PAGE 1 / 14

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3A	For O	ther Than An	Authorized	I Commit	tee		Office Use Or	ıly
NAME OF COMMITTEE (in full)		OR PRINT ▼		mple: If typer the lines.	ping, type	12FE4M	5	
Consumer Health	care Proc	lucts Associa	ntion PAC	(CHPA	/PAC)			
ADDRESS (number and st ▼	reet)	25 Eye Street NW te 600						
Check if differer than previously reported. (ACC)	ı Wa	ashington				DC	20006	
2. FEC IDENTIFICATI	ON NUMBE	R ▼	CITY ▲			STATE 	ZIP	CODE ▲
C C00040584			3. IS THIS REPORT	x	NEW (N) OR	AN (A)	MENDED	
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports		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) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re	eport (Q2)	(c) 12-Day PRE-Electio Report for the	n 📙	Primary (12	(12C)	General Special ((12G) 12S)	Runoff (12R)
January 31 Year-End Re July 31 Mid- Report (Non Year Only) (-Year -election	(d) 30-Day	Election on	General (30	OG)	Runoff (3		the ate of Special (30S)
Termination (TER)		Report for the	he: Election on	М		Y . Y . Y . Y	in t	
5. Covering Period	09		019	through	M M M	30	2019	Y
I certify that I have exam Type or Print Name of Tr	Gre	port and to the been, Brian, , ,	st of my know	wledge and	belief it is tru	ue, correct and	d complete.	
Signature of Treasurer	Green, Brian	1, , ,		[Electronica	lly Filed] [Date 10	/ 16	2019
NOTE: Submission of false	e, erroneous, o	or incomplete infor	mation may su	bject the pe	erson signing t	nis Report to the	ne penalties o	f 52 U.S.C. § 3010
Office Use								ORM 3X 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		14061.11
	(b) Cash on Hand at Beginning of Reporting Period	28585.86	
	(c) Total Receipts (from Line 19)	1068.84	32495.87
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29654.70	46556.98
7.	Total Disbursements (from Line 31)	1530.18	18432.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28124.52	28124.52
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) Page 3

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

01 2019 09 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1038.84 15248.38 (i) Itemized (use Schedule A)..... 30.00 16647.18 (ii) Unitemized (iii) TOTAL (add 31895.56 1068.84 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 31895.56 1068.84 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 600.31 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 32495.87 1068.84 20. Total Federal Receipts 1068.84 32495.87 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	15.00.1.00	Jaionaa Tear-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	7 7			
Expenditures	30.18	432.46		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30.18	432.46		
2. Transfers to Affiliated/Other Party		200		
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	1500.00	18000.00		
Independent Expenditures	0.00			
(use Schedule E)	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
N. Lean Deneumente Mede				
S. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	4 4 4		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	200	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Dishamora are the Unabadian	4 4	4 4		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
,	4 4	4 4		
 Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity 	20))			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1530.18	18432.46		
. Total Federal Disbursements	7 7			
(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

()		3.5					
III. Net Contributions/ Operating Expenditures							
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					

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2019 13 City Zip Code State Transaction ID: SA11AI.10286 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 333.44 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2019 City State Zip Code Transaction ID: SA11AI.10287 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Communications Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 354.28 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 13 2019 City State Zip Code Transaction ID: SA11AI.10284 VAArlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1770.89 Other (specify) 145.85 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER. Use separate schedule(s)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2019 City Zip Code State Transaction ID: SA11AI.10285 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2019 City State Zip Code Transaction ID: SA11AI.10288 MD 20874 Germantown Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 333.44 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 30 2019 City Zip Code State Transaction ID: SA11AI.10289 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 354.28 Other (specify) 145.85

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

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 13 2019 City Zip Code State Transaction ID: SA11AI.10292 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 354.28 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 2019 City State Zip Code Transaction ID: SA11AI.10293 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.12 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 13 2019 City Zip Code State Transaction ID: SA11AI.10290 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products A Manager, Federal Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 354.28 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Holgate, Taylor, , , Date of Receipt Mailing Address 676 4th st NE #104 2019 City Zip Code State Transaction ID: SA11AI.10291 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products A Manager, Federal Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 375.12 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2019 City State Zip Code Transaction ID: SA11AI.10294 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 708.39 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 30 2019 City State Zip Code Transaction ID: SA11AI.10295 VAHerndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 104.18 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Melville, Scott, M.,, Date of Receipt Mailing Address 1596 Lupine Den Court 13 2019 City Zip Code State Transaction ID: SA11AI.10297 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 3541.78 Other (specify) 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 2019 City State Zip Code Transaction ID: SA11AI.10298 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3750.12 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 13 2019 City Zip Code State Transaction ID: SA11AI.10301 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) 441.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 2019 City Zip Code State Transaction ID: SA11AI.10302 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2019 City State Zip Code Transaction ID: SA11AI.10303 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 708.39 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 30 2019 City State Zip Code Transaction ID: SA11AI.10304 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 108.34 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) for each category of the Detailed Summary Page

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	ny information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
$ \rangle$	Consumer Healthcare Products	Associ	iatio	n PAC(CHPA/PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial Wood, Britt, , ,	al) or Full	l Orga	anization Nar	me		Date o	f Re	eceipt				
	Mailing Address 26139 MURREY DRIVE						M M M	_	13	/ Y	2019	- Y	
	City	State		Zip Code				cact		SA11AI.1			
	South Riding	VA		20152						eceipt thi		-d	
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— В	Full Name of Individual (Last, First, Middle Initial Wood, Britt, , ,	al) or Full	l Orga	anization Nar	ne		Date o	ıf Ro	acaint				
υ.								_					
	Mailing Address 26139 MURREY DRIVE	Ctata		Zin Codo			09		30		2019	- Y	
	City	State		Zip Code		-				SA11AI.1			
	South Riding	VA		20152			Amoun	t of	Each R	eceipt thi	s Perio	d	
	FEC ID number of contributing federal political committee.	С	_						7	7	15	5.21	
	Name of Employer (for Individual) Consumer Healthcare Products A	I .		ation (for Ind ership	ividual)		M	lemo	o Item				
	Receipt For:	Aggrega	ate Ye	ar-to-Date ▼									
	Primary General	7 1991 090		al to Bate .									
	Other (specify) ▼		- 1		273.78	4							
_	Full Name of Individual (Last, First, Middle Initia	al) or Full	l Orga	anization Nar	ne		Data						
C.							Date of	тне	eceipt				
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	federal political committee.	C	-				느	-		,			
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SCHEDULE B (FEC Form 3X)	11-	and charter	FOR LINE	E NUMBER: PAGE 13 OF 14					
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check onl	•	∃ າາ ⊏	7 26	27		
		Summary Page	28a		23 28c	26 29	30b		
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or for commercial purposes, other than using the n									
NAME OF COMMITTEE (In Full)	00001-41	on DAG (Q!!							
Consumer Healthcare Products A	ssociatio	on PAC (CHI	PA/PAC)						
Full Name (Last, First, Middle Initial)				Data of Bishamana					
A. Wells Fargo Bank				Date of D			V . V . V	-	
Mailing Address 1510 K Street NW				09 11 2019					
City	State	Zip Code		FEC Ident	ification N	umber			
Washington Purpose of Disbursement	DC	20005					-		
bank fee				C					
Candidate Name			Category/		action ID	_	.10309 ent this Pe	riod	
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Senate President	Other (sp	General ecify) ▼		п					
State: District:	(0)	· · · · · · · · · · · · · · · · · · ·		Memo	Item				
Full Name (Last, First, Middle Initial)									
В.				Date of Disbursement					
Mailing Address				_ M = M / D = D / Y = Y = Y					
City	State	Zip Code		FEC Ident	ification N	umber			
Purpose of Disbursement				C					
				<u> </u>					
Candidate Name			Amount of Each Disbursement this Period						
Office Sought: House Disburs	ement For:		Type					\neg	
Senate	Primary	General		7 7 7					
President	Other (sp	ecify)		Memo Item					
State: District:									
Full Name (Last, First, Middle Initial) C.				Date of D	isburseme	nt			
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Mailing Address						l L		_	
City	State	Zip Code		FEC Ident	ification N	lumber			
Purpose of Disbursement				C					
Candidate Name			Category/ Type	Amount o	Each Dis	burseme	ent this Pe	riod	
Office Sought: House Disburs	ement For:	I	75-7		40.1	400			
Senate	Primary	General			1	7-			
State: District:	Other (sp	ecify) \blacktriangledown	Memo Item						
State: District:								_	
SUBTOTAL of Disbursements This Page (optional))				40.		30.18		
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TOTAL This Period (last page this line number on	lv)						30.18		

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SCHEDULE B (FEC Form 3X)	FOR LINE			NUMBER: PAGE 14 OF 14		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		one)		
		Summary Page	21b 28a	22 x 28b	23 26 27 28c 29 30b	
Any information copied from such Departs and Chite	monto reservi	not be sold ··-				
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NAME OF COMMITTEE (In Full)						
Consumer Healthcare Products As	ssociatio	n PAC (CHF	PA/PAC)			
Full Name (Last, First, Middle Initial)				Data of Dia		
A. LAHOOD FOR CONGRESS Mailing Address P.O. BOX 10735				Date of Disbursement 09 13 2019		
Mailing Address 1.0. Box 10700				00	10 2010	
City	State	Zip Code			fication Number	
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SUBTOTAL of Disbursements This Page (optional).					1500.00	
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