PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than	An Authorized	I Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, type r the lines.	12FE4M	5
Consumer Healthcare	e Products Asso	ociation PAC	(CHPA/PAC)		
ADDRESS (number and street)	1625 Eye Street N	\W			
Check if different than previously reported. (ACC)	Suite 600 Washington			DC	20006
2. FEC IDENTIFICATION I	NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	X NEW (N)	OR AN	IENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	May 20 (Jun 20 (May 20	M6) Sep	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31	(Q2) PRE-Ele Report	ection	Primary (12P) Convention (12C)	General Special (
Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	tion (d) 30-Day POST-E Report	Election	General (30G)	Runoff (3	
	11 29	2016	through 1	2 31 /	2016
I certify that I have examined Type or Print Name of Treasu	Green, Brian, , ,	e best of my know	wledge and belief it	is true, correct and	i complete.
Signature of Treasurer	een, Brian, , ,		[Electronically Filed]	Date 01	/ 25 / Y Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z
NOTE: Submission of false, erro	oneous, or incomplete i	information may su	bject the person sign	ing this Report to the	ne penalties of 52 U.S.C. § 30109
Office Use					FEC FORM 3X Rev. 05/2016

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: 11 29 2016 To: 12 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		22329.91
	(b) Cash on Hand at Beginning of Reporting Period	2907.16	
	(c) Total Receipts (from Line 19)	1497.73	29189.70
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4404.89	51519.61
7.	Total Disbursements (from Line 31)	50.48	47165.20
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4354.41	4354.41
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)

2016 31 2016 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 1382.73 20548.44 (i) Itemized (use Schedule A)..... 115.00 2982.81 (ii) Unitemized (iii) TOTAL (add 23531.25 1497.73 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 5000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 28531.25 1497.73 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.) 0.00 658.45 (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), 12, 13, 14, 15, 16, 17, and 18(c))....... 29189.70 1497.73 20. Total Federal Receipts 1497.73 29189.70 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal	וטנמו ווווס רפווטע	Calellual Teaf-to-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	4 4	4 4
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	50.48	665.20
Expenditures(c) Total Operating Expenditures	30.40	000.20
(add 21(a)(i), (a)(ii), and (b))▶	50.48	665.20
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	44500.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
•	4 4	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
B. Refunds of Contributions To: (a) Individuals/Persons Other	0.00	4 4
Than Political Committees	0.00	0.00
(b) Balitical Banto Committee		
(b) Political Party Committees (c) Other Political 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
Other Disbursements (Including		
Non-Federal Donations)	0.00	2000.00
). Federal Election Activity (52 U.S.C. § 3010	1/20))	
(a) Allocated Federal Election Activity	((20))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	1 1 1 1 1 1 1 1 1 1	7 7 7
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))	50.48	47165.20
2. Total Federal Disbursements	7 7	4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	50.48	47165.20
,	4 4	77 103.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1497.73	28531.25
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1497.73	28531.25
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	50.48	665.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	658.45
8. Net Operating Expenditures (subtract Line 37 from Line 36)	50.48	6.75

Use separate schedule(s) for each category of the

F	TOTT LINE HOMBET.						6	OF	16
(0	che	ck only							
	X 11a 11b						12	2	
		13		14		15	16	6	17

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. 2016 City Zip Code State Transaction ID: SA11AI.8745 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.74 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 15 2016 City State Zip Code Transaction ID: SA11AI.8746 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2395.91 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2016 City State Zip Code Transaction ID: SA11AI.8747 VAArlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.09 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 312.43 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OR	LINE	PAGE		7	OF	16			
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

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 Gibbons, Travis, , , Date of Receipt Mailing Address 340 Cloudes Mill Ct. 2016 City Zip Code State Transaction ID: SA11AI.8748 VA Alexandria 22304 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 Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gibbons, Travis, , , Date of Receipt Mailing Address 340 Cloudes Mill Ct. 15 2016 City State Zip Code Transaction ID: SA11AI.8749 VA Alexandria 22304 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 Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 479.09 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gibbons, Travis, , , Date of Receipt Mailing Address 340 Cloudes Mill Ct. 2016 City State Zip Code Transaction ID: SA11AI.8750 VAAlexandria 22304 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 Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 62.57 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

	FOR LINE NUMBER:							8	OF		16
((check only one)										
	X	11a	11c		12	2					
		13		14		15		16	6		17

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 Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2016 City Zip Code State Transaction ID: SA11AI.8751 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) Vice President, Finance & Ops. (CFO) Consumer Healthcare Prod. Assn. Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 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 15 2016 City State Zip Code Transaction ID: SA11AI.8752 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 Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 479.09 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2016 City Zip Code State Transaction ID: SA11AI.8753 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) Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 62.57 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

F	TOTT EITHE TOMBETT.						9	OF	16
(0	che	ck only							
	X 11a 11b						12		
		13		14		15	16	;	17

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 2016 City Zip Code State Transaction ID: SA11AI.8754 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 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 15 2016 City State Zip Code Transaction ID: SA11AI.8755 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 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 479.09 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2016 City State Zip Code Transaction ID: SA11AI.8756 VAArlington 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 Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 62.57 SUBTOTAL of Receipts This Page (optional).....

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

10 OF

16

for each category of the 12 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 Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2016 City Zip Code State Transaction ID: SA11AI.8757 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Regulatory Affairs **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 15 2016 City State Zip Code Transaction ID: SA11AI.8758 VA Herndon 20170 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) **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 479.09 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 2016 City State Zip Code Transaction ID: SA11AI.8759 VAHerndon 20170 Amount of Each Receipt this Period FEC ID number of contributing C 20.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 62.57 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

l	FOR LINE NUMBER:						PAGE	·	11	OF	16
l	(check only one)										
X 11a 11b 11c 12											
l			13		14		15		16		17

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 Leonard, Mary, , , Date of Receipt Mailing Address 2017 6th Street S. 2016 City Zip Code State Transaction ID: SA11AI.8760 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 Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 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 2016 City State Zip Code Transaction ID: SA11AI.8761 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 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. 2016 City State Zip Code Transaction ID: SA11AI.8762 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) Consumer Healthcare Prod. Asso Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

ı	FOF	R LINE	NUMBER	: PAGI	E 12 OF	16				
	(check only one)									
X 11a 11b 11c 12										
		13	14	15	16	17				

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 McKee, Allison, , , Date of Receipt Mailing Address 3329 Martha Custis Drive 2016 City Zip Code State Transaction ID: SA11AI.8768 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** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2016 City State Zip Code Transaction ID: SA11AI.8763 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4583.26 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 2016 City State Zip Code Transaction ID: SA11AI.8764 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4791.59 Other (specify) 426.66 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBE (check only one)

FOR LINE NUMBER:						PAGE	1	13	OF	16
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associatio	on PAC (CHPA/PAC)	
Α.	Full Name of Individual (Last, First, Middle Initi Melville, Scott, M., , Mailing Address 1596 Lupine Den Court	al) or Full Orga	anization Name	Date of Receipt
	City Vienna	State VA	Zip Code 22182	12 31 2016 Transaction ID : SA11AI.8765 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	ation (for Individual)	208.41 Memo Item
	Consumer Healthcare Products Receipt For: Primary General Other (specify) Other (specify)		ent and CEO	
В.	Full Name of Individual (Last, First, Middle Initi Sarabia, Maria, , , Mailing Address 240 Manor Circle Apartment 1 City	al) or Full Orga	anization Name	Date of Receipt 11 30 2016
	Takoma Park FEC ID number of contributing federal political committee.	МО	20912	Transaction ID : SA11AI.8769 Amount of Each Receipt this Period 10.00
	Name of Employer (for Individual) Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		ation (for Individual) ger, Meetings & Events ear-to-Date ▼ 220.00	Memo Item
C.	Full Name of Individual (Last, First, Middle Initi Sarabia, Maria, , , Mailing Address 240 Manor Circle Apartment 1 City	al) or Full Orga	anization Name	Date of Receipt 12 15 2016 Transaction ID: SA11Al.8771
	Takoma Park FEC ID number of contributing federal political committee.	MD	20912	Amount of Each Receipt this Period
	Name of Employer (for Individual) Consumer Healthcare Products Receipt For: Primary General Other (specify)		ation (for Individual) uer, Meetings & Events ear-to-Date ▼ 230.00	Memo Item
H	SUBTOTAL of Receipts This Page (optional)			228.41

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

FOR LINE NOMB
(check only one)

F	FOR LINE NUMBER:				PAGE	·	14 O	F	16	
(0	che	ck only	or	ıe)						
	×	11a		11b		11c		12		
		13		14		15		16		17

Δν	y information copied from such Reports and Sta	atamente may	not be sold or used by any no	reon for the nurnose of soliciting contributions					
	for commercial purposes, other than using the								
\setminus	NAME OF COMMITTEE (In Full)								
/	Consumer Healthcare Products								
<u>.</u> А.	Full Name of Individual (Last, First, Middle Initia Sarabia, Maria, , ,	Date of Receipt							
	Mailing Address 240 Manor Circle			M M / D D / Y Y Y Y					
	Apartment 1			12 31 2016					
	City	State	Zip Code	Transaction ID : SA11AI.8772					
	Takoma Park	MD	20912	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
	Consumer Healthcare Products	Manag	ger, Meetings & Events	_					
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Primary General		240.00						
	Other (specify) ▼		240.00						
_	Full Name of Individual (Last, First, Middle Initia	al) or Full Org	janization Name						
В.	Tringale, Mike, , ,			Date of Receipt					
	Mailing Address 2115 12th Place NW			M M / D D / Y Y Y Y Y					
	City	State	Zip Code	11 30 2016					
	Washington	DC	20009	Transaction ID : SA11AI.8779 Amount of Each Receipt this Period					
	FEC ID number of contributing			7 thouse of Each Floodiff this Foliod					
	federal political committee.	C		41.67					
	Name of Employer (for Individual) Consumer Healthcare Prod. Assn		pation (for Individual) ir., Comms. & Pub. Aff.	Memo Item					
	Receipt For:		,	_					
	Primary General	Aggregate 16	ear-to-Date ▼						
	Other (specify) ▼	4	666.72						
_	Full Name of Individual (Last, First, Middle Initia	al) or Full Org	ganization Name	Date of Receipt					
О.	Mailing Address 2115 12th Place NW			M M / D D / Y Y Y Y Y					
	2110 12111 1400 1444			12 15 2016					
	City	State	Zip Code	Transaction ID : SA11AI.8780					
	Washington	DC	20009	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		41.67					
	Name of Employer (for Individual)	1 .	pation (for Individual)	Memo Item					
	Consumer Healthcare Prod. Assn Receipt For:	I	r., Comms. & Pub. Aff.	_					
	Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify)		708.39						
s	UBTOTAL of Receipts This Page (optional)	93.34							
Т	OTAL This Period (last page this line number o	nly)	>						

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

FOR LINE NUMBER:				PAGE	·	15 OF		16		
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

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 2016 31 City State Zip Code Transaction ID: SA11AI.8781 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.61 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff. Consumer Healthcare Prod. Assn. Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 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 Ir	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.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		41.61

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

1 9 1 9

1382.73

17

	CHEDULE B (FEC Form 3X)	Lloo see		FOR LINE NUMBER:					PAGE 16 OF 16			
IT	EMIZED DISBURSEMENTS	Use sepa	(check	c only 21b	one)	23		26 27				
			Summary Page	^	210 28a	28b	23 28c		26 29	30b		
Ar	y information copied from such Reports and Staten	nents mav i	not be sold or us	ed by anv							ions	
	for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full)	_										
$ \rangle$	Consumer Healthcare Products As	sociatio	n PAC (CH	PA/PA	C)							
<u></u>	Full Name (Last, First, Middle Initial)											
Α.	Wells Fargo Bank	Date of	Disburse	ement								
	Mailing Address 1510 K Street NW		12 12 2016									
	City	Zip Code	FEC Identification Number									
	Washington	DC	20005				STRITTOGREG	ii itali	1001	-		
	Purpose of Disbursement			001		С						
	Candidate Name					Transaction ID : SB21B.8744 Amount of Each Disbursement this Period						
				Categor Type	y/	Amount of Each Dispursement this F						
	Office Sought: House Disburser						-		,	50.48	3	
	Senate President	Primary General Other (specify) ▼										
	State: District:					Me	mo Item					
	Full Name (Last, First, Middle Initial)											
В.			Date of Disbursement									
	Mailing Address	\dashv	M = M / D = D / Y = Y = Y									
		_		_				_				
	City	State Zip Code				FEC Identification Number						
	Purpose of Disbursement			C								
								-	-			
	Candidate Name	Name					Amount of Each Disbursement this Period					
	Office Sought: House Disbursen	ment For: Primary General Other (specify)							-		-	
	Senate					7 7 7						
						Memo Item						
_	State: District:		ш									
C.	Full Name (Last, First, Middle Initial)		Date of	Disburse	ement							
						M M / D D / Y Y Y Y						
	Mailing Address				╵╙		L.					
	City	State	Zip Code			FEC Identification Number						
	Purpose of Disbursement											
	•					C		_	-			
	Candidate Name Category/ Type						Amount of Each Disbursement this Period					
	Office Sought: House Disburser								1 46			
	Senate President	Primary General Other (specify) ▼										
	State: District:					Memo Item						
Г								_	-		-	
s	UBTOTAL of Disbursements This Page (optional)				•					50.4	8	
					_				-	50.4	.8	
ΙT	OTAL This Period (last page this line number only)					1 .				50.4	٧ .	