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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Consumer Healthcare Products Association PAC (CHPA/PAC) ADDRESS (number and street) Check if different than previously reported. (ACC) Washington C C00040584 C C C C00040584 C C C00040584 C C C00040584 C C C C00040584 C C C C00040584 C C C C00040584 C C C C C C C C C C C C C C C C C C C	_		For Other Than An	Authorized Co	ommittee	0	ffice Use Only
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Check if different than previously reported. (ACC) Washington C C00040584 C C0004058 C C00040584 C C0004058 C							
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00040584 3. IS THIS REPORT (N) OR (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) Report for the: C Covering Period 12 O1 2017 Terrination Report (TER) C Covering Period Terrination Report (TER) C Covering Period T Covering Period	ADI	DRESS (number and street)	1625 Eye Street NW				
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Termination Report (TER) Election on Election on Election on In the State of Sta		July 31 Mid-Year Report (Non-elec	r (d) 30-Day POST-Election		eral (30G)	Runoff (30R) Special (30S)
Covering Period 12 01 2017 through 12 31 2017 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, , , [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010			ort	N/	/ D = D /	Y Y Y Y Y	
Green, Brian, , , Signature of Treasurer Green, Brian, , , [Electronically Filed] Date Office Office Office Description: Office Description: FEC FORM 3X	5.						
Type or Print Name of Treasurer Green, Brian, , , [Electronically Filed] Date Office Office Office Description: Office Description: FEC FORM 3X	I ce	ertify that I have examined		st of my knowled	ge and belief it is	true, correct and co	omplete.
Signature of Treasurer [Electronically Filed] Date 01 19 2018 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010 Office Line FEC FORM 3X	Тур	e or Print Name of Treasu	urer				
Office FORM 3X	Sigi	nature of Treasurer	reen, Brian, , ,	[Elec	ctronically Filed]		
, lies FEC FORIVI 3A	NO ⁻	TE: Submission of false, err	roneous, or incomplete inform	nation may subjec	t the person signing	this Report to the p	penalties of 52 U.S.C. § 30109

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 12 01 2017 To: 12 31 2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		4354.41
	(b) Cash on Hand at Beginning of Reporting Period	24668.31	
	(c) Total Receipts (from Line 19)	1085.24	52539.41
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25753.55	56893.82
7.	Total Disbursements (from Line 31)	3043.39	34183.66
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22710.16	22710.16
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

01 2017 31 2017 12 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 1043.56 28410.23 (i) Itemized (use Schedule A)..... 41.68 13463.98 (ii) Unitemized (iii) TOTAL (add 41874.21 1085.24 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 10000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 51874.21 1085.24 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.) 0.00 665.20 (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), 52539.41 12, 13, 14, 15, 16, 17, and 18(c))......▶ 1085.24 20. Total Federal Receipts 1085.24 52539.41 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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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) 1085.24 51874.21 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 1085.24 51874.21 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 43.39 604.16 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 665.20 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 43.39 - 61.04 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2017 15 City Zip Code State Transaction ID: SA11AI.9268 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 29.42 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Payroll deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 470.72 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 2017 City State Zip Code Transaction ID: SA11AI.9239 Bethesda MD 20817 Amount of Each Receipt this Period FEC ID number of contributing 29.28 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction 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.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 15 2017 City State Zip Code Transaction ID: SA11AI.9235 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 deduction Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2395.91 Other (specify) 162.87 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 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. 2017 City Zip Code State Transaction ID: SA11AI.9236 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.09 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Government Affairs Consumer Healthcare Products Payroll deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 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 2017 City State Zip Code Transaction ID: SA11AI.9240 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Payroll Deduction Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 458.26 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 29 2017 City Zip Code State Transaction ID: SA11AI.9241 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 479.17 Other (specify) 145.83 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 15 2017 City Zip Code State Transaction ID: SA11AI.9244 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 479.09 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 2017 City State Zip Code Transaction ID: SA11AI.9245 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Payroll Deduction Director, State Affairs 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. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 15 2017 City State Zip Code Transaction ID: SA11AI.9246 VAHerndon 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) Payroll Deduction **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 729.17 Other (specify) 83.41 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2017 City Zip Code State Transaction ID: SA11AI.9247 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Vice President, Regulatory Affairs **CHPA** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 770.84 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Leonard, Mary, , , Date of Receipt Mailing Address 2017 6th Street S. 15 2017 City State Zip Code Transaction ID: SA11AI.9248 VA Arlington 22204 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 Payroll Deduction Communications Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Leonard, Mary, , , Date of Receipt Mailing Address 2017 6th Street S. 29 2017 City State Zip Code Transaction ID: SA11AI.9249 VAArlington 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) Payroll Deduction Consumer Healthcare Prod. Asso Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 61.67 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 McKee, Allison, , , Date of Receipt Mailing Address 3329 Martha Custis Drive 15 2017 City Zip Code State Transaction ID: SA11AI.9250 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 Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 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 2017 City State Zip Code Transaction ID: SA11AI.9251 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 Payroll Deduction **Human Resources** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 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 15 2017 City Zip Code State Transaction ID: SA11AI.9252 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 Deduction Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4791.82 Other (specify) 228.34 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 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 2017 City Zip Code State Transaction ID: SA11AI.9253 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.18 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President and CEO Consumer Healthcare Products Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sarabia, Maria, , , Date of Receipt Mailing Address 240 Manor Circle 15 2017 Apartment 1 City State Zip Code Transaction ID: SA11AI.9254 MD Takoma Park 20912 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Payroll Deduction Manager, Meetings & Events Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sarabia, Maria, , , Date of Receipt Mailing Address 240 Manor Circle 29 2017 Apartment 1 City Zip Code State Transaction ID: SA11AI.9255 MD Takoma Park 20912 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) Payroll Deduction Consumer Healthcare Products Manager, Meetings & Events Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) S

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 15 2017 City Zip Code State Transaction ID: SA11AI.9256 MD Chevy Chase 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 Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 575.00 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. 2017 City State Zip Code Transaction ID: SA11AI.9257 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. Payroll Deduction Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 15 2017 City State Zip Code Transaction ID: SA11AI.9258 DC Washington 20009 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 Deduction Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General 958.41 Other (specify) 91.67 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 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2017 City Zip Code State Transaction ID: SA11AI.9259 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.59 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff. Consumer Healthcare Prod. Assn. Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 41.59 SUBTOTAL of Receipts This Page (optional)..... 1043.56 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 15 OF 15
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	
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Consumer Healthcare Products As	sociation PAC (CHP	A/PAC)	
Full Name (Last, First, Middle Initial) A. MCCONNELL FOR MAJORITY LEADER COMMITTEE			Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115			12 06 2017
ALEXANDRIA	State Zip Code VA 22314		FEC Identification Number
Purpose of Disbursement Candidate Name	[Category/	C C00548651 Transaction ID : SB23.9263 Amount of Each Disbursement this Period
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	Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. NEW PIONEERS PAC			Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115			12 07 2017
ALEXANDRIA	State Zip Code VA 22314		FEC Identification Number
Purpose of Disbursement Candidate Name Category/			C C00459123 Transaction ID: SB23.9265 Amount of Each Disbursement this Period
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TOTAL This Period (last page this line number only)			3000.00