

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street) 1625 Eye Street NW Suite 600 Washington DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00040584 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) Jul 20 (M7) May 20 (M5) Jun 20 (M6) Oct 20 (M10) Nov 20 (M11) Dec 20 (M12) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 01 2016 through 06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian Green

Signature of Treasurer Brian Green [Electronically Filed] Date 07 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="22329.91"/>	<input type="text" value="22329.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16033.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1270.40"/>	<input type="text" value="17224.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="17304.10"/>	<input type="text" value="39554.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1047.23"/>	<input type="text" value="23297.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16256.87"/>	<input type="text" value="16256.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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)

Page 3

Write or Type Committee Name

**Consumer Healthcare Products Association PAC (CHPA/PAC)**

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

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).....	999.98	9083.30
(ii) Unitemized .....	270.42	2482.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1270.40	11566.11
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1270.40	16566.11
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	658.45
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))..... ▶	1270.40	17224.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1270.40	17224.56

**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 .....	47.23	297.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	47.23	297.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	23000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
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
(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)) ..	1047.23	23297.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1047.23	23297.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	1270.40	16566.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1270.40	16566.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	47.23	297.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	658.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47.23	-360.85

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

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

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)  
 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)**

**A. John Gay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3180 N. Quincy St.  
 City State Zip Code  
 Arlington VA 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Consumer Healthcare Products Vice President, Government Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1145.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2016  
**Transaction ID : SA11AI.8531**  
 Amount of Each Receipt this Period  
 104.17  
 Memo Item

**B. John Gay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3180 N. Quincy St.  
 City State Zip Code  
 Arlington VA 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Consumer Healthcare Products Vice President, Government Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.8532**  
 Amount of Each Receipt this Period  
 104.17  
 Memo Item

**C. Travis Gibbons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 340 Cloudes Mill Ct.  
 City State Zip Code  
 Alexandria VA 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Consumer Healthcare Products Assoc. Director, Federal Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 229.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2016  
**Transaction ID : SA11AI.8533**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 229.17  
**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 13
<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. Travis Gibbons**  
Full Name (Last, First, Middle Initial)

Mailing Address 340 Cloudes Mill Ct.

City Alexandria	State VA	Zip Code 22304
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FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SA11AI.8534**

Amount of Each Receipt this Period  

20.83
-------

 Memo Item

**B. Brian Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 19110 Mateny Hill Road

City Germantown	State MD	Zip Code 20874
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FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Prod. Assn	Occupation Vice President, Finance & Ops. (CFO)
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

**Transaction ID : SA11AI.8535**

Amount of Each Receipt this Period  

20.83
-------

 Memo Item

**C. Brian Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 19110 Mateny Hill Road

City Germantown	State MD	Zip Code 20874
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FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Prod. Assn	Occupation Vice President, Finance & Ops. (CFO)
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SA11AI.8536**

Amount of Each Receipt this Period  

20.83
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.49
<b>TOTAL</b> 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 13
<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. Carlos Gutierrez**  
Full Name (Last, First, Middle Initial)  
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 Consumer Healthcare Products Occupation Director, State Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **229.13**

Date of Receipt **06 / 15 / 2016**  
**Transaction ID : SA11AI.8537**  
Amount of Each Receipt this Period **20.83**  
 Memo Item

**B. Carlos Gutierrez**  
Full Name (Last, First, Middle Initial)  
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 Consumer Healthcare Products Occupation Director, State Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **249.96**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : SA11AI.8538**  
Amount of Each Receipt this Period **20.83**  
 Memo Item

**C. Dr. Barbara A. Kochanowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 951 Hidden Park Place  
City Herndon State VA Zip Code 20170  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CHPA Occupation Vice President, Regulatory Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **229.13**

Date of Receipt **06 / 15 / 2016**  
**Transaction ID : SA11AI.8539**  
Amount of Each Receipt this Period **20.83**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **62.49**  
**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 13
<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. Dr. Barbara A. Kochanowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 951 Hidden Park Place  
 City Herndon State VA Zip Code 20170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHPA Occupation Vice President, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.8540**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Scott M. Melville**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1596 Lupine Den Court  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Healthcare Products Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 06 / 15 / 2016  
**Transaction ID : SA11AI.8543**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Scott M. Melville**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1596 Lupine Den Court  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Healthcare Products Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.8544**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	437.49
<b>TOTAL</b> 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 13
<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. Lindsay Morris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7605 Trail Run Rd.  
City Falls Church State VA Zip Code 22042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Government Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **687.50**

Date of Receipt **06 / 15 / 2016**  
**Transaction ID : SA11AI.8547**  
Amount of Each Receipt this Period **62.50**  
 Memo Item

**B. Lindsay Morris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7605 Trail Run Rd.  
City Falls Church State VA Zip Code 22042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Government Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : SA11AI.8548**  
Amount of Each Receipt this Period **62.50**  
 Memo Item

**C. Mike Tringale**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2115 12th Place NW  
City Washington State DC Zip Code 20009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Prod. Assn Occupation Sr. Dir., Comms. & Pub. Aff.  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.35**

Date of Receipt **06 / 15 / 2016**  
**Transaction ID : SA11AI.8555**  
Amount of Each Receipt this Period **41.67**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **166.67**  
**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: PAGE 11 OF 13  
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Mike Tringale**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2115 12th Place NW  
City Washington State DC Zip Code 20009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Prod. Assn Occupation Sr. Dir., Comms. & Pub. Aff.  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.02

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.8556**  
Amount of Each Receipt this Period 41.67  
 Memo Item

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41.67
<b>TOTAL</b> This Period (last page this line number only).....	999.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 1510 K Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.8561**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Consumer Healthcare Products Association PAC (CHPA/PAC)**

Full Name (Last, First, Middle Initial)

**A. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

**S. BRETT HON. GUTHRIE**

Office Sought:  House  Senate  President

State: KY District: 02

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**Transaction ID : SB23.8560**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00

1000.00