PAGE 1 / 14

Image# 201608199022571847

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	For Other Than A	An Authorized	I Committee	0	ffice Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, type r the lines.	12FE4M5	
Consumer Healthcare	Products Associ	ciation PAC	(CHPA/PAC)		
ADDRESS (number and street)	1625 Eye Street NV	N			
Check if different than previously reported. (ACC)	Suite 600 Washington			DC	20006
2. FEC IDENTIFICATION NU	JMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	X NEW O	R AMEN	IDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	May 20 (N Jun 20 (M Jul 20 (M7	6) Sep 20	(M9) Dec 20 (M12) (Non-Election Year Only) (M9) Jan 31 (YE)
July 15 Quarterly Report (C October 15 Quarterly Report (C January 31 Year-End Report (Y	PRE-Elec Report fo		Primary (12P) Convention (12C)	General (129	
July 31 Mid-Year Report (Non-electio Year Only) (MY) Termination Report (TER)	n (d) 30-Day POST-Ele Report fo		General (30G)	Runoff (30R) Special (30S) in the State of
5. Covering Period 07		2016	through 07	M / D D / 31	2016
certify that I have examined th		best of my know	wledge and belief it is	true, correct and co	omplete.
Type or Print Name of Treasure	r Brian Green				
Signature of Treasurer Brian	n Green		[Electronically Filed]	Date 08	19 / 2016
NOTE: Submission of false, errone	eous, or incomplete in	formation may su	bject the person signin	g this Report to the p	penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 07 01 2016 To: 07 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		22329.91
	(b) Cash on Hand at Beginning of Reporting Period	21256.87	
	(c) Total Receipts (from Line 19)	7089.98	24314.54
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28346.85	46644.45
7.	Total Disbursements (from Line 31)	9550.90	27848.50
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18795.95	18795.95
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC
--

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	6999.98	16083.28
	00.00	0570.04
	90.00	2572.81
	7080 08	18656.09
Lines II(a)(i) and (ii)	7009.98	7 7
(b) Political Party Committees	0.00	0.00
` '	0.00	5000.00
Totals to Line 33, page 5)▶	7089.98	23656.09
Party Committees	0.00	0.00
-		
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	658.45
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
, , ,	0.00	0.00
` '		
(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
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period			
	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
((b) Other Federal Operating				
	Expenditures(c) Total 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	0.00	0.00		
	Committees Contributions to	0.00	0.00		
 	Federal Candidates/Committees and Other Political Committees	9500.00	27500.00		
	Independent Expenditures	0.00	0.00		
25. ((use Schedule E)	0.00	0.00		
	(2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00		
6. I	Loan Repayments Made	0.00	0.00		
	ì	200			
8.	Loans Made Refunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Balitical Borty Committees	0.00	0.00		
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
	(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		
	,	7			
	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	200	200		
	With Federal Funds	0.00	0.00		
,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
1 .	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9550.90	27848.50		
		7			
	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7089.98	23656.09
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7089.98	23656.09
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	50.90	348.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	658.45
8. Net Operating Expenditures (subtract Line 37 from Line 36)	50.90	-309.95

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14

14 13 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 (Last, First, Middle Initial) Mr. J.P. Borneman Date of Receipt Mailing Address 722 Harriton Road 2016 27 City State Zip Code Transaction ID: SA11AI.8589 PΑ Bryn Mawr 19010 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation Chairman & CEO Hylands Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Emerson Date of Receipt Mailing Address 407 East Lancaster Ave. 07 19 2016 City State Zip Code Transaction ID: SA11AI.8588 PA Wayne 19087 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer Occupation The Emerson Group President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name (Last, First, Middle Initial) c. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 07 15 2016 City State Zip Code Transaction ID: SA11AI.8563 Arlington VA 22207 Amount of Each Receipt this Period FEC ID number of contributing С 104.17 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1354.21 Other (specify) 6104.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 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 (Last, First, Middle Initial) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2016 31 City State Zip Code Transaction ID: SA11AI.8564 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 Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1458.38 Other (specify) Full Name (Last, First, Middle Initial) B. Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 07 15 2016 City State Zip Code Transaction ID: SA11AI.8565 VA Alexandria 22304 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270,79 Full Name (Last, First, Middle Initial) c. Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 07 31 2016 City Zip Code State Transaction ID: SA11AI.8566 Alexandria VA 22304 Amount of Each Receipt this Period FEC ID number of contributing С 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 291.62 Other (specify) 145.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Other (specify)

C.

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

					PAGE	8	OF	14
(che	ck only	or	ne)					
X	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) Full Name (Last, First, Middle Initial) Brian Green Date of Receipt Mailing Address 19110 Mateny Hill Road 2016 City State Zip Code Transaction ID: SA11AI.8567 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Vice President, Finance & Ops. (CFO) Consumer Healthcare Prod. Assn. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.79 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Green Date of Receipt Mailing Address 19110 Mateny Hill Road 07 31 2016 City Zip Code State Transaction ID: SA11AI.8568 Germantown MD 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General

Culor (opcony) \	, 10 402	
Full Name (Last, First, Middle Initial) Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Street		07 15 2016
City	State Zip Code	Transaction ID : SA11AI.8569
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	Memo Item
Consumer Healthcare Products	Director, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.79	

291.62

TOTAL T	his Period	(last page	this line	number	only)	•	 -	7		

SUBTOTAL of Receipts This Page (optional).....

62.49

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 9 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street City Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22201 C Occupation Director, State Affairs Aggregate Year-to-Date ▼ 291.62	Date of Receipt O7 31 2016 Transaction ID : SA11AI.8570 Amount of Each Receipt this Period 20.83 Memo Item
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affairs 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
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affairs Aggregate Year-to-Date ▼ 291.62	Date of Receipt 07 31 2016 Transaction ID: SA11Al.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) 17

FOR LINE NUMBER: PAGE 10 OF 14

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CHPA/PA)	C)
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation President and CEO Aggregate Year-to-Date ▼ 2708.29	Date of Receipt O7 15 2016 Transaction ID: SA11AI.8575 Amount of Each Receipt this Period 208.33 Memo Item
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation President and CEO Aggregate Year-to-Date ▼ 2916,62	Date of Receipt 07 31 2016 Transaction ID : SA11Al.8576 Amount of Each Receipt this Period 208.33 Memo Item
Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd. City Falls Church FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22042 C Occupation Government Affairs Aggregate Year-to-Date ▼ 812.50	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		479.16

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CHPA/PAC)
Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd. City Falls Church FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22042 C Occupation Government Affairs Aggregate Year-to-Date ▼ 875.00	Date of Receipt O7 31 2016 Transaction ID: SA11AI.8580 Amount of Each Receipt this Period 62.50 Memo Item
Full Name (Last, First, Middle Initial) Mike Tringale Mailing Address 2115 12th Place NW City Washington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify)	State Zip Code DC 20009 C Occupation Sr. Dir., Comms. & Pub. Aff. Aggregate Year-to-Date ▼ 291.69	Date of Receipt O7 15 2016 Transaction ID : SA11AI.8586 Amount of Each Receipt this Period 41.67 Memo Item
Full Name (Last, First, Middle Initial) Mike Tringale Mailing Address 2115 12th Place NW City Washington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Prod. Assn Receipt For: Primary General Other (specify)	State Zip Code DC 20009 C Occupation Sr. Dir., Comms. & Pub. Aff. 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
SUBTOTAL of Receipts This Page (optional)		145.84
TOTAL This Period (last page this line number	only)	6999.98

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 12 OF 14	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		ne)	
	Detailed Summary Page	X 21b	22 23	24 25 26	
		27	28a 28b	28c 29 30	
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam	nents may not be sold or use	d by any perso	on for the purpose of	soliciting contributions	
	le and address of any pointer	di committee to	SOIICIT COTHIDUTIONS 1	Tom Such Committee.	
NAME OF COMMITTEE (In Full)	occiption DAC (CUI	2Λ/DΛC\			
Consumer Healthcare Products As	Sociation PAC (Chr	PA/PAC)			
Full Name (Last, First, Middle Initial)			5		
^{A.} Wells Fargo Bank			Date of Disbursem	_	
Mailing Address 1510 K Street NW			07 11 _2016 _		
City S Washington	State Zip Code DC 20005		Transaction ID :	SB21B.8597	
Purpose of Disbursement	20005				
r dipose of Bisbarcement		001	Amount of Each D	isbursement this Period	
Candidate Name		Category/		50.00	
		Type		50.90	
Office Sought: House Disbursen			Memo Item		
	Primary General		_		
	Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
3.			Date of Disbursem	nent	
			M M / D D		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each D	isbursement this Period	
Candidate Name		Category/			
	_	Type			
Office Sought: House Disbursen			Memo Item		
	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. (1)			Date of Disbursem	nent	
			M M / D D	/ Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement	1.				
p			Amount of Each D	isbursement this Period	
Candidate Name		Category/	Amount of Lacif D	TO THE TIME TO THE TIME	
		Type			
Office Sought: House Disbursen			Memo Item		
	Primary General				
	Other (specify) ▼				
State: District:					
CURTOTAL of Disharana at The Barrier Barrier				50.90	
SUBTOTAL of Disbursements This Page (optional)		·····•		30.30	
TOTAL This Period (last nage this line number only)				50.90	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30l
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	sociation PAC (CH	IPA/PAC)	
Full Name (Last, First, Middle Initial)			5
A. Cathy McMorris Rodgers for Congress			Date of Disbursement
Mailing Address P.O. Box 137			07 14 2016
•	State Zip Code		Transaction ID : SB23.8595
Spokane Purpose of Disbursement	WA 99210		
·			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
CATHY MCMORRIS RODGERS		Туре	
Senate President	nent For: 2016 Primary		Memo Item
State: WA District: 05			
Full Name (Last, First, Middle Initial)			
3. LaHood for Congress			Date of Disbursement
Mailing Address P.O. Box 10735			07 13 2016
Peoria	state Zip Code IL 61612		Transaction ID : SB23.8594
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Darin Mckay Lahood		Type	1000.00
Senate	nent For: 2016 Primary		Memo Item
Full Name (Last, First, Middle Initial) C. LISA MURKOWSKI FOR US SENA			Date of Disbursement
Mailing Address PO BOX 100847			07 14 2016
•	State Zip Code AK 99510		Transaction ID : SB23.8596
Purpose of Disbursement	99510		
Turpose of Biobardomone			Amount of Fook Dishuranment this Davied
Candidate Name LISA MURKOWSKI		Category/	Amount of Each Disbursement this Period 1500.00
		Туре	1000.00
Senate President	nent For: 2016 Primary General Other (specify)		Memo Item
State: AK District: 00			
SUBTOTAL of Disbursements This Page (optional)		·····	3500.00
TOTAL This Period (last page this line number only).		>	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 14 (check only one)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Consumer Healthcare Products Ass	sociation PAC (CH	PA/PAC)		
Full Name (Last, First, Middle Initial)				
A. MODERATE DEMOCRATS PAC			Date of Disbursement	
Mailing Address 303 MASSACHUSETTS AVENUE,			07 05 2016	
•	tate Zip Code DC 20002		Transaction ID : SB23.8593	
Candidate Name			Amount of Each Disbursement this Period	
		Category/ Type	5000.00	
President	ent For: Primary General Other (specify) ▼		Memo Item	
State: District: Full Name (Last, First, Middle Initial) B. RYAN COSTELLO FOR CONGRES Mailing Address PO BOX 3154	SS		Date of Disbursement O7 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
,	tate Zip Code PA 19381		Transaction ID : SB23.8592	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name RYAN A COSTELLO		Category/ Type	1000.00	
Senate F	ent For: 2016 Primary		Memo Item	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
City	tate Zip Code			
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period	
	ent For: Primary General Other (specify) ▼	Туре	Memo Item	
SUBTOTAL of Disbursements This Page (optional)			6000.00	