Image# 15951468677 PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL P	or Other Than An A	uthorized Commi	ttee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
Consumer Healthcare	Products Associati	on PAC (CHPA	VPAC)		
ADDRESS (number and street)	1625 Eye Street NW				
V	Suite 600				
Check if different than previously reported. (ACC)	Washington			DC	20006
2. FEC IDENTIFICATION NU	JMBER ▼	CITY		STATE 🛦	ZIP CODE ▲
C C00040584	3.	IS THIS REPORT X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Apr 20 (M4)	Jul 20 (M7)		(Non-Election Year Only) O (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	01)		` '		
July 15 Quarterly Report (Q	(C) 12-Day PRE-Election Report for the	Primary (1		General (Special (1	
October 15 Quarterly Report (Q	3)				
January 31 Year-End Report (Y	E) Ele	ction 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	(30G)	Runoff (36	DR) Special (30S)
Termination Report (TER)	·	ction on	/ D D /	Y . Y . Y . Y	in the State of
5. Covering Period 05		through	n 05	/ D D /	2015
I certify that I have examined the	is Report and to the best	of my knowledge an	d belief it is tru	ue, correct and	complete.
Type or Print Name of Treasure	Brian Green				
Signature of Treasurer Brian	Green	[Electronic	ally Filed]	Date 06	/ 12 / Y Y Y Y Y Y 2015
NOTE: Submission of false, errone	eous, or incomplete informa	ation may subject the p	erson signing the	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 05 01 2015 To: 05 31 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	21933.15				
	(c) Total Receipts (from Line 19)	1163.44	14173.98			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23096.59	29791.05			
7.	Total Disbursements (from Line 31)	11047.01	17741.47			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12049.58	12049.58			
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. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

		COLUMN B		
I. Receipts	I. Receipts COLUMN A Total This Period			
Contributions (other than loans) From:				
•				
	937.56	6312.63		
(i) Itemized (use Schedule A)	337.30	0012100		
(ii) Unitemized	225.88	2216.22		
Lines 11(a)(i) and (ii)	, 1163.44	8528.85		
,	0.00	0.00		
· ·	0.00	5000.00		
· ·				
	1163.44	13528.85		
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
oan Repayments Received	0.00	0.00		
· ·		7		
· · · · · · · · · · · · · · · · · · ·	0.00	645.13		
	0.00	0.00		
·	0.00	0.00		
· · · · · · · · · · · · · · · · · · ·				
·	0.00	0.00		
(7	, , ,		
h) Lovin Funds (from Schodulo HE)	0.00	0.00		
b) Leviii i dilas (iioiii Scheddle 113)	7	3.00		
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(from Schedule H3)	0.00 0.00 0.00			
· · · · · · · · · · · · · · · · · · ·	1163.44	14173.98		
	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	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	47.01	241.47		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	47.01	241.47		
22.	Transfers to Affiliated/Other Party				
2	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees and Other Political Committees	11000.00	17500.00		
24.	Independent Expenditures	0.00	0.00		
25.	(use Schedule E)				
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
26.	Loan Repayments Made	0.00	0.00		
7	Loans Made	0.00	0.00		
28.	Refunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Political Porty Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(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	0.00	0.00		
-0.	Cutor Biodurocinionic	7	7		
30.	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity (from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	('') III - : II OI	0.00	0.00		
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00		
	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	0.00		
31.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11047.01	17741.47		
2.					
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	11047.01	17744 47		
	from Line 31)	11047.01	17741.47		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1163.44	13528.85	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1163.44	13528.85	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	47.01	241.47	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	645.13	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	47.01	-403.66	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

14

for each category of the Detailed Summary Page 14 13 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 (Last, First, Middle Initial) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2015 City State Zip Code Transaction ID: SA11AI.7965 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 937.53 Other (specify) Full Name (Last, First, Middle Initial) B. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 05 31 2015 City State Zip Code Transaction ID: SA11AI.7966 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.70 Other (specify) Full Name (Last, First, Middle Initial) c. Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 05 31 2015 City Zip Code State Transaction ID: SA11AI.7968 Alexandria VA 22304 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 208.40 Other (specify) 229.18 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:
Use separate schedule(s)	(check only one)
for each category of the	
Detailed Summary Page	X 11a 11b

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(check only one)										
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	13		14		15	16	;		17	

	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ	acts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Brian Green Mailing Address 19110 Mateny Hill Road		Date of Receipt
		05 31 2015
City	State Zip Code	Transaction ID : SA11AI.7972
Germantown	MD 20874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	1
Consumer Healthcare Prod. Assn	Vice President, Finance & Ops. (CFO)]
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	208.40	
Full Name (Last, First, Middle Initial) Carlos Gutierrez	•	Date of Receipt
Mailing Address 926 North Barton Street		05 31 2015
City	State Zip Code	Transaction ID : SA11AI.7970
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	1
Consumer Healthcare Products	Director, State Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	208.40	
Full Name (Last, First, Middle Initial) C. Kaelan Hollon		Date of Receipt
Mailing Address 121 C Street SE		05 31 2015
City Washington	State Zip Code DC 20003	Transaction ID : SA11AI.7974 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	-
Consumer Healthcare Prod. Assn	Director, Communications	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	208.40	
Other (specify)	200.40	
SUBTOTAL of Receipts This Page (optional	ıl) >	62.52
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR I	LINE N	UMBER	:	PAGE 8 OF				14	
(check only one)									
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	and Statements may not be sold or used by any peng the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
/ Consumer Healthcare Produ	ucts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		05 31 2015
City	State Zip Code	Transaction ID : SA11AI.7976
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	19910gato Teal-to-Date ▼	
Other (specify) ▼	208.40	
Full Name (Last, First, Middle Initial) 3. Scott M. Melville		Date of Receipt
Mailing Address 1596 Lupine Den Court		05 15 _2015 _
City	State Zip Code	Transaction ID : SA11AI.7979
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	208.33
Name of Employer	Occupation	
Consumer Healthcare Products	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	407/ 00	
Other (specify) ▼	1874.98	
Full Name (Last, First, Middle Initial) C. Scott M. Melville		Date of Receipt
Mailing Address 1596 Lupine Den Court		05 31 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.7980
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
Consumer Healthcare Products	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2092 24	
Other (specify) ▼	2083.31	
SUBTOTAL of Receipts This Page (option	al)	437.50
	<u>·</u>	
TOTAL This Period (last page this line nur	mber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.		Date of Receipt
City Falls Church FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22042 C Occupation Government Affairs Aggregate Year-to-Date ▼ 562.59	Transaction ID : SA11AI.7983 Amount of Each Receipt this Period 62.51
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 Zip Code VA 22042 C Occupation Government Affairs Aggregate Year-to-Date ▼ 625.10	Date of Receipt Mark
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 Zip Code VA 22102 C Occupation VP Aggregate Year-to-Date ▼ 375.03	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	<u> </u>	166.69
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 10 OF

Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X 11a 11b 11c 12									
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
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 Zip Code VA 22102 C Occupation VP Aggregate Year-to-Date ▼ 416.70	Date of Receipt M
Full Name (Last, First, Middle Initial) Mailing Address	Date of Receipt	
City	State Zip Code	Amount of Each Passint this Paried
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address	M = M / D = D / Y = Y = Y	
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	, and are of Each Floodipt this Follow
Name of Employer		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		41.67
TOTAL This Period (last page this line numb	<u>`</u>	937.56

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SCHEDULE B (FEC Form 3X)		Llea caparata cohadula(c)		FOR LINE NUMBER: PAGE 11 OF 14								
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		•	k only 21b	one)		23		24 25 26		
		Detailed Summary Page			27	28a	-	28b		28c	29	3
Αı	ny information copied from such Reports and Statem	nents may not be sold or u	sed b	y any	perso	on for the	pur	pose o	of so	oliciting	contribu	utions
or	for commercial purposes, other than using the name	ne and address of any politi	ical co	ommit	tee to	solicit co	ontrik	outions	fro	m such	commi	ttee.
$ \rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products As	sociation PAC (CF	IPA.	/PA	C)							
\angle	Full Name (Last, First, Middle Initial)	,			·							
Α.	Wells Fargo Bank						of Di	sburse	mer	nt		
	Mailing Address 1510 K Street NW						1 /	D		/ Y	Y Y	Y
	Walling Address 1510 K Street NVV					05	_	1			2015	
	,	State Zip Code DC 20005				Tran	sact	ion ID	: SI	321B.80	09	
	Washington Purpose of Disbursement	20005										
	·			001		Amour	nt of	Each	Disl	ourseme	ent this	Period
	Candidate Name			ategor Type	y/						4	7.01
	Office Sought: House Disbursen	nent For:		туре			Ť	,		7		
		Primary General										
	State: President State:	Other (specify) ▼										
_	Full Name (Last, First, Middle Initial)											
В.						Date of	of Di					
	Mailing Address					M = N	/	D	D	/ Y	Y	Y
	City	State Zip Code										
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	Office Sought: House Disbursem											
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C.						Date o		sburse			Y Y	V
	Mailing Address									Ĺ		
	City	State Zip Code										
	Purpose of Disbursement											
						Amount of Each Disbursement this Period						
	Candidate Name		ategor Type	y/			-					
	Office Sought: House Disbursen	nent For:		- 7			_	,		7		
		Primary General										
	State: District:	Other (specify) ▼										
						_	-		_	_	_	_
5	SUBTOTAL of Disbursements This Page (optional)				•			,			4	7.01
T.								-			Δ ⁻	7.01
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91	CHEDULE B (FEC Form 3X)	l		FOR LINE I	NUMBER: PAGE 12 OF 14
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			Summary Page	21b	22 🗙 23 24 25 26
		Dotalloa	Cummary rago	27	28a 28b 28c 29 30b
Αı	ny information copied from such Reports and Stater	ments may	not be sold or use	ed by any perso	on for the purpose of soliciting contributions
	for commercial purposes, other than using the nan				
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
	Consumer Healthcare Products As	enciatio	n DAC (CHE	DA/DAC	
/	Consumer riealineare rioducts As	socialic	III AC (CIII	A1 A0)	
	Full Name (Last, First, Middle Initial)				
Α.	FRIENDS OF ROY BLUNT				Date of Disbursement
	TRIENDO OF INOT BEOTH				M M / D D / Y Y Y
	Mailing Address PO Box 50100				05 22 2015
	City	State	Zip Code		
	Springfield	MO	65805		Transaction ID : SB23.8008
	Purpose of Disbursement				
					Amount of Each Disbursement this Period
	Candidate Name			Catagony	
	ROY BLUNT			Category/ Type	1000.00
		ment For:	2016	.,,,,	, , , , , , , , , , , , , , , , , , , ,
	Senate	Primary	General		
	President	Other (spe			
	State: MO District: 07	Other (ope	,ony) ₩		
	Full Name (Last, First, Middle Initial)				
В.					Date of Disbursement
٠.	GEORGIANS FOR ISAKSON				
	Moiling Address POOT OFFICE POV 050440				05 22 2015
	Mailing Address POST OFFICE BOX 250116				05 22 2015
	City	State	Zip Code		
	Oity	Jiaie	Zip Code	I	Transaction ID : SB23.8007
	ΔΤΙ ΔΝΤΔ	GA	30325		Transaction is a Section
	ATLANTA Purpose of Disbursement	GA	30325		
	ATLANTA Purpose of Disbursement	GA	30325		
		GA	30325		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name	GA	30325	Category/	
	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON			Category/ Type	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Disburser	ment For:	2016		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Disburser Senate	ment For: Primary	2016 General		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President President	ment For:	2016 General		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President State: GA Disburser Office Sought: President	ment For: Primary	2016 General		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President State: GA District: 00 Full Name (Last, First, Middle Initial)	ment For: Primary	2016 General		Amount of Each Disbursement this Period 1000.00
C.	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President State: GA Disburser Office Sought: President	ment For: Primary	2016 General		Amount of Each Disbursement this Period 1000.00 Date of Disbursement
— С.	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House X Senate President State: GA District: 00 Full Name (Last, First, Middle Initial) KRISTI FOR CONGRESS	ment For: Primary	2016 General		Amount of Each Disbursement this Period 1000.00 Date of Disbursement
	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President State: GA District: 00 Full Name (Last, First, Middle Initial)	ment For: Primary	2016 General		Amount of Each Disbursement this Period 1000.00 Date of Disbursement
с.	Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President State: GA District: 00 Full Name (Last, First, Middle Initial) KRISTI FOR CONGRESS Mailing Address PO BOX 852	ment For: Primary Other (spe	2016 General		Amount of Each Disbursement this Period 1000.00 Date of Disbursement
С.	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President President State: GA District: 00 Full Name (Last, First, Middle Initial) KRISTI FOR CONGRESS Mailing Address PO BOX 852 City	ment For: Primary Other (spe	2016 General cify) ▼ Zip Code		Amount of Each Disbursement this Period 1000.00 Date of Disbursement
С.	Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President State: GA District: 00 Full Name (Last, First, Middle Initial) KRISTI FOR CONGRESS Mailing Address PO BOX 852	ment For: Primary Other (spe	2016 General		Amount of Each Disbursement this Period 1000.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President President State: GA District: 00 Full Name (Last, First, Middle Initial) KRISTI FOR CONGRESS Mailing Address PO BOX 852 City SIOUX FALLS	ment For: Primary Other (spe	2016 General cify) ▼ Zip Code		Amount of Each Disbursement this Period 1000.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President President State: GA District: 00 Full Name (Last, First, Middle Initial) KRISTI FOR CONGRESS Mailing Address PO BOX 852 City SIOUX FALLS	ment For: Primary Other (spe	2016 General cify) ▼ Zip Code	Type	Amount of Each Disbursement this Period 1000.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President State: GA District: 00 Full Name (Last, First, Middle Initial) KRISTI FOR CONGRESS Mailing Address PO BOX 852 City SIOUX FALLS Purpose of Disbursement Candidate Name	ment For: Primary Other (spe	2016 General cify) ▼ Zip Code	Type Category/	Amount of Each Disbursement this Period 1000.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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C.	Purpose of Disbursement Candidate Name JOHN HARDY ISAKSON Office Sought: House Senate President President State: GA District: 00 Full Name (Last, First, Middle Initial) KRISTI FOR CONGRESS Mailing Address PO BOX 852 City SIOUX FALLS Purpose of Disbursement Candidate Name KRISTI LYNN NOEM Office Sought: House Senate Disburser	ment For: Primary Other (spe	2016 General cify) ▼ Zip Code 57101 2016 General	Type Category/	Amount of Each Disbursement this Period 1000.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 13 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Consumer Healthcare Products As	sociation PAC (CHF	PA/PAC)	
Full Name (Last, First, Middle Initial)			
A. MODERATE DEMOCRATS PAC			Date of Disbursement
Mailing Address 303 MASSACHUSETTS AVENUE,	NE		05 19 2015
City	tate Zip Code		Transaction ID - CD22 7000
	DC 20002		Transaction ID : SB23.7996
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
		Type	5000.00
Office Sought: House Disburser Senate			
	Primary General Other (specify) ▼		
State: District:	other (opeony)		
Full Name (Last, First, Middle Initial)			
B. MORAN FOR KANSAS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 1151			05 22 2015
	tate Zip Code KS 67601		Transaction ID : SB23.8006
HAYS Purpose of Disbursement	KS 67601		
			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
JERRY MORAN		Туре	1000.00
	ent For: 2016 Primary General		
	Other (specify)		
State: KS District: 00	(op)		
Full Name (Last, First, Middle Initial)			
C. PORTMAN FOR SENATE COMMI	TTEE		Date of Disbursement
M. W. A. I.I.			M M / D D / Y Y Y Y
Mailing Address 9856 ARCHER LANE		05 22 2015	
City	tate Zip Code		Transaction ID ODGG 0005
	OH 43017		Transaction ID : SB23.8005
Purpose of Disbursement			
Candidate Name		Amount of Each Disbursement this Period	
ROB PORTMAN	Category/ Type	1000.00	
	nent For: 2016	.,,,,	
∑ Senate	Primary General		
	Other (specify) ▼		
State: OH District: 00			
			7000.00
			71111111
SUBTOTAL of Disbursements This Page (optional)		······	7000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 14			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:			
I I LIVIIZED DISBURSEIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and Staten	nents may not be sold or use	ed by any nerso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Consumer Healthcare Products As	sociation PAC (CHI	PA/PAC)				
		- /				
Full Name (Last, First, Middle Initial)			B (B) .			
A. RICHARD BURR COMMITTEE	Date of Disbursement					
Mailing Address DO DOV 5029		M M / D D / Y Y Y Y				
Mailing Address PO BOX 5928			05 22 2015			
City	State Zip Code					
WINSTON-SALEM	NC 27113		Transaction ID: SB23.7997			
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
RICHARD BURR		Туре	1000.00			
	nent For: 2016					
Senate President	Primary General Other (specify) ▼					
State: NC District: 00	Onler (specify)					
Full Name (Last, First, Middle Initial)						
B.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Purpose of Dishursement						
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period			
Candidate Name		Cotomorii	S			
		Category/ Type				
Office Sought: House Disbursen	nent For:	71	,			
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			5			
C.	Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y			
walling Address						
City	State Zip Code					
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Purpose of Disbursement						
Candidata Nama		Amount of Each Disbursement this Period				
Candidate Name		Category/				
Office Sought: House Disbursen	pent For:	Туре	7			
	Primary General					
	Other (specify)					
State: District:	- · · · · · · · · · · · · · · · · · · ·					
SUBTOTAL of Disbursements This Page (optional)			1000.00			
20 - (-1)						
TOTAL This Period (last page this line number only)			11000.00			