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PAGE 1 / 13

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		April 15 Quarterly	Report (Q1)	(c)	12-Day			Primary (12	2P)	П	Ge	eneral (1	2G)	п	Runoff (12R)
		July 15 Quarterly October 1	5			PRE -Ele Report fo			Convention	(12C)		Sp	ecial (12	2S)		
		Quarterly January 3 Year-End	1				Ele	ection on	M = M	/ D D	/ Y	Y	Y Y		in the State o	f
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5. Co	overing	Period	0	M /	D 01		y 201	6	through	06		/ D 30		у у 201		
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Signatu	ure of ⁻	Treasurer	Bria	ın Gree	n				[Electronica	lly Filed]	Da	te	07	/ D 19	D /	2016
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16256.87

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS		Page 2
W	Irite or Type Committee Name			
(Consumer Healthcare Products A	ssociation PAC (CHPA/PAC)		
R	eport Covering the Period: From:	06 / D D / Y Y Y Y 01 2016	To:	06 / Y Y 206 20 2
		COLUMN A This Period		COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1, 2016			2232
	(b) Cash on Hand at Beginning of Reporting Period	16033.70		
	(c) Total Receipts (from Line 19)	1270.40		1722
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	17304.10		3955
	Total Disbursements (from Line 31)	1047.23		2329
-	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16256.87		1625
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		
0.	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)

Report Covering the Period: From:	06 01 2016 To:	06 / 30 / Y Y Y 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:	<u>_</u>	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	999.98	9083.30
(ii) Unitemized	270.42	2482.81
(ii) Officialized		
Lines 11(a)(i) and (ii)	1270.40	11566.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	5000.00
(such as PACs)(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	1270.40	16566.11
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
4 Jacob Developments Developed	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	7 7 7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	658.45
6. Refunds of Contributions Made	7 7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Fun	ds	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Lovin Europ (from Schodula 45)	0.00	0.00
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1270.40	17224.56
D. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	1270.40	17224.56

I

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
. 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	47.23	297.60
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	47.23	297.60
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	23000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
		0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	
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
Other Disbursements	0.00	0.00
L		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add 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))	1047.23	23297.60
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1047.23	23297.60
		23297.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	1270.40	16566.11
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	1270.40	16566.11
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	47.23	297.60
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	658.45
Net Operating Expenditures (subtract Line 37 from Line 36)	47.23	-360.85

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

(check only one)

PAGE 6 OF

Ary Information copeed from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Chorsumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Auding Address 3180 N. Quincy St. City Alling Address 3180 N. Quincy St. City State Alling Address 3180 N. Quincy St. City Alling Address 3180 N. Quincy St. City State Picto In number of contributing federal political committee. Open (specify) Primary General Pitmary General Mailing Address 3180 N. Quincy St. City Pitmary General Pitmary General Pitmary General City Augrogate Year-to Cate Alling Address 3180 N. Quincy St. City Full Name (Last, First, Middle Initial) B. John Cast Receipt For: Primary G		EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Consumer Healthcare Products Association PAC (CHPA/PAC) A. John Gay Maling Address 3180 N. Quincy St. City State Zity Consumer Healthcare Products FEC ID number of contributing tederal political committee. City Qargegate Vear-to-Date V Maling Address 3180 N. Quincy St. City Qargegate Vear-to-Date V Point Gap Qargegate Vear-to-Date V Point Gap Onto: (gaecity) B. John Gay Date of Receipt Maling Address 3180 N. Quincy St. City City State Zip Code Arrington VA Z2207 Full Name (Last, First, Middle Initia) Date of Receipt B. John Gay Date of Receipt Maling Address 3180 N. Quincy St. City City State Zip Code Arrington VA Z2207 Fee Di D number of contributing tederal political committee. Occupation Name of Employer Occupation Correction Via President, Government Affairs Receipt For: Aggregate Year-to-Date V Pothor (specity) Occupation										
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City State Zip Code Transaction ID: SA11AL8531 Arington VA 22207 FEC 1D rumber of contributing federal political committee. C	Α.				Date of Receipt					
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tederal political committee. U U.1/1 Name of Employer Occupation Consumer Healthcare Products Aggregate Year-to-Date ▼ B. John Gay 1145.87 Mailing Address 3180 N. Quincy St. 06 City State Zip Code Arington VA 22207 FCI ID number of contributing tederal political committee. Occupation Name of Employer Occupation City State Zip Code Arington VA 22207 FEC ID number of contributing tederal political committee. Occupation Name of Employer Occupation City Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Potneral Occupation Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Potneral Occupation City Aggregate Year-to-Date ▼ Mailing Address 340 Cloudes Mill Ct. City Gity Aggregate Year-to-Date ▼ Mailing Address 340 Cloudes Mill Ct. City Gity Assoco		,		•						
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Picceipt For: Aggregate Year-to-Date ▼ Primary General B. John Gay 1145.87 Mailing Address 3180 N. Quincy St. City City State Zip Code Arlington VA 22207 FeC ID number of contributing federal political committee. C Transaction ID : SA11AL8532 Amount of Each Receipt For: Occupation Vice President, Government Affairs Receipt For: Offmary General 1250,04 C. Travis Gibbons Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 340 Cloudes Mill Ct. C 15 2016 City State Zip Code Amount of Each Receipt For: Date of Receipt Primary General Vice President, Government Affairs Date of Receipt 104.17 Mailing Address 340 Cloudes Mill Ct. C Transaction ID : SA11AL8533 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Cocupation Amount of Each Receipt this Period Receipt For: C Cocupation Assoc. Director, Federal Affairs Amount of Each Receipt this Period <td< td=""><td></td><td>Name of Employer</td><td></td><td></td><td>Memo Item</td></td<>		Name of Employer			Memo Item					
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Primary General Other (specify) ✓ SUBTOTAL of Receipts This Page (optional)			Assoc. Dire	ector, Federal Affairs						
		Primary General	Aggregate							
TOTAL This Period (last page this line number only)					229.17					

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

PAGE 7 OF

ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)						
			for each category of the Detailed Summary Page	X	11a 13		11b 14	11c		r	17	
	ny information copied from such Reports and S for commercial purposes, other than using the			erson fo	r the		oose of	f solicitin	ig contr	ributio	ons	
	NAME OF COMMITTEE (In Full)											
\rangle	Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)									
Α.	Full Name (Last, First, Middle Initial) Travis Gibbons		Da	Date of Receipt								
	Mailing Address 340 Cloudes Mill Ct.				M M / D D / Y Y Y Y Y 06 30 2016							
	City	State	Zip Code	-	Trans	acti	on ID :	SA11A	.8534			
	Alexandria	VA	22304	Ar	nount	of	Each F	Receipt t	his Per	iod		
	FEC ID number of contributing federal political committee.	С				_	y	7		20.83	3	
	Name of Employer	Occupation		- L	Mer	mo l	tem					
	Consumer Healthcare Products	Assoc. Dire	ctor, Federal Affairs									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		249.96									
	Other (specify)		7 7 7									
B	Full Name (Last, First, Middle Initial) Brian Green			Di	ate of	Re	ceipt					
	Mailing Address 19110 Mateny Hill Road		Date of Receipt									
	City	State	Zip Code	Transaction ID : SA11AI.8535								
	Germantown	MD		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С							}			
	Name of Employer	Occupation	Memo Item									
	Consumer Healthcare Prod. Assn	Vice Presid										
	Receipt For:	Aggregate										
	Primary General											
	Other (specify)		, 229.13									
C.	Full Name (Last, First, Middle Initial) Brian Green			Da	ate of	Re	ceipt					
	Mailing Address 19110 Mateny Hill Road				06 30 _2016 _							
	City	State	Zip Code	-	Frans	acti	ion ID :	SA11A	1.8536			
	Germantown	MD	20874	Ar	nount	of	Each F	Receipt t	his Per	iod		
	FEC ID number of contributing federal political committee.	С			1		9	7		20.83	3	
	Name of Employer	Occupation			Mer	mo l	tem					
	Consumer Healthcare Prod. Assn	Vice Presid	ent, Finance & Ops. (CFO)									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		249.96									
┢	UBTOTAL of Receipts This Page (optional)				-	_	7			62.49)	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE

8 OF

т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check	only	one)						
			Detailed Summary Page		F	11b	11c	12	17			
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	I ay not be sold or used by any p ddress of any political committee	erson for	the p	urpose of	f soliciting	g contribu	utions			
	NAME OF COMMITTEE (In Full)											
	Consumer Healthcare Product	s Associat	tion PAC (CHPA/PAC))								
Α.				Dat	e of	Receipt						
	Mailing Address 926 North Barton Street		06 15 _ 2016 _									
	City	State	Zip Code	Т	ansa	ction ID :	SA11AL	.8537				
	Arlington	VA	22201	Am	ount	of Each F	Receipt th	nis Period	ł			
	FEC ID number of contributing federal political committee.	С				7		20	.83			
	Name of Employer	Occupation	l		Mem	o ltem						
	Consumer Healthcare Products	Director, St	ate Affairs									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		229.13	1								
	Other (specify)		229.13									
	Full Name (Last, First, Middle Initial) Carlos Gutierrez			Det	a of	Dessint						
D.						Date of Receipt						
	Mailing Address 926 North Barton Street			06 30 2016 Transaction ID : SA11AI.8538								
	City	State	Zip Code									
	Arlington	VA	22201		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C			20.83							
	Name of Employer	Occupation	1	Memo Item								
	Consumer Healthcare Products	Director, St										
	Receipt For:	Aggregate										
	Primary General Other (specify) ▼		, 249.96	1								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski			Dat	e of	Receipt						
	Mailing Address 951 Hidden Park Place				0 <u>6</u>	/ D 15		2016	Y			
	City	State	Zip Code	Т	ransa	ction ID	: SA11AI	.8539				
	Herndon	VA	20170	Am	ount	of Each F	Receipt th	nis Perioo	ł			
	FEC ID number of contributing federal political committee.	С	C				20.83					
	Name of Employer	Occupation	l		Mem	o ltem						
	СНРА	Vice Presic	lent, Regulatory Affairs									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		229.13	1								
	Other (specify)		7									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 9 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c 15	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the							soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Associat	ion PAC (CHPA/PA	C)						
A. Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place	State VA	Zip Code 20170			/ sacti	30 on ID : \$		2016 . 8540 nis Perioc	Y
FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify) ▼		ent, Regulatory Affairs Year-to-Date ▼ 249.96		<u> </u>	mol	7	7	20	
Full Name (Last, First, Middle Initial) B. Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	State VA C Occupation President at Aggregate			Amoun	, acti	15 on ID : S Each Re		2016 8543 nis Perioc 208	_
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	State VA C Occupation President a Aggregate			Amoun	/ sacti	30 ion ID : 1		2016 . 8544 nis Perioc 208	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number						7 7	- 7	437.	49

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

(check only one)

PAGE 10 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				rson for the purpose of soliciting contributions to solicit contributions from such committee.
\ \	IE OF COMMITTEE (In Full) Insumer Healthcare Products	Associat	tion PAC(CHPA/PAC)	
A. Lin	Name (Last, First, Middle Initial) Id say Morris ing Address 7605 Trail Run Rd.	State	Zip Code	Date of Receipt 06 15 2016 Transaction ID : SA11AI.8547
FEC fede	s Church ID number of contributing ral political committee.	C	22042	Amount of Each Receipt this Period 62.50 Memo Item
Cons	e of Employer sumer Healthcare Products eipt For: Primary General Other (specify) ▼	Occupation Governmer Aggregate		
B. Lin	Name (Last, First, Middle Initial) Idsay Morris ing Address 7605 Trail Run Rd.	State	Zip Code	Date of Receipt
FEC	s Church ID number of contributing ral political committee.	C	22042	Amount of Each Receipt this Period
Cons	e of Employer sumer Healthcare Products eipt For: Primary General Other (specify) ▼	Occupation Governmen Aggregate		— Memo Item
C. Mi	Name (Last, First, Middle Initial) ke Tringale ing Address 2115 12th Place NW			Date of Receipt
FEC feder Nam Cons	shington I D number of contributing ral political committee. the of Employer sumer Healthcare Prod. Assn eipt For: Primary General Other (specify) ▼	-	Zip Code 20009 mmms. & Pub. Aff. Year-to-Date ▼ 208.35	Transaction ID : SA11AI.8555 Amount of Each Receipt this Period 41.67 Memo Item
SUBT	OTAL of Receipts This Page (optional)			166.67
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 11 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12		
	y information copied from such Reports and Sta for commercial purposes, other than using the								g con			
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products											
Α.	Full Name (Last, First, Middle Initial) Mike Tringale Mailing Address 2115 12th Place NW				Date o M M		eceipt 30			016	Y	
	City Washington	State DC	Zip Code 20009					: SA11AI Receipt th	.8556	6		
	FEC ID number of contributing federal political committee.	С					7	-		41.6	7	
	Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify) ▼		mms. & Pub. Aff. Year-to-Date ▼ 250.02		Me	mo I	ltem					
в.	Full Name (Last, First, Middle Initial) Mailing Address				Date o	f Re	eceipt	D / Y	Y	Y	Y	
	City	State	Zip Code		Amoun	t of	Fach I	Receipt th	his P	eriod		
	FEC ID number of contributing federal political committee. Name of Employer	C					ltem	, j				
	Receipt For: Primary General Other (specify)		Year-to-Date ▼									
C.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt					
	Mailing Address City	State	Zip Code	_	Amoun		Each			eriod	Y	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer	Occupation			Me	mo l	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼									
s	UBTOTAL of Receipts This Page (optional)		•	.			7			41.6	7	
т	OTAL This Period (last page this line number o	nly)					,	7		999.9	8	

SCHEDULE B (FEC Form 3X)							NE NUMBER: PAGE 12 OF 13										
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	l`_		· · .													
	Detailed Summary Page			21b 27	22 28a	$\left - \right $	23 28b	-	24 28c		25 29	26					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name																	
NAME OF COMMITTEE (In Full)																	
Consumer Healthcare Products As	sociation PAC (CHP	A/P	AC	;)													
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank					Date of	f Dis	burse	emer	nt								
					M M	/	D	D	/ Y	Y	Y	Y					
Mailing Address 1510 K Street NW					06		1;	3		20	016						
5	State Zip Code				Transaction ID : SB21B.8561												
Washington	DC 20005					aon	01112										
Purpose of Disbursement	1	00)1	11	Amount	t of I	Each	Dist	ourser	nent	this I	Period					
Candidate Name	L	Categ		/	47.23												
Office Sought: House Disburser	nent For:	Тур	pe				7		7	-							
Senate	Primary General				Me	no lt	.em										
State: District:	Other (specify)																
Full Name (Last, First, Middle Initial)																	
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City	State Zip Code																
Purpose of Disbursement	1		-	٦	Amount	t of I	Fach	Dieł	urcor	nont	thic I	Pariod					
Candidate Name Category/				/	Amount of Each Disbursement this Period												
Office Sought: House Disburser		Тур						-	1								
Senate Disburser	Primary General		Memo Item														
State: District:	Other (specify)																
Full Name (Last, First, Middle Initial)				+													
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City	State Zip Code																
Purpose of Disbursement		_	_														
Candidate Name		Categ	gory	/	Amount	t of I	Each	Dist	ourser	nent	this I	Period					
Office Sought: House Disburser	ment For:	Тур	be	-	Me	no lt	,	-	7	-							
Senate	Primary General						em										
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						-			-	-	47	22					
SUBTOTAL of Disbursements This Page (optional)					<u></u>	_	7	-	7	-	47.:	23					
TOTAL This Period (last page this line number only)						_					47.	23					

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SCHEDULE B (FEC Form 3X)	[FOR LINE	NUMBER: PAGE 13 OF 13											
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27												
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or use me and address of any politic	ed by any perse al committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Consumer Healthcare Products As	ssociation PAC (CH	PA/PAC)												
Full Name (Last, First, Middle Initial) A. GUTHRIE FOR CONGRESS		Date of Disbursement												
Mailing Address PO BOX 9639 City	State Zip Code		06 08 2016											
BOWLING GREEN Purpose of Disbursement	KY 42102		Transaction ID : SB23.8560											
			Amount of Each Disbursement this Period											
Candidate Name S. BRETT HON. GUTHRIE		Category/ Type	1000.00											
Office Sought: House Disburse Senate President State: KY District: 02	ment For: 2016 Primary X General Other (specify) ▼		Memo Item											
Full Name (Last, First, Middle Initial) B.			Date of Disbursement											
Mailing Address														
City	State Zip Code													
Purpose of Disbursement		Category/	Amount of Each Disbursement this Period											
Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify) ▼	Туре	Memo Item											
Full Name (Last, First, Middle Initial)			Date of Disbursement											
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