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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

- Cram Gat For	Other Than An Auth	orized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Consumer Healthcare Pr	oducts Association	PAC (CHPA/PAC)		
ADDRESS (number and street)	1625 Eye Street NW			
▼ Check if different	Suite 600			
than proviously	Washington		DC	20006
2. FEC IDENTIFICATION NUMBER	BER ▼ CITY	∕ ▲	STATE ▲	ZIP CODE ▲
C C00040584	3. IS	THIS NEW (N) OF		ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M		Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) x Jun 20 (M6	Sep 20	0 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 2	20 (M4) Jul 20 (M7	Oct 20	Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (1	2G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12	2S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on	Y W Y W Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30	R) Special (30S)
Termination Report (TER)	Election	on/ _D = D	Y Y Y Y Y	in the State of
5. Covering Period 05	01 2017	through 05	M / D D / 31	2017
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of r Green, Brian, , ,	my knowledge and belief it is	true, correct and	complete.
Signature of Treasurer	rian, , ,	[Electronically Filed]	Date 06	13 Y Y Y Y Y Y Y Y 2017
NOTE: Submission of false, erroneous	s, or incomplete information	may subject the person signing	this Report to the	penalties of 52 U.S.C. § 3010
Office Use				FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 05 01 2017 To: 05 31 2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		4354.41
	(b) Cash on Hand at Beginning of Reporting Period	19909.33	
	(c) Total Receipts (from Line 19)	7502.18	39490.97
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27411.51	43845.38
7.	Total Disbursements (from Line 31)	6048.37	22482.24
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21363.14	21363.14
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)

01 2017 05 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2300.02 16012.61 (i) Itemized (use Schedule A)..... 202.16 12813.16 (ii) Unitemized (iii) TOTAL (add 28825.77 2502.18 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 5000.00 10000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 38825.77 7502.18 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 665.20 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 7502.18 39490.97 20. Total Federal Receipts 7502.18 39490.97 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	48.37	282.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	48.37	282.24
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
B. Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	22200.00
. 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	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	1 1 4 1 1 4 1 1 4 1	45 1 45 1 45
	0.00	0.00
(b) Political Party 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(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	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))	S049 27	22482.24
Total Federal Disbursements	6048.37	22402.24
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0040.07	
1011 Lillo 01)	6048.37	22482.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 7502.18 38825.77 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 7502.18 38825.77 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 48.37 282.24 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 665.20 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 48.37 - 382.96 (subtract Line 37 from Line 36)

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

F	OR	LINE	NU	MBER	:	PAGE	6	OF	14
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 15 2017 City Zip Code State Transaction ID: SA11AI.9024 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 937.53 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2017 City State Zip Code Transaction ID: SA11AI.9036 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Payroll Deduction Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1041.70 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2017 City State Zip Code Transaction ID: SA11AI.9039 VAArlington 22201 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 229.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hossenlopp, Stephen, , , Date of Receipt Mailing Address 8806 Stonebriar Dr. 2017 City Zip Code State Transaction ID: SA11AI.9035 Clarence Center NY 14032 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President, Finance & Admin. The Mentholatum Company Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2017 City State Zip Code Transaction ID: SA11AI.9040 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Payroll Deduction Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 208.30 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 15 2017 City State Zip Code Transaction ID: SA11AI.9031 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) 729.17 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 31 2017 City Zip Code State Transaction ID: SA11AI.9043 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.40 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Mori, Hiroshi, , Date of Receipt Mailing Address 5260 Rogers Rd 2017 City State Zip Code Transaction ID: SA11AI.9047 NY Hamburg 14075 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Mentholatum Company Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 15 2017 City Zip Code State Transaction ID: SA11AI.9033 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 733.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

9 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 2017 City Zip Code State Transaction ID: SA11AI.9045 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 15 2017 City State Zip Code Transaction ID: SA11AI.9034 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Payroll Deduction Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.03 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2017 City Zip Code State Transaction ID: SA11AI.9046 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 108.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Yoshida, Akiyoshi, , , Date of Receipt Mailing Address 198 Lord Byron Ln. 2017 03 City Zip Code State Transaction ID: SA11AI.9050 Williamsville NY 14221 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Mentholatum Co., Inc. President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

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SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a
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NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC)
Full Name of Individual (Last, First, Middle In PFIZER INC. PAC Mailing Address 235 EAST 42ND STREET City NEW YORK FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code 10017 C C00016683 Occupation (for Individual) Aggregate Year-to-Date 5000.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Ir Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
Full Name of Individual (Last, First, Middle Ir Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)	······	5000.00
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			Summary Page		21b		22 28b	-	23 28c		26	30b	
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\setminus	NAME OF COMMITTEE (In Full)												
$ \rangle$	Consumer Healthcare Products As	sociation	n PAC (CH	PA/P	AC)								
_	Full Name (Last, First, Middle Initial)												
Α.	Wells Fargo Bank					I _	ate o ^M ■ M	_	sburse			YYY	Y
	Mailing Address 1510 K Street NW					L	05	_	1	1	Ь	2017	
	,	State	Zip Code			FI	EC Id	lenti	fication	n Nur	nber		
	Washington Purpose of Diphyrocoment	DC	20005				_	-		_		-	
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				Typ			noun	ı UI	Lacii	ומפום	11361116	ant tills	i enou
	Office Sought: House Disburser	ment For:							ge			48.	37
	Senate	Primary	General										
	State: District:	Other (spec	city) 🔻				Мє	emo	Item				
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	City	State	Zip Code			FI	EC Id	lenti	fication	n Nur	nber		
	Purpose of Disbursement					-		-	-	-		-	
	r dipose of Disbursement						<i></i>						
	Candidate Name			Categ	nory/	Δ.	moun	t of	Fach	Dishı	urseme	ent this	Period
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	Office Sought: House Disbursen					7 L			,				
	Senate	Primary	General				_						
	President State: District:	Other (spec	сту)				Me	emo	Item				
_	Full Name (Last, First, Middle Initial)					+							
C.						D	ate o	f Dis	sburse	ment			
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	Mailing Address					L	_		_				
	City	State	Zip Code			FI	EC Id	lenti	fication	n Nur	mber		
	Purpose of Disbursement						_	-	-	_			
	raipode of Disbursement						,						
	Candidate Name			Categ		A	moun	t of	Each	Disbu	urseme	ent this	Period
	Office Sought: House Disburser	ment For:		Тур	pe	- Г							
	Senate Disburser	Primary	General				-	4	7		7		
	President	Other (specify)							14				
	State: District:	` .					IVIE	OIII	Item				
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s	UBTOTAL of Disbursements This Page (optional)				▶	L						48	.37
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T	OTAL This Period (last page this line number only)				▶							40	.01

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Consumer Healthcare Products Ass	•		
Full Name (Last, First, Middle Initial) A. BOB CASEY FOR SENATE INC			Date of Disbursement
Mailing Address 700 13TH STREET NW SUITE 600			05 22 2017
,	State Zip Code DC 20005		FEC Identification Number
Candidate Name		Category/	C C00431056 Transaction ID : SB23.9022 Amount of Each Disbursement this Period
x Senate x	nent For: 2018 Primary General Other (specify)	Туре	1000.00 Memo Item
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO Mailing Address PO BOX 52008			Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement
CASPER	State Zip Code WY 82605		FEC Identification Number
Purpose of Disbursement Candidate Name		Category/ Type	C C00436386 Transaction ID: SB23.9019 Amount of Each Disbursement this Period
x Senate x	nent For: 2018 Primary General Other (specify)		2000.00 Memo Item
Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE I	INC		Date of Disbursement
Mailing Address 175 SOUTH WEST TEMPLE SUITE	E 650		05 22 7 2017
,	State Zip Code UT 84101		FEC Identification Number C C00104752 Transaction ID : SB23.9020
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
x Senate	nent For: 2018 Primary General Other (specify)		2000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00
TOTAL This Period (last page this line number only).			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution from such committee to solicit contributions from such commit NAME OF COMMITTEE (in Purpose of Soliciting Contributions) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution from such commit NAME OF COMMITTEE (in Purpose of Solicit contributions from such commit NAME OF COMMITTEE (in Purpose of Solicit contributions from such commit NAME OF COMMITTEE (in Purpose of Solicit contributions from such commit NAME OF COMMITTEE (in Purpose of Solicit contributions from such commit NAME OF COMMITTEE (in Purpose of Solicit contributions from such commit NAME OF COMMITTEE (in Purpose of Disbursement Top State	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		te schedule(s)	FOR LINE N	one)	PAGE 14 OF 14
NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) A Jeff Flake For U.S. Senate Mailing Address PO Box 12512 City Prisedent State: District: Full Name (Last, First, Middle Initial) A Jeff Senate President Candidate Name City Office Sought: House Purpose of Disbursement Candidate Name City Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this District: Full Name (Last, First, Middle Initial) Category/ Type FEC Identification Number Category/ Type Amount of Each Disbursement this Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this FEC Identification Number Category/ Type Amount of Each Disbursement this FEC Identification Number Category/ Type Amount of Each Disbursement this FEC Identification Number Category/ Type Amount of Each Disbursement this FEC Identification Number Category/ Type Memo Item						
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