



**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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21256.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7089.98"/>	<input type="text" value="24314.54"/>
(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="28346.85"/>	<input type="text" value="46644.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9550.90"/>	<input type="text" value="27848.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18795.95"/>	<input type="text" value="18795.95"/>
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)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6999.98	16083.28
(ii) Unitemized .....	90.00	2572.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7089.98	18656.09
(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) .....	7089.98	23656.09
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))..... ▶	7089.98	24314.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7089.98	24314.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	50.90	348.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	50.90	348.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	27500.00
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)) ..	9550.90	27848.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9550.90	27848.50

**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) .....	7089.98	23656.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7089.98	23656.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	50.90	348.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	658.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ▶	50.90	-309.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mr. J.P. Borneman**  
Full Name (Last, First, Middle Initial)

Mailing Address 722 Harriton Road

City State Zip Code  
Bryn Mawr PA 19010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hylands Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
07 / 27 / 2016  
Transaction ID : SA11AI.8589

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Scott Emerson**  
Full Name (Last, First, Middle Initial)

Mailing Address 407 East Lancaster Ave.

City State Zip Code  
Wayne PA 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Emerson Group President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
07 / 19 / 2016  
Transaction ID : SA11AI.8588

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. 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 ▼  
1354.21

Date of Receipt  
07 / 15 / 2016  
Transaction ID : SA11AI.8563

Amount of Each Receipt this Period  
104.17

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6104.17

**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 14
<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. John Gay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3180 N. Quincy St.  
City Arlington State VA Zip Code 22207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Vice President, Government Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1458.38

Date of Receipt 07 / 31 / 2016  
**Transaction ID : SA11AI.8564**  
Amount of Each Receipt this Period 104.17  
 Memo Item

**B. Travis Gibbons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 340 Cloudes Mill Ct.  
City Alexandria State VA Zip Code 22304  
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 270.79

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.8565**  
Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Travis Gibbons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 340 Cloudes Mill Ct.  
City Alexandria State VA Zip Code 22304  
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 291.62

Date of Receipt 07 / 31 / 2016  
**Transaction ID : SA11AI.8566**  
Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **145.83**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Brian Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 19110 Mateny Hill Road

City Germantown State MD Zip Code 20874

FEC ID number of contributing federal political committee. **C**

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.79

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.8567**

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

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 ▼ 291.62

Date of Receipt 07 / 31 / 2016  
**Transaction ID : SA11AI.8568**

Amount of Each Receipt this Period 20.83

Memo Item

**C. 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 ▼ 270.79

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.8569**

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 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 ▼ 291.62

Date of Receipt 07 / 31 / 2016  
**Transaction ID : SA11AI.8570**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. 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 ▼ 270.79

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.8571**  
 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 ▼ 291.62

Date of Receipt 07 / 31 / 2016  
**Transaction ID : SA11AI.8572**  
 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 10 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. 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 ▼ **2708.29**

Date of Receipt: **07 / 15 / 2016**

**Transaction ID : SA11AI.8575**

Amount of Each Receipt this Period: **208.33**

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 ▼ **2916.62**

Date of Receipt: **07 / 31 / 2016**

**Transaction ID : SA11AI.8576**

Amount of Each Receipt this Period: **208.33**

Memo Item

**C. 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 ▼ **812.50**

Date of Receipt: **07 / 15 / 2016**

**Transaction ID : SA11AI.8579**

Amount of Each Receipt this Period: **62.50**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>479.16</b>
<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 11 OF 14
<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 **875.00**

Date of Receipt **07 / 31 / 2016**  
**Transaction ID : SA11AI.8580**  
Amount of Each Receipt this Period **62.50**  
 Memo Item

**B. 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 **291.69**

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.8586**  
Amount of Each Receipt this Period **41.67**  
 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 **333.36**

Date of Receipt **07 / 31 / 2016**  
**Transaction ID : SA11AI.8587**  
Amount of Each Receipt this Period **41.67**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>145.84</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>6999.98</b>

**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.8597**

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. Cathy McMorris Rodgers for Congress**

Mailing Address P.O. Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

Candidate Name

**CATHY MCMORRIS RODGERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

**Transaction ID : SB23.8595**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LaHood for Congress**

Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement

Candidate Name

**Darin Mckay Lahood**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2016

**Transaction ID : SB23.8594**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LISA MURKOWSKI FOR US SENATE**

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement

Candidate Name

**LISA MURKOWSKI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

**Transaction ID : SB23.8596**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

3500.00

**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. MODERATE DEMOCRATS PAC**

Mailing Address 303 MASSACHUSETTS AVENUE, NE

City WASHINGTON State DC Zip Code 20002

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  
07 / 05 / 2016

Transaction ID : SB23.8593

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement

Candidate Name

**RYAN A COSTELLO**

Office Sought:  House  Senate  President  
State: PA District: 06

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2016

Transaction ID : SB23.8592

Amount of Each Disbursement this Period

1000.00

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)..... ▶

6000.00

9500.00