	18760				_		PA	AGE 1 / 13
FEC FORM 3X	A	ND DIS	OF RE BURSE An Authorize	MENT	S		Office Use Only	
1. NAME OF COMMITTEE (in f		e or print V		ample: If typi er the lines.	ng, type	12FE4M	15	
Consumer Heal	thcare Pro	oducts Asso	ociation PAC		PAC)			
ADDRESS (number and	street)	625 Eye Street N	\W					
Check if differ	rent	Suite 600						
than previous reported. (AC		Vashington				DC	20006	-
2. FEC IDENTIFICA	TION NUMB	ER 🔻	CITY 🔺		S		ZIP CO	ODE 🔺
C C00040584			3. IS THIS REPORT		NEW (N) OR	Al (A	MENDED A)	
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M	orts: Report (Q1) Report (Q2) 5 Report (Q3) 31 Report (YE) lid-Year	(b) Monthly Report Due On: (C) 12-Day PRE-El Report (d) 30-Day	ection for the:			× Sep		
Report (N Year Only Terminatio (TER)		POST-I	Election for the:	General (300		Runoff (_	Special (30S)
			Election on				State	
 Covering Period I certify that I have example. 	08	eport and to th	2019	through	08	/ D D D 31	/ Y Y Y Y Y Y Z019]
Type or Print Name of	(Green, Brian, , ,						
Signature of Treasurer	Green, Br	ian, , ,		[Electronicall	y Filed] D	ate 09	M / D D / 13	2019
NOTE: Submission of fa	lse, erroneous	, or incomplete	information may s	ubject the per	son signing th	is Report to	the penalties of 5	2 U.S.C. § 3010
Office Use Only							FEC FOI Rev. 05/	

09/13/2019 13 : 50

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From:	M / D D / Y Y Y Y 3 01 2019 To	o: 08 / 08 / 11 / 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		14061.11
	(b) Cash on Hand at Beginning of Reporting Period	27547.88	
	(c) Total Receipts (from Line 19)	1078.84	31427.03
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	28626.72	45488.14
7.	Total Disbursements (from Line 31)	40.86	16902.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28585.86	28585.86
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)

Report Covering the Period: From:	/ 01 / Y Y Y Y 2019 To:	M / D D / Y
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)	1018.00	14209.54
(ii) Unitemized	60.84	16617.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)►	1078.84	30826.72
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1078.84	30826.72
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)16. Refunds of Contributions Made	0.00	600.31
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(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))▶	1078.84	31427.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	1078.84	31427.03

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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	40.86	402.28
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	40.86	402.28
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	16500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	
		0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	41	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00
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))	40.86	16902.28
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	40.86	16902.28

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

	1						1078.84
		7			7		1 49. 1
							0.00
	1		1	1	-	1	0.00
							1078.84
		-			-		1078.84
							40.86
		-7			7		40.00
							0.00
		7			-7		0.00
							40.86
- L		-7-			-7-		40.80

30826.72							
30020.72	7			-7		<u></u>	
0.00							
	-			- 1			
30826.72							
		-	-	- 7	-		
402.28							
1.48	-			7			
600.31							
000101	7			-7		<u></u>	
- 198.03							
				-7-			

COLUMN B

Calendar Year-to-Date



SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17				
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting	g contrib	utions				
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)											
<u> </u>	Full Name of Individual (Last, First, Middle Init Brikman, Anita, , ,	ial) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 8300 Comanche Court			08 15 2019										
	City Bethesda	State MD	Zip Code 20817	Transaction ID : SA11AI.10254 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,	-7	20	.84				
	Name of Employer (for Individual) Consumer Healthcare Products		cupation (for Individual) mmunications		M	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.60											
в.	Full Name of Individual (Last, First, Middle Init Gay, John, , ,	ial) or Full C	Drganization Name		Date of	f Re	ceipt							
	Mailing Address 3180 N. Quincy St.				Date of Receipt 08 15 2019									
	City Arlington	State VA	Zip Code 22207		Transaction ID : SA11AI.10252 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			104.17									
	Name of Employer (for Individual) Consumer Healthcare Products		cupation (for Individual) e President, Government Affairs	1	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1562,55											
<u> </u>	Full Name of Individual (Last, First, Middle Init Gay, John, , ,	ial) or Full C	Organization Name		Date of	f Re	ceipt							
	Mailing Address 3180 N. Quincy St.				м м 08	/	30		2019 [°]	Y				
	City Arlington	State VA	Zip Code 22207	Δ	Transaction ID : SA11AI.10253 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							104					
	Name of Employer (for Individual) Consumer Healthcare Products	eupation (for Individual) President, Government Affairs		M	emo	Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1666.72											
s	UBTOTAL of Receipts This Page (optional)		•	[,		229	.18				
т	OTAL This Period (last page this line number	only)		ſ										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 7

OF

			Detailed Summary Page			_	11a 13		11b		1c 5		12 16	17			
	y information copied from such Reports and S					fo	r the		pose c	of soli	citing	, con	tribut	ions			
	for commercial purposes, other than using the	e name and a	address of any political comm	ittee	to s	olic	cit co	ntrik	outions	from	such	n con	nmitte) e.			
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associa	tion PAC (CHPA/PA	AC)													
A .	Full Name of Individual (Last, First, Middle Ini Green, Brian, , ,	itial) or Full C	Organization Name			Date of Receipt											
	Mailing Address 19110 Mateny Hill Road				08 / D D / Y Y Y Y Y 08 15 2019												
	City Germantown	State MD	Zip Code 20874		-	Transaction ID : SA11AI.10256											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 20.84 Memo Item												
	Name of Employer (for Individual) Consumer Healthcare Prod. Assn		upation (for Individual) e President, Finance & Ops. (C	CFO)													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.76														
Β.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Green, Brian, , ,							Date of Receipt									
	Mailing Address 19110 Mateny Hill Road	01-1-				08 / D D / Y Y Y Y 2019											
	City Germantown	State MD	Zip Code 20874		Transaction ID : SA11AI.10257 Amount of Each Receipt this Period								 1				
	FEC ID number of contributing federal political committee.	С							20.84								
	Name of Employer (for Individual) Consumer Healthcare Prod. Assn		cupation (for Individual) e President, Finance & Ops. ((Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 312.60														
с.	Full Name of Individual (Last, First, Middle Ini Gutierrez, Carlos, , ,	itial) or Full C	Drganization Name			Da	ate of	f Re	eceipt								
	Mailing Address 926 North Barton Street					08 15 2019											
	City Arlington	State VA	Zip Code 22201						tion ID								
	FEC ID number of contributing federal political committee.	С			_	Ar	noun		Each	Recei	pt th	is pe	20.8	\$4			
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) ector, State Affairs		Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 312.60														
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						-	-	5	-	,	-	62.5	2			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

(check only one)

PAGE 8 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products /	Associat	tion PAC (CHPA/PAC)											
Α.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 926 North Barton Street			M = M / D = D / Y = Y = Y = Y Y 08 30 2019										
	City Arlington	State VA	Zip Code 22201	Transaction ID : SA11AI.10259 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.84										
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) ector, State Affairs	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.44											
В.	Full Name of Individual (Last, First, Middle Initia Holgate, Taylor, , ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 676 4th st NE #104			M M / D D / Y										
	City Washington	State DC	Zip Code 20002	Transaction ID : SA11AI.10274 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.84										
	Name of Employer (for Individual) Consumer Healthcare Products A		cupation (for Individual) nager, Federal Government Affairs	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312,60											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Holgate, Taylor, , ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 676 4th st NE #104			08 / D D / Y Y Y Y Y 2019										
	City Washington	State DC	Zip Code 20002	Transaction ID : SA11AI.10275 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.84										
	Name of Employer (for Individual) Consumer Healthcare Products A		upation (for Individual) nager, Federal Government Affairs	Memo Item										
	Receipt For: Primary General Other (specify)													
s	UBTOTAL of Receipts This Page (optional)		•	62.52										
Г	OTAL This Period (last page this line number or	nly)	>											

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 9 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	Associat	tior	n PAC (CHPA/PAC)												
Α.	Full Name of Individual (Last, First, Middle Initial Kochanowski, Barbara, A., Dr.,	l) or Full C	Orga	nization Name		Date o	of Re	eceipt								
	Mailing Address 951 Hidden Park Place	State		Zip Code		08 Tran	sact	1	5 : SA11AI	201		Y				
	Herndon	VA		20170	_ /				Receipt t							
	FEC ID number of contributing federal political committee.	С						-ge - 1			41.6	7				
	Name of Employer (for Individual)		•	tion (for Individual) esident, Regulatory Affairs		N	/lemo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 625.05												
в.	Full Name of Individual (Last, First, Middle Initia Kochanowski, Barbara, A., Dr.,	l) or Full C	Orga	nization Name	1	Date d	of Re	eceipt								
	Mailing Address 951 Hidden Park Place				M = M / D = D / Y = Y = Y Y 08 30 2019											
	City Herndon	State VA		Zip Code 20170					: SA11AI Receipt ti							
	FEC ID number of contributing federal political committee.	С						-gr. 1		_	41.6	7				
	Name of Employer (for Individual) CHPA		•	tion (for Individual) resident, Regulatory Affairs		N	/lemo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 666.72												
с.	Full Name of Individual (Last, First, Middle Initia Melville, Scott, M., ,	l) or Full C	Orga	nization Name		Date d	of Re	eceipt								
	Mailing Address 1596 Lupine Den Court					M 08		1		201		Y				
	City Vienna	State VA		Zip Code 22182					: SA11AI Receipt t							
	FEC ID number of contributing federal political committee.	С						,	7		208.3	4				
	Name of Employer (for Individual) Consumer Healthcare Products Receipt For:	Pres	side	tion (for Individual) nt and CEO		N	/lemo	o Item								
	Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 3125.10												
s	UBTOTAL of Receipts This Page (optional)			•				,	9	2	291.6	8				
Т	OTAL This Period (last page this line number on	ly)		····· •				- -								

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

PAGE 10 OF

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	- ⁻		11b	11c		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		oose of	solicitir		ntributi	ons		
	NAME OF COMMITTEE (In Full)												
	Consumer Healthcare Products A	Associat	ion PAC (CHPA/PAC)										
Α.	Full Name of Individual (Last, First, Middle Initia Melville, Scott, M., ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 1596 Lupine Den Court			08 / D D / Y Y Y Y Y 2019									
	City Vienna	State VA	Zip Code 22182				on ID : Each Re						
	FEC ID number of contributing federal political committee.	С					7	і. у-		208.3	4		
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) sident and CEO		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3333.44										
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name										
в.	Schloss, Marc, , , Mailing Address 8221 Larry PI.				Date of	Re	Ceipt	/	20	19	r l		
	City	State	Zip Code			acti	on ID : \$	SA11A	1				
	Chevy Chase	MD	20815	A			Each R						
	FEC ID number of contributing federal political committee.	С					7	1.45		25.0	0		
	Name of Employer (for Individual) Cons. Healthcare Prod. Assn.		upation (for Individual) Dir., Fed. Affairs		Me	emo	Item						
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		, 375.00										
с.	Full Name of Individual (Last, First, Middle Initia Schloss, Marc, , ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 8221 Larry Pl.				08	/	D D 30	/	20	19 [°]	Ý		
	City Chevy Chase	State MD	Zip Code 20815				on ID : Each Re						
	FEC ID number of contributing federal political committee.	С				_	9	, , , , , , , , , , , , , , , , , , ,		25.0	0		
	Name of Employer (for Individual) Cons. Healthcare Prod. Assn.		upation (for Individual) Dir., Fed. Affairs		M	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00										
s	UBTOTAL of Receipts This Page (optional)		•••••				5	. ,		258.34	4		
T	OTAL This Period (last page this line number or	וע)	•										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 11 OF

	-	Detailed Summary Page	×	11a 13		11b 14	11c	12	17					
		A not be sold or used by any p		for the		pose of		g contribu	itions					
or for commercial purposes, o		address of any political committe	e to so	licit co	ntrib	outions f	rom sucl	1 commit	tee.					
		tion PAC (CHPA/PAC)											
Full Name of Individual (La A	ast, First, Middle Initial) or Full C	Organization Name		Date o	f Re	eceipt								
Mailing Address 2115 12th	Place NW			м м 08	/	D 15	/ Y	ү 2019	Ŷ					
City	State DC	Zip Code 20009	-				SA11AI.							
Washington		20009	/	Amoun	t of	Each R	eceipt th	nis Period						
FEC ID number of contribution federal political committee.	C		41.67											
Name of Employer (for Inc Consumer Healthcare Prod	,	upation (for Individual) Dir., Comms. & Pub. Aff.	Memo Item											
Receipt For:		Year-to-Date ▼												
Primary Ge Other (specify) ▼	neral	625.05	1											
Full Name of Individual (La B. Tringale, Mike, , ,	ast, First, Middle Initial) or Full C	Organization Name		Date o	f Re	eceipt								
Mailing Address 2115 12th	08 / D D / Y Y Y Y 08 2019													
City	State	Zip Code					SA11AI.							
Washington	DC	20009	- '	Amount of Each Receipt this Period										
FEC ID number of contribution federal political committee.	C			41.67										
Name of Employer (for Inc Consumer Healthcare Prod	•	upation (for Individual) Dir., Comms. & Pub. Aff.		Memo Item										
Receipt For:		Year-to-Date V												
Other (specify) ▼	neral	666.72]											
Full Name of Individual (La C. Wood, Britt, , ,	ast, First, Middle Initial) or Full C	Organization Name		Date o	f Re	eceipt								
Mailing Address 26139 MU	JRREY DRIVE			м м 08	/	15	/ Y	2019	Y					
City South Biding	State VA	Zip Code 20152	-				SA11AI							
South Riding		20152	/	Amoun	t of	Each R	eceipt th	nis Period						
FEC ID number of contribution federal political committee.	C			15.21 Memo Item										
Name of Employer (for Inc	-	upation (for Individual)												
Consumer Healthcare Prod Receipt For:	ucts A Mer	nbership												
Primary Ge	Year-to-Date ▼													
Other (specify)		228.15	4											
SUBTOTAL of Receipts This	Page (optional)					,	. ,	98.	55					
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

PAGE 12 OF

ITEMIZE			(check o						
			for each category of the Detailed Summary Page	× 11a		11b	11c	12	17
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	DF COMMITTEE (In Full) umer Healthcare Products	s Associat	tion PAC (CHPA/PAC)					
A. Wood,	ne of Individual (Last, First, Middle In Britt, , ,	itial) or Full O	Prganization Name	Date	of R	leceipt			
Mailing /	Address 26139 MURREY DRIVE			м 0		/ D 30		2019	Y
City South R	iding	State VA	Zip Code 20152				: SA11AI Receipt tl	.10273 his Perioc	
	number of contributing political committee.	С						15	.21
Consum	f Employer (for Individual) er Healthcare Products A		upation (for Individual) nbership		Mem	io Item			
	For: imary General her (specify) ▼	Aggregate	Year-to-Date ▼ 243.36]					
Full Nan B.	ne of Individual (Last, First, Middle In	itial) or Full O	organization Name	Date	e of B	eceipt			
Mailing /	Address			M	M	/	D / Y	YYY	Y
City		State	Zip Code	Amo	unt o	f Each I	Receipt tl	his Period	
	number of contributing political committee.	С							
Name o	f Employer (for Individual)	Occ	upation (for Individual)		Mem	io Item			
	For: imary General her (specify) ▼	Aggregate	Year-to-Date V]					
Full Nan	ne of Individual (Last, First, Middle In	itial) or Full O	Organization Name	Date	e of R	eceipt			
Mailing /	Address			М		/ D	D / Y	Y Y	Y
City		State	Zip Code	Amo	unt o	f Each I	Receipt tl	his Period	k
	number of contributing political committee.	С				y 1	y		
Name of	f Employer (for Individual)	Occi	upation (for Individual)	7 U	Mem	no Item			
	For: imary General her (specify)	Aggregate	Year-to-Date]					
	L of Receipts This Page (optional)					y . 		15. 1018	

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SCHEDULE B (FEC Form 3X)						NUMB	ER:				PA	GE	13 C	F	13	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(C	heck	only 21b	<u> </u>	e)] 22 23 26 [27			
	Detailed	Summary Page			28a	2	L		28c	-	29	-	30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na																
Consumer Healthcare Products A	ssociatio	n PAC (CHP	2A/F		;)											
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank								Dist	ourse		nt					
Mailing Address 1510 K Street NW						08 / 12 / Y Y Y Y 2019										
City	State DC	Zip Code 20005				FEC	lder	ntific	catior	n N	umbei	r				
Washington Purpose of Disbursement bank fee	DC	20005		-	1	С										
Candidate Name			Cate	egory	,	Amo					: SB2 burse		0276 this P	eriod	k	
Office Sought: House Disburs	ement For:	General	L)	ype				,					40.8	3		
State: District:	President Other (specify)															
Full Name (Last, First, Middle Initial)								<u> </u>								
В.						Date of Disbursement										
Mailing Address																
City	State	Zip Code				FEC Identification Number										
Purpose of Disbursement				-	1											
Candidate Name				egory /pe	,	Amount of Each Disbursement this Pe								erioc	ł	
Office Sought: House Disburs	ement For: Primary	General		<u> </u>												
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Full Name (Last, First, Middle Initial)																
C.							e of I	Dist	Durse				Y	V		
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Office Sought: House Disburs			_	-7			-9-				1					
State: District:	Primary Other (spe	cify) ▼					Mem	no It	tem							
					I		_		_				40.2	c	٦	
SUBTOTAL of Disbursements This Page (optional)						Ļ	=			-		+	40.8	o	4	
TOTAL This Period (last page this line number onl	y)							,		_	,		40.8	6		