

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		47248.41
(b) Cash on Hand at Beginning of Reporting Period.....	64754.16	
(c) Total Receipts (from Line 19)	1057.90	46948.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65812.06	94197.37
7. Total Disbursements (from Line 31).....	33.87	28419.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	65778.19	65778.19
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: / / To: / /

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		
(i) Itemized (use Schedule A).....	1037.90	22855.50
(ii) Unitemized	20.00	23334.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1057.90	46190.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1057.90	46190.22
12. Transfers From Affiliated/Other Party Committees.....	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.) (Carry Totals to Line 37, page 5).....	0.00	758.74
16. Refunds of Contributions Made 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 Funds		
(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), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1057.90	46948.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1057.90	46948.96

DETAILED SUMMARY PAGE
of Disbursements

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.....	33.87	279.65
(b) Other Federal Operating Expenditures	0.00	139.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33.87	419.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	28000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(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 Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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 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)) ..	33.87	28419.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	28139.53

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1057.90	46190.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1057.90	46190.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	139.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	758.74
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	- 619.21

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)

A. Green, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19110 Mateny Hill Road
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Prod. Assn Occupation (for Individual) Vice President, Finance & Ops. (CFO)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 310.20

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11AI.12214
 Amount of Each Receipt this Period 20.68
 Memo Item

B. Green, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19110 Mateny Hill Road
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Prod. Assn Occupation (for Individual) Vice President, Finance & Ops. (CFO)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.88

Date of Receipt 08 / 31 / 2023
Transaction ID : SA11AI.12215
 Amount of Each Receipt this Period 20.68
 Memo Item

C. Gutierrez, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 926 North Barton Street
 City Arlington State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products Occupation (for Individual) Director, State Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 310.20

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11AI.12216
 Amount of Each Receipt this Period 20.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gutierrez, Carlos, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2023 Transaction ID : SA11AI.12217		
Mailing Address 926 North Barton Street			Amount of Each Receipt this Period 20.68		
City Arlington	State VA	Zip Code 22201	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Consumer Healthcare Products		Occupation (for Individual) Director, State Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.88			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melville, Scott, M., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2023 Transaction ID : SA11AI.12222		
Mailing Address 1596 Lupine Den Court			Amount of Each Receipt this Period 216.00		
City Vienna	State VA	Zip Code 22182	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Consumer Healthcare Products		Occupation (for Individual) President and CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3240.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Melville, Scott, M., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2023 Transaction ID : SA11AI.12223		
Mailing Address 1596 Lupine Den Court			Amount of Each Receipt this Period 216.00		
City Vienna	State VA	Zip Code 22182	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Consumer Healthcare Products		Occupation (for Individual) President and CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 3456.00			

SUBTOTAL of Receipts This Page (optional).....▶	452.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Miller, Kirby, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1739 D St, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHPA Occupation (for Individual) Director, Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11AI.12218
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Miller, Kirby, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1739 D St, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHPA Occupation (for Individual) Director, Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA11AI.12219
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Schloss, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8221 Larry Pl.
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cons. Healthcare Prod. Assn. Occupation (for Individual) Sr. Dir., Fed. Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11AI.12224
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Schloss, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8221 Larry Pl.
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cons. Healthcare Prod. Assn. Occupation (for Individual) Sr. Dir., Fed. Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA11AI.12225
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Spangler, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1449 N Street, NW Apartment 3
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHPA Occupation (for Individual) Senior VP., Policy & Int'l Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2625.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11AI.12226
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Spangler, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1449 N Street, NW Apartment 3
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHPA Occupation (for Individual) Senior VP., Policy & Int'l Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA11AI.12227
 Amount of Each Receipt this Period 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tringale, Mike, , ,

Mailing Address 2115 12th Place NW

City Washington	State DC	Zip Code 20009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
623.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		28		2023

Transaction ID : SA11AI.12228

Amount of Each Receipt this Period
41.59

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tringale, Mike, , ,

Mailing Address 2115 12th Place NW

City Washington	State DC	Zip Code 20009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		31		2023

Transaction ID : SA11AI.12229

Amount of Each Receipt this Period
41.59

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.18
TOTAL This Period (last page this line number only).....	1037.90

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.12231** Memo Item

Wells Fargo Bank
Mailing Address 1510 K Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement: Bank service charge

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 279.65

Date: 08 / 11 / 2023

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		33.87		33.87

B. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		33.87		33.87

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		33.87		33.87