbursement For: 2010									×									
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