Image# 202101149404562854						PA	GE 1 / 18
	PORT O ND DISBU Other Than An A	JRSE		s		Office Use Only	_
1. NAME OF TYP COMMITTEE (in full)	e or print ▼		mple: If typir r the lines.	ng, type	12FE4M		
	oducts Associat			PAC)			
ADDRESS (number and street)	625 Eye Street NW						
Check if different	uite 600					20006	
2. FEC IDENTIFICATION NUMB	ER V			S		ZIP CC	
C C00040584	3	8. IS THIS REPORT		NEW N) OR	AM (A)	IENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE -Election Report for th		Primary (12P Convention (?)	General ((12G)	Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	E	ection on	M M /		Y Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election		General (300	ā)	Runoff (3	30R)	Special (30S)
Termination Report (TER)	Report for th	e. ection on	M M /	D D /	Y Y Y Y Y	in the State o	of
5. Covering Period	24 / Y Y 20	20	through	12	/ D D / 31	2020	
I certify that I have examined this Re G Type or Print Name of Treasurer	eport and to the bes Green, Brian, , ,	st of my kno	wledge and b	pelief it is true	e, correct and	d complete.	
Signature of Treasurer	an, , ,		[Electronically	y Filed] Da	ate 01	/ D D / 14	2021
NOTE: Submission of false, erroneous	, or incomplete inform	nation may su	bject the pers	son signing th	is Report to th	ne penalties of 52	U.S.C. § 3010
Office Use Only						FEC FOR Rev. 05/2	

01/14/2021 14 : 24

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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 24 / 2020 To	12 / D D / Y Y Y Y 12 31 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		26224.86
	(b) Cash on Hand at Beginning of Reporting Period	23806.19	
	(c) Total Receipts (from Line 19)	1863.78	20699.25
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	25669.97	46924.11
7.	Total Disbursements (from Line 31)	54.41	21308.55
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25615.56	25615.56
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)

R	eport Covering the Period: From:	/ 24 / Y Y Y Y 2020 To:	12 / D D / Y Y Y Y 12 31 2020
	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	4000.70	
	(i) Itemized (use Schedule A)	1833.78	16043.04
	(ii) Unitemized	30.00	2869.44
	(iii) TOTAL (add Lines 11(a)(i) and (ii)►	1863.78	18912.48
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		10010 10
	Totals to Line 33, page 5)	1863.78	18912.48
12.	Transfers From Affiliated/Other	0.00	0.00
	Party Committees		
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures	-77	
	(Refunds, Rebates, etc.)	0.00	1700 77
10	(Carry Totals to Line 37, page 5)	0.00	1786.77
10.	Refunds of Contributions Made to Federal Candidates and Other		
	Political Committees	0.00	0.00
17.	Other Federal Receipts	4	
	(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))▶	1863.78	20699.25
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1863.78	20699.25

I

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
	erating Expenditures: 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	54.41	1808.55
(c)	Total Operating Expenditures		
Tra	(add 21(a)(i), (a)(ii), and (b))►	54.41	1808.55
Cor	nmittees	0.00	0.00
Fed and	deral Candidates/Committees I Other Political Committees	0.00	19500.00
	ependent Expenditures e Schedule E)	0.00	0.00
Coc (52	ordinated Party Expenditures U.S.C. § 30116(d))		
(use	e Schedule F)	0.00	0.00
Loa	an Repayments Made	0.00	0.00
	ins Made	0.00	0.00
	unds of Contributions To: Individuals/Persons Other Than Political Committees	0.00	0.00
(b) (c)	Political Party Committees 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
	· · · · · · · · · · · · · · · · · · ·		
	er Disbursements (Including n-Federal Donations)	0.00	0.00
гео (a)	deral Election Activity (52 U.S.C. § 30101(Allocated Federal Election Activity	20))	
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
(1-)	(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
	al Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	54.41	21308.55
	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii) n Line 31)	54.41	21200 55
			21308.55

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	1863.78	18912.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1863.78	18912.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	54.41	1808.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1786.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54.41	21.78

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE 6 OF

			Use separate schedule(s) (((check only one)								
		for each category of the Detailed Summary Page				X 11a		11b	11c		12				
				13		14	15		16		7				
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full)											-			
$\left \right\rangle$	Consumer Healthcare Products A	Associat	tion	PAC (CHPA/PAC)											
Α.	Full Name of Individual (Last, First, Middle Initia Bloomberg, Lauren, , ,	l) or Full C	Drgan	ization Name		Date c	of Rec	ceipt							
	Mailing Address 405 Constitution Ave, NE					11 30 2020									
	City	State		Zip Code	Transaction ID : SA11AI.10693										
	Washington	DC		20002	_	Amour	nt of E	Each F	Receipt 1	his P	eriod				
	FEC ID number of contributing federal political committee.	С						y	-	_	10.0	0			
	Name of Employer (for Individual)	Occ	upati	on (for Individual)		N	lemo	Item							
	Consumer Healthcare Products	Cor	nmur	nications											
	Receipt For:	Aggregate	Year	r-to-Date ▼											
	Other (specify)			220.00											
_	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Drgan	ization Name		_									
В.	Bloomberg, Lauren, , ,				_	Date c	of Rec	ceipt							
	Mailing Address 405 Constitution Ave, NE		12 15 2020												
	City	State		Zip Code		Trans	sactio	on ID :	SA11A	1.1069	98				
	Washington	DC		20002		Amour	nt of E	Each F	Receipt 1	his P	Period				
	FEC ID number of contributing federal political committee.	C			10.00										
	Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Communications			Memo Item										
	Receipt For:	Aggregate	Year	r-to-Date ▼											
	Primary General			220.00											
	Other (specify)		,	230.00											
С.	Full Name of Individual (Last, First, Middle Initia Bloomberg, Lauren, , ,	l) or Full C	Drgan	ization Name		Date c	of Rec	ceipt							
	Mailing Address 405 Constitution Ave, NE					12 ^M	/	31		20)20	Y			
	City	State		Zip Code		Tran	sactio	on ID :	SA11A	1.107	00				
	Washington	DC		20002	_	Amour	nt of E	Each F	Receipt 1	his P	Period				
	FEC ID number of contributing federal political committee.					,	9	_	10.0	0]				
Name of Employer (for Individual) Consumer Healthcare Products			•	on (for Individual) ications		N	/lemo	ltem							
				r-to-Date ▼											
	Primary General Other (specify)	· · ·		240.00											
			7												
s	UBTOTAL of Receipts This Page (optional)			•••••				9	. ,	-	30.0	0]		
т	OTAL This Period (last page this line number or	nly)		••••••		L.		,							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE 7 OF

_	EMIZED RECEIPTS		for ea Detai	separate schedule(s) ach category of the led Summary Page		eck only 11a 13	11b	11c	12 16	17	
	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Consumer Healthcare Products	name and a	ddress o	of any political committee	e to so						
	Consumer meanneare Flouders	ASSOCIAL		AC (CHEA/EAC)							
Α.	Full Name of Individual (Last, First, Middle Initi Brikman, Anita, , ,	al) or Full O	organizati	on Name		Date of	Receipt				
	Mailing Address 8300 Comanche Court					M M	/ D 3		2020	Y	
	City Bethesda	State MD		Code 0817				: SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С							20.	_	
	Name of Employer (for Individual) Consumer Healthcare Products		upation (nmunicat	for Individual) ions		Me	emo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 458.48							
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganizati	on Name			Dessist				
в.	Brikman, Anita, , , Mailing Address 8300 Comanche Court					Date of	Receipt	р / Ү 5	2020	Y	
	City	State	· · ·	Code				: SA11AI.			
	Bethesda	MD	20	817	_	Amount	of Each	Receipt th	nis Period		
	FEC ID number of contributing federal political committee.	С				20.84					
	Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Communications				Memo Item					
	Receipt For:	Aggregate	Year-to-	Date ▼ 479.32							
с.	Full Name of Individual (Last, First, Middle Initi Brikman, Anita, , ,	al) or Full O	organizati	on Name		Date of	Receipt				
	Mailing Address 8300 Comanche Court		1			^M 12	l Lui	1	2020	Y	
	City Bethesda	State MD		Code 817				Receipt th			
	FEC ID number of contributing federal political committee.						. ,	20.	_		
	Name of Employer (for Individual) Consumer Healthcare Products		upation (nmunicat	for Individual) ions		M	emo Item				
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.16										
\vdash	UBTOTAL of Receipts This Page (optional)				-		, , , , , , , , , , , , , , , , , , ,	, j	62.	52	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 8 OF

			Detailed Summary Page		×	11a 13	_	11b 14		11c		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the			y person for the purpose of soliciting contribu							tributi	ions		
	NAME OF COMMITTEE (In Full)		and the second						.0 11	000				
	Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)										
Α.	Full Name of Individual (Last, First, Middle Init Green, Brian, , ,	ial) or Full C	Organization Name			Date of	Re	eceip	t					
	Mailing Address 19110 Mateny Hill Road				11 30 2020									
	City Germantown	State MD	Zip Code 20874	\vdash						SA11AI.				
	FEC ID number of contributing federal political committee.	С						-				20.8	34	
	Name of Employer (for Individual) Consumer Healthcare Prod. Assn		upation (for Individual) e President, Finance & Ops. (CF	O)		M	emo	b Iter	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 437.64											
В.	Full Name of Individual (Last, First, Middle Init Green, Brian, , , Mailing Address 19110 Mateny Hill Road	ial) or Full C	Organization Name			Date of	Re	· ·		1	v	V	v	
						^M 12	<i>'</i>		15	/ 1	202	20	T	
	City Germantown	State MD	Zip Code 20874	╞						A11AI.				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Peri					20.8	34			
	Name of Employer (for Individual) Consumer Healthcare Prod. Assn		cupation (for Individual) e President, Finance & Ops. (CF	O)		M	emo	b Iter	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.48]									
с.	Full Name of Individual (Last, First, Middle Initi Green, Brian, , ,	ial) or Full C	Organization Name			Date of	Re	eceip	t					
	Mailing Address 19110 Mateny Hill Road					^M 12	1	D	31	/ Y	y 202	20	Y	
	City Germantown	State MD	Zip Code 20874							SA11AI				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 20.6 Memo Item					8				
	Name of Employer (for Individual) Consumer Healthcare Prod. Assn		upation (for Individual) President, Finance & Ops. (CF	C)										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 479.16											
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tior	n PAC (CHPA/PAC)									
Α.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , ,	al) or Full C	Jrga	nization Name		Date o	of Re	eceipt						
	Mailing Address 926 North Barton Street				11 / 30 / 2020 Transaction ID : SA11AI.10733									
	City Arlington	State VA		Zip Code 22201	\vdash				: SA11 Receipt					
	FEC ID number of contributing federal political committee.	С	-					-gr. 1			20	84		
	Name of Employer (for Individual) Consumer Healthcare Products	tion (for Individual) r, State Affairs		N	lemo	o Item								
	Receipt For: Primary General Other (specify) ▼	ar-to-Date ▼ 458.48	1											
в.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , ,	al) or Full C	Drga	nization Name		Date of	of Re	eceipt						
	Mailing Address 926 North Barton Street	1		12	/	D 1	D / 5	Y 2	2020	Ŷ				
	City Arlington	State VA		Zip Code 22201		Transaction ID : SA11AI.10734 Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.						20.84							
	Name of Employer (for Individual) Consumer Healthcare Products		•	ition (for Individual) r, State Affairs		Memo Item								
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 479.32													
с.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , ,	al) or Full C	Drga	nization Name		Date of	of Re	eceipt						
	Mailing Address 926 North Barton Street					12	/	D 3	D / 1	Ŷ	2020	Y		
	City Arlington	State VA		Zip Code 22201	+				: SA11 Receipt			 		
	FEC ID number of contributing federal political committee.	С	_					y .	. ,	_	20	_		
	Name of Employer (for Individual) Consumer Healthcare Products Receipt For:	Dire	ector	tion (for Individual) r, State Affairs)			o Item						
	Primary General Other (specify)	Aggregate	gregate Year-to-Date ▼ 500.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 10 OF

		Detailed Summary Page	×	-		11b	11c	\mid	12	_					
	r information copied from such Reports and Sta														
or f	or commercial purposes, other than using the n														
\	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	Associat	ion PAC (CHPA/PAC)		_									
	Full Name of Individual (Last, First, Middle Initia Holgate, Taylor, , ,	l) or Full O	rganization Name		Date of	Re	eceipt	_		-					
_	Mailing Address 676 4th st NE #104				11 30 / Y Y Y Y Y 11 30										
	City Washington	State DC	Zip Code 20002		Transaction ID : SA11AI.10705 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.							20.8	34						
(Name of Employer (for Individual) Consumer Healthcare Products A		upation (for Individual) nager, Federal Government Affair	s	M	emc	tem								
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 458.48															
B. _	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holgate, Taylor, , ,														
_	Mailing Address 676 4th st NE #104		12 ^M	1	D D D 15	/ Y	ү 20	20	Y						
	City Washington					SA11AI.1 eceipt th									
	FEC ID number of contributing rederal political committee.		20.84												
(Name of Employer (for Individual) Consumer Healthcare Products A		upation (for Individual) nager, Federal Government Affair	s Memo Item											
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.32]											
С.	Full Name of Individual (Last, First, Middle Initia Holgate, Taylor, , ,	l) or Full O	rganization Name		Date of	Re	eceipt								
_	Mailing Address 676 4th st NE #104				12	/	31	JL	20	20	Y				
	City Washington	State DC	Zip Code 20002					SA11AI.							
	FEC ID number of contributing rederal political committee.	С					,	,		20.8	34				
	Name of Employer (for Individual) Consumer Healthcare Products A		upation (for Individual) ager, Federal Government Affairs	6	M	emo	tem								
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.16															
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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				r each category of the etailed Summary Page	×	11a 13		11b 14	11c	12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC)												
Α.	Full Name of Individual (Last, First, Middle Initia Kochanowski, Barbara, A., Dr.,	[Date c	of Re	eceipt								
	Mailing Address 951 Hidden Park Place	State		Zip Code	11 30 2020 Transaction ID : SA11AI.10708								
	Herndon		20170					Receipt th		d			
	FEC ID number of contributing federal political committee.					-		41	1.67				
CHPA				on (for Individual) sident, Regulatory Affairs		N	1emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 916.74]								
в.	Full Name of Individual (Last, First, Middle Initia Kochanowski, Barbara, A., Dr.,	l) or Full C	Organi	zation Name	[Date c	of Re	eceipt					
	Mailing Address 951 Hidden Park Place		12 / 15 / Y Y Y Y 12 15 2020										
	City Herndon	State VA		Zip Code 20170		Transaction ID : SA11AI.10709 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						-		41	1.67		
	Name of Employer (for Individual) CHPA		•	on (for Individual) sident, Regulatory Affairs		Memo Item							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 958.41												
с.	Full Name of Individual (Last, First, Middle Initia Kochanowski, Barbara, A., Dr.,	l) or Full C	Drgani	zation Name		Date o	of Re	eceipt					
	Mailing Address 951 Hidden Park Place					^M 12	1 /	D 31	D / Y	2020	Y		
	City Herndon	State VA		Zip Code 20170					: SA11AI Receipt th		d		
	FEC ID number of contributing federal political committee.	С						,	. y	41	1.67		
СНРА				on (for Individual) ident, Regulatory Affairs		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 1000.08									
s	UBTOTAL of Receipts This Page (optional)			•••••				,	,	125	5.01		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13	I	\square	11b 14	11c	12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	Associat	tior	PAC (CHPA/PAC)											
Α.	Full Name of Individual (Last, First, Middle Initia Leonard, Mary, , , Mailing Address 2017 6th Street S.	l) or Full O	Drgar	nization Name		Date	of	Red	· ·		- Y - Y				
	City	State		Zip Code		11 30 2020 Transaction ID : SA11AI.10711									
	Arlington	VA		22204				Receipt th		d					
	FEC ID number of contributing federal political committee.				10.00										
	Name of Employer (for Individual) Consumer Healthcare Prod. Asso Receipt For:	tion (for Individual) Inications ar-to-Date ▼			Me	emo	Item								
	Primary General Other (specify) ▼		7	220.00]										
В.	Full Name of Individual (Last, First, Middle Initia Leonard, Mary, , ,		Date	of	Red	ceipt									
	Mailing Address 2017 6th Street S.				12 / 15 / Y Y Y Y 12 15										
	City	State		Zip Code		Tra	nsa	actio	on ID :	SA11AI.	10712				
	Arlington	VA		22204	-	Amount of Each Receipt this Period									
	FEC ID number of contributing C								7		10	0.00			
	Name of Employer (for Individual) Consumer Healthcare Prod. Asso	Occ Cor		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 230.00											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Leonard, Mary, , ,	l) or Full O	Drgar	nization Name		Date	of	Red	ceipt						
	Mailing Address 2017 6th Street S.					M 12		/	D 31		y y 2020	Ý			
	City Arlington	State VA		Zip Code 22204						: SA11AI Receipt th		d			
	FEC ID number of contributing federal political committee.	С				Ę			y 1	5	10	0.00			
	Name of Employer (for Individual) Consumer Healthcare Prod. Asso		•	tion (for Individual) nications		Memo Item									
	Possint For:		-												
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00													
s	UBTOTAL of Receipts This Page (optional)			▶					, i	, , , , , , , , , , , , , , , , , , ,	30	.00			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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		Detailed Summary Page	×	11a 13	11b	11c	12	17								
	y information copied from such Reports and for commercial purposes, other than using t				for the	purpose o	of soliciting	g contribu	utions							
	NAME OF COMMITTEE (In Full)						nom suci									
	Consumer Healthcare Product	ts Associat	tion PAC (CHPA/PAC	;)												
Α.	Full Name of Individual (Last, First, Middle Lykins, Deana, , ,	Initial) or Full C	Organization Name		Date of	f Receipt										
	Mailing Address 121 Wintermute Rd.			12 31 2020												
	City Newton	State NJ	Zip Code 07860				: SA11AI.									
			07800		Amount	t of Each	Receipt th	is Period	1							
	FEC ID number of contributing federal political committee.			Ľ.	-		50	.00								
	Name of Employer (for Individual) GSK		upation (for Individual) nsumer Healthcare		M	emo Item										
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		250.00]												
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melville, Scott, M., , Date of Receipt															
	Mailing Address 1596 Lupine Den Court				11 / D D / Y Y Y Y 2020											
	City	State	Zip Code		Trans	action ID	: SA11AI.	10714								
	Vienna	VA	22182		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C			208.00											
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) sident and CEO		Memo Item											
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		, 4576.00	1												
<u>с</u> .	Full Name of Individual (Last, First, Middle Melville, Scott, M., ,	Initial) or Full C	Organization Name		Date of	f Receipt										
	Mailing Address 1596 Lupine Den Court				^M 12	/ D		y y 2020	Y							
	City	State VA	Zip Code				: SA11AI.									
	Vienna	VA	22182		Amount	t of Each	Receipt th	is Period	ł							
	FEC ID number of contributing federal political committee.	C			Ľ.			208	.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo Item										
	Consumer Healthcare Products	Pres	sident and CEO													
	Receipt For:	Aggregate	Year-to-Date V													
	Other (specify)															
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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11	EMIZED RECEIPTS	for each category of the Detailed Summary Page	>	11a			11 14	ł		11c 15		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n										licitin		ntribu	tions	
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	Associat	tion PAC (CHPA/PAC)												
Α.	Full Name of Individual (Last, First, Middle Initia Melville, Scott, M., ,	ll) or Full C	Organization Name		Date	of F	Re	cei	ipt						
	Mailing Address 1596 Lupine Den Court		12 31 2								2	020	Y		
	City Vienna	State VA	Zip Code 22182								A11AI. ceipt th				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Consumer Healthcare Products Receipt For:	upation (for Individual) sident and CEO			Men	no	lte	эm							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4992.00]											
в.	Full Name of Individual (Last, First, Middle Initia Schloss, Marc, , ,		Date	of F	Re	cei	ipt								
	Mailing Address 8221 Larry Pl.				[™] 1	M 1	/		30	D)	/ Y)20	Y	
	City Chevy Chase	State MD	Zip Code 20815		Transaction ID : SA11AI.10717 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00											
	Name of Employer (for Individual) Cons. Healthcare Prod. Assn.		cupation (for Individual) Dir., Fed. Affairs		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00													
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Schloss, Marc, , ,	ll) or Full C	Organization Name		Date	of F	Re	cei	ipt						
	Mailing Address 8221 Larry Pl.				[™] 1:		/		15		/ Y)20 [°]	Y	
	City Chevy Chase	State MD	Zip Code 20815	-							A11AI				
	FEC ID number of contributing federal political committee.	С			Ē			9	_		J	-	25.	00	
	Name of Employer (for Individual) Cons. Healthcare Prod. Assn. Receipt For:	Sr. [upation (for Individual) Dir., Fed. Affairs		Memo Item										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 575.00												
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т	OTAL This Period (last page this line number or	ıly)	••••••		L	_		_	_	_	-9-		1		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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		Detailed Summary Page	×	11a 13	-	11b 14	11c	12	17					
Any information copied from such Reports				for the		pose of	soliciting	g contribu	itions					
or for commercial purposes, other than usi														
NAME OF COMMITTEE (In Full) Consumer Healthcare Prod	ucts Associat	tion PAC (CHPA/PAC))											
Full Name of Individual (Last, First, Mide A. Schloss, Marc, , ,	dle Initial) or Full C	Organization Name		Date o	f Re	ceipt								
Mailing Address 8221 Larry Pl.				M m m / D m / Y Y Y Y 12 31 2020 Transaction ID : SA11AI.10719 Amount of Each Receipt this Period 25.00										
City Chose Chose	State	Zip Code												
Chevy Chase	MD	20815	/											
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Name of Employer (for Individual) Cons. Healthcare Prod. Assn.		upation (for Individual) Dir., Fed. Affairs		М	lemo	o Item								
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Other (specify) ▼		600.00]											
Full Name of Individual (Last, First, Mid B. Spangler, David, , ,	dle Initial) or Full C	Organization Name		Date o	f Re	ceipt								
Mailing Address 1449 N Street, NW Apartment 3				11 30 2020										
City	State	Zip Code				ion ID : S								
Washington	DC	20005	/	۹moun	t of	Each R	eceipt th	nis Perioo						
FEC ID number of contributing federal political committee.	C			175.00										
Name of Employer (for Individual) CHPA		upation (for Individual) nior VP., Policy & Int'l Affairs		М	lemo	o Item								
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Other (specify) ▼		, 3850.00]											
Full Name of Individual (Last, First, Mid C. Spangler, David, , ,	dle Initial) or Full C	Prganization Name		Date o	f Re	ceipt								
Mailing Address 1449 N Street, NW Apartment 3				^M 12		D D D 15	JL	y y 2020	Y					
City Washington	State DC	Zip Code 20005				tion ID :								
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Other (specify)		4025.00]											
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TOTAL This Period (last page this line nu	mber only)	••••••	•		-	_								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
Consumer Healthcare Produc	cts Associat	ion PAC (CHPA/PAC)									
Full Name of Individual (Last, First, Middle Spangler, David, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1449 N Street, NW Apartment 3			12 31 Y Y Y Y Y 2020									
City Washington	State DC	Zip Code 20005	Transaction ID : SA11AI.10722 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		175.00									
Name of Employer (for Individual) CHPA		upation (for Individual) ior VP., Policy & Int'l Affairs	Memo Item									
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Full Name of Individual (Last, First, Middle	Initial) or Full O	rachization Name										
B. Tringale, Mike, , ,	initial) of Full O	rganization Name	Date of Receipt									
Mailing Address 2115 12th Place NW			11 30 2020									
City	State	Zip Code	Transaction ID : SA11AI.10726									
Washington	DC	20009	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) Consumer Healthcare Prod. Assn		upation (for Individual) Dir., Comms. & Pub. Aff.	Memo Item									
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Other (specify)		916.74]									
Full Name of Individual (Last, First, Middle C. Tringale, Mike, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2115 12th Place NW			12 / D D / Y Y Y Y 15 2020									
City Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.10727 Amount of Each Receipt this Period									
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Name of Employer (for Individual) Consumer Healthcare Prod. Assn		upation (for Individual) Dir., Comms. & Pub. Aff.	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 958.41]									
SUBTOTAL of Receipts This Page (optional))		258.34									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the n					for the		pose of	soliciting		ntribut	ions	1						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A																		
A.	Full Name of Individual (Last, First, Middle Initia Tringale, Mike, , , Mailing Address 2115 12th Place NW	l) or Full O	rganization	Name		Date of	_	eceipt) / Y	Y	Y	Ŷ							
	City	State	Zip Co	de	_	12	L.	31	SA11AI.		020 28								
	Washington FEC ID number of contributing	DC	20009	9		Amount	t of	Each F	Receipt th	is P	eriod 41.6	57	1						
	federal political committee. Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Осси	upation (for Dir., Comms	Individual) . & Pub. Aff.		Me	emo	o Item			- 1.0								
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SCHEDULE B (FEC Form 3X)		proto ochodula(a)				NUMBER:		P/	AGE 1	8 OF	18					
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the			only 1b	one)	23	26	26 27							
	Detailed	Summary Page			8a	28b	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	'A/F	'AC)											
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement														
Mailing Address 1510 K Street NW																
City Washington	State DC	Zip Code 20005				FEC Identification Number										
Purpose of Disbursement bank fee			-	-	1											
Candidate Name		L	Cate Ty	egory /pe		Transaction ID : SB21B.10692 Amount of Each Disbursement this Period 54.41										
Office Sought: House Disburse Senate President	ement For: Primary	General														
State: District:																
Full Name (Last, First, Middle Initial) B.						Date of Dis										
Mailing Address	Mailing Address															
City	State	Zip Code				FEC Identif	cation	Numbe	r	_						
Purpose of Disbursement					11	С										
Candidate Name	Candidate Name Category/ Type							Each Disbursement this Period								
Office Sought: House Disburse Senate President	General															
State: District:								Memo Item								
Full Name (Last, First, Middle Initial)						Date of Dis					_					
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City	State	Zip Code				FEC Identif	cation	Numbe	r	_						
Purpose of Disbursement		[1	С										
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Senate	ement For: Primary	General								-10-						
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