

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2019"/>	<input type="text" value="14061.11"/>	<input type="text" value="14061.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28585.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1068.84"/>	<input type="text" value="32495.87"/>
(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="29654.70"/>	<input type="text" value="46556.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1530.18"/>	<input type="text" value="18432.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28124.52"/>	<input type="text" value="28124.52"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 09 / 01 / 2019 To: 09 / 30 / 2019

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).....	1038.84	15248.38
(ii) Unitemized	30.00	16647.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1068.84	31895.56
(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 Totals to Line 33, page 5)	1068.84	31895.56
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	600.31
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)).....▶	1068.84	32495.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1068.84	32495.87

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	30.18	432.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30.18	432.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	18000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. 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.....	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)) ..	1530.18	18432.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1530.18	18432.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1068.84	31895.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1068.84	31895.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30.18	432.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	600.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.18	- 167.85

**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"/> 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

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. Brikman, Anita, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8300 Comanche Court

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

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

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Communications
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2019

Transaction ID : SA11AI.10286

Amount of Each Receipt this Period
20.84

Memo Item

B. Brikman, Anita, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8300 Comanche Court

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

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

Name of Employer (for Individual) Consumer Healthcare Products	Occupation (for Individual) Communications
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2019

Transaction ID : SA11AI.10287

Amount of Each Receipt this Period
20.84

Memo Item

C. Gay, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Consumer Healthcare Products	Occupation (for Individual) Vice President, Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1770.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2019

Transaction ID : SA11AI.10284

Amount of Each Receipt this Period
104.17

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.85
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

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. Gay, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Consumer Healthcare Products	Occupation (for Individual) Vice President, Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2019

Transaction ID : SA11AI.10285

Amount of Each Receipt this Period
104.17

Memo Item

B. Green, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Consumer Healthcare Prod. Assn	Occupation (for Individual) Vice President, Finance & Ops. (CFO)
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2019

Transaction ID : SA11AI.10288

Amount of Each Receipt this Period
20.84

Memo Item

C. Green, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Consumer Healthcare Prod. Assn	Occupation (for Individual) Vice President, Finance & Ops. (CFO)
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2019

Transaction ID : SA11AI.10289

Amount of Each Receipt this Period
20.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.85
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"/> 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

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. Gutierrez, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Consumer Healthcare Products Occupation (for Individual) Director, State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 13 / 2019
Transaction ID : SA11AI.10292
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Gutierrez, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Consumer Healthcare Products Occupation (for Individual) Director, State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 30 / 2019
Transaction ID : SA11AI.10293
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Holgate, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 676 4th st NE #104
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products A Occupation (for Individual) Manager, Federal Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 13 / 2019
Transaction ID : SA11AI.10290
 Amount of Each Receipt this Period 20.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.52
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"/> 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

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. Holgate, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 676 4th st NE #104
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consumer Healthcare Products A Occupation (for Individual) Manager, Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 30 / 2019
Transaction ID : SA11AI.10291
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Kochanowski, Barbara, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CHPA Occupation (for Individual) Vice President, Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 708.39

Date of Receipt 09 / 13 / 2019
Transaction ID : SA11AI.10294
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Kochanowski, Barbara, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CHPA Occupation (for Individual) Vice President, Regulatory Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 30 / 2019
Transaction ID : SA11AI.10295
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.18
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"/> 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	

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. Melville, Scott, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Consumer Healthcare Products	Occupation (for Individual) President and CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3541.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

Transaction ID : SA11AI.10297

Amount of Each Receipt this Period
208.34

Memo Item

B. Melville, Scott, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Consumer Healthcare Products	Occupation (for Individual) President and CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : SA11AI.10298

Amount of Each Receipt this Period
208.34

Memo Item

C. Schloss, Marc, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8221 Larry Pl.

City Chevy Chase	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cons. Healthcare Prod. Assn.	Occupation (for Individual) Sr. Dir., Fed. Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

Transaction ID : SA11AI.10301

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	441.68
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 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

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. Schloss, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8221 Larry Pl.
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cons. Healthcare Prod. Assn. Occupation (for Individual) Sr. Dir., Fed. Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2019
Transaction ID : SA11AI.10302
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Tringale, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Consumer Healthcare Prod. Assn Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff.
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 708.39

Date of Receipt 09 / 13 / 2019
Transaction ID : SA11AI.10303
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Tringale, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Consumer Healthcare Prod. Assn Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff.
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 30 / 2019
Transaction ID : SA11AI.10304
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.34
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 12 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

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. Wood, Britt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26139 MURREY DRIVE

City South Riding	State VA	Zip Code 20152
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Consumer Healthcare Products A	Occupation (for Individual) Membership
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

Transaction ID : SA11AI.10305

Amount of Each Receipt this Period
15.21

Memo Item

B. Wood, Britt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26139 MURREY DRIVE

City South Riding	State VA	Zip Code 20152
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Consumer Healthcare Products A	Occupation (for Individual) Membership
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : SA11AI.10306

Amount of Each Receipt this Period
15.21

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.42
TOTAL This Period (last page this line number only).....	1038.84

**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"/> 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

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. LAHOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612

Purpose of Disbursement Category/Type

Candidate Name
Lahood, Darin, Mckay, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IL District: 18

Date of Disbursement: 09 / 13 / 2019

FEC Identification Number: **C** C00575050
Transaction ID : SB23.10308
Amount of Each Disbursement this Period: 1500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**
Amount of Each Disbursement this Period:
 Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**
Amount of Each Disbursement this Period:
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00