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12/08/2021 12 : 02

PAGE 1 / 16

| FEC FORM 3X | AND | DRT OF F DISBURS | SEMENT | S | Office U | se Only |
|---|-----------------------------------|--|---------------------------------|----------------------|--|---|
| 1. NAME OF COMMITTEE (in ful | TYPE OR | PRINT V | Example: If typ over the lines. | ing, type | 12FE4M5 | |
| Consumer Health | | | PAC (CHPA/ | PAC) | | |
| ADDRESS (number and s | treet) | e Street NW | | | | |
| Check if differe than previously reported. (ACC | Washing | | | | DC 2000 | |
| 2. FEC IDENTIFICAT | | CITY | A | ST | ATE 🔺 | ZIP CODE |
| C C00040584 | | 3. IS ⁻ REI | | NEW (N) OR | AMENDED (A) | |
| 4. TYPE OF REPO (Choose One) (a) Quarterly Repor April 15 Quarterly F July 15 Quarterly F October 15 | ts: teport (Q1) teport (Q2) | | 0 (M3) | | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) | Nov 20 (M11) (Non-Election Year Only) Content Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) |
| Quarterly F January 31 Year-End F | Report (Q3) Report (YE) | Election | on/ | D D / Y | Y Y Y Y | in the State of |
| July 31 Mic Report (No Year Only) Termination (TER) | n-election (MY) | 30-Day POST-Election Report for the: Election | General (30 | G) | Runoff (30R) | Special (30S) in the State of |
| 5. Covering Period | 11 / D | D / Y Y Y Y 2021 | through | M M / | 3020 | 21 |
| I certify that I have exam Type or Print Name of T | Green, I | | ly knowledge and | belief it is true, | correct and comple | ite. |
| Signature of Treasurer | Green, Brian, , , | | [Electronical | <i>ly Filed]</i> Dat | | ² 2021 |
| NOTE: Submission of fals | e, erroneous, or inc | omplete information r | may subject the pe | rson signing this | Report to the penalt | ies of 52 U.S.C. § 30109 |
| Office Use Only | | | | | | C FORM 3X Rev. 05/2016 |

x

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 | Report Covering the Period: From: | M / D D / Y Y Y Y 01 2021 To: | M / D D / Y |
|-----|--|----------------------------------|---|
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1, 2021 | | 25615.56 |
| | (b) Cash on Hand at Beginning of Reporting Period | 38038.68 | |
| | (c) Total Receipts (from Line 19) | 1259.40 | 35849.95 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 39298.08 | 61465.51 |
| 7. | Total Disbursements (from Line 31) | 1055.70 | 23223.13 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 38242.38 | 38242.38 |
| 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: | 01 2021 To: | 11 30 2021 | | | | |
|-----|--|-------------------------------|-----------------------------------|--|--|--|--|
| | 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) | 1259.40 | 16307.28 | | | | |
| | (ii) Unitemized | 0.00 | 18946.12 | | | | |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii)► | 1259.40 | 35253.40 | | | | |
| | (b) Political Party Committees | 0.00 | 0.00 | | | | |
| | (c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 | | | | |
| 10 | 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1259.40 | 35253.40 | | | | |
| 12. | Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | | | | |
| 13. | All Loans Received | 0.00 | 0.00 | | | | |
| | Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 | | | | |
| 16. | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 596.55 | | | | |
| 17 | to Federal Candidates and Other Political Committees | 0.00 | 0.00 | | | | |
| | Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds | 0.00 | 0.00 | | | | |
| | (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))▶ | 1259.40 | 35849.95 | | | | |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 1259.40 | 35849.95 | | | | |

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 05/2016) | COLUMN A | Page 4 COLUMN B Calendar Year-to-Date | | |
|--|-------------------|---|--|--|
| II. Disbursements | Total This Period | | | |
| 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 | 55.70 | 723.13 | | |
| (c) Total Operating Expenditures | | 700.40 | | |
| (add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party | 55.70 | 723.13 | | |
| Committees Contributions to | 0.00 | 0.00 | | |
| Federal Candidates/Committees and Other Political Committees | 1000.00 | 22500.00 | | |
| Independent Expenditures (use Schedule E) | 0.00 | 0.00 | | |
| Coordinated Party Expenditures (52 U.S.C. § 30116(d)) | | | | |
| (use Schedule F) | 0.00 | 0.00 | | |
| Loan Repayments Made | 0.00 | 0.00 | | |
| Loans Made Refunds of Contributions To: | 0.00 | 0.00 | | |
| (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) (d) Total Contribution Refunds | 0.00 | 0.00 | | |
| (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | | |
| Other Disbursements (Including | | | | |
| Non-Federal Donations) | 0.00 | 0.00 | | |
| Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6) | 20)) | | | |
| (i) Federal Share | 0.00 | 0.00 | | |
| (ii) "Levin" Share | 0.00 | 0.00 | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | | | |
| (c) Total Federal Election Activity (add | 0.00 | 0.00 | | |
| 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)) | 1055.70 | 23223.13 | | |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | | | |
| from Line 31) | 1055.70 | 23223.13 | | |
| | | | | |

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

| FEC | Form | 3X | (Rev. | 05/2016) |
|-----|------|----|--------|----------|
| | | ~ | (1101. | 00,2010) |

III. Net Contributions/ Operating Expenditures

| 33. | Total Contributions (other than loans) |
|-----|--|
| | (from Line 11(d), page 3) |
| 34. | Total Contribution Refunds |
| | (from Line 28(d)) |
| 35. | Net Contributions (other than loans) |
| | (subtract Line 34 from Line 33) |
| 36. | Total Federal Operating Expenditures |
| | (add Line 21(a)(i) and Line 21(b)) |
| 37. | Offsets to Operating Expenditures |
| | (from Line 15, page 3) |
| 38. | Net Operating Expenditures |

(subtract Line 37 from Line 36)

| | | | | | | | 1259.40 |
|---|---|-----|---|---|-----|---|---------|
| | | -7 | | | -7 | | 475. |
| | | | | | | | 0.00 |
| | | - | | | - | | 0.00 |
| | | | | | | | |
| | | - | | | 7 | | 1259.40 |
| | | | | | | | |
| | | | | | | | |
| | | 7 | | | 7 | | 55.70 |
| ÷ | ÷ | 7 | ÷ | + | 7 | + | |
| E | - | | ÷ | ÷ | -7- | ÷ | 0.00 |
| Ë | + | -7- | - | + | | - | |

| 35253.40 | | | | | | |
|----------|---|-----|------|-----|-------------|--|
| 35253.40 | - | -7 | | -7 | la se | |
| 0.00 | | | | | | |
| 0.00 | | -7 | | -7 | <u></u> | |
| 35253.40 | | | | | | |
| 33233.40 | | - 7 | | -7 | L. | |
| 723.13 | | | | | | |
| 120.10 | | -7 | | 7 | L. | |
| 596.55 | | | | | | |
| 590.55 | | -7 | | -7 | L. | |
| 126.58 | | | | | | |
| 120.30 | | - | | -7- | L | |

COLUMN B

Calendar Year-to-Date

Page 5

| SCHEDULE A | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS |

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PAGE 6 OF

| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | _ | 11a 13 | \square | 11b 14 | 11c | 12 16 | 17 | | | |
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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 Association PAC (CHPA/PAC) | | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Bloomberg, Lauren, , , | al) or Full C | Organization Name | Date of Receipt | | | | | | | | | | |
| | Mailing Address 405 Constitution Ave, NE | Otata | Zie Oede | | | м м 11 | ' | D 15 | | 2021 | Y | | | |
| | City Washington | State DC | Zip Code 20002 | | | | | | : SA11AI. Receipt th | | d | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | , | | 10 | .00 | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼ | Con | upation (for Individual) nmunications Year-to-Date ▼ 210.00 | | | Me | emo | Item | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bloomberg, Lauren, , , Mailing Address 405 Constitution Ave, NE | | | | | | | Date of Receipt | | | | | | |
| | City Washington | State DC | | Transaction ID : SA11AI.11207 Amount of Each Receipt this Period | | | | | d | | | | | |
| | FEC ID number of contributing federal political committee. | s a la l | | | | | | 10.00 | | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products | Occ Cor | | Memo Item | | | | | | | | | | |
| | Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00 | | | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initia Brikman, Anita, , , | al) or Full C | Organization Name | | Da | ate of | f Red | ceipt | | | | | | |
| | Mailing Address 8300 Comanche Court | 1 - | | | | 11 ^M | / | D 15 | | 2021 | Y | | | |
| | City Bethesda | State MD | Zip Code 20817 | | | | | - | SA11AI Receipt th | | b | | | |
| | FEC ID number of contributing federal political committee. | С | | | ļ | | | y . | 9 | 20 | .84 | | | |
| | | Occ Com Aggregate | | L | M | emo | Item | | | | | | | |
| | Other (specify) | General 395.96 | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | _ | 7 | · · · | 40 | .84 | | | |
| т | OTAL This Period (last page this line number of | nly) | | 🕨 | 1 | | | , | | | | | | |

| SCHEDULE A | (FEC F | orm 3X) |
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| ITEMIZED REC | EIPTS | |

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PAGE 7 OF

| | | | Detailed Summary | / Page | | 11a 13 | - | 11b | 11c | 12 | | 17 | | | | |
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| | for commercial purposes, other than using the | name and a | ddress of any politica | al committee | e to so | olicit co | ontril | butions | from suc | h comm | nitte | e. | | | | |
| | NAME OF COMMITTEE (In Full) Consumer Healthcare Products | Associa | tion PAC (CH | PA/PAC) | | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Init Brikman, Anita, , , | tial) or Full C | rganization Name | | | Date c | of R | eceipt | | | | | | | | |
| | Mailing Address 8300 Comanche Court | | | | | M 11 | 1 | , 30 | | 2021 | | | | | | |
| | City Bethesda | State MD | Zip Code 20817 | | | | | | SA11AI | | | | | | | |
| | | | 20017 | _ | Amount of Each Receipt this Period | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 20.84 | | | | | | | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products | | upation (for Individua nmunications | 1) | Memo Item | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date V | 416.80 | | | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Init | Date of Receipt | | | | | | | | | | | | | | |
| | Mailing Address 19110 Mateny Hill Road | 11 / 15 / 2021 Transaction ID : SA11AI.11208 | | | | | | | | | | | | | | |
| | City | State MD | Zip Code 20874 | | | | | | | | | | | | | |
| | Germantown FEC ID number of contributing federal political committee. | C | 20074 | | | Amour | IT OT | | Receipt th | | 0.84 | 4 | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Prod. Assn | | upation (for Individua e President, Finance & |) | N | 1em | o Item | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Init Green, Brian, , , | tial) or Full C | rganization Name | | | Date c | of R | eceipt | | | | | | | | |
| | Mailing Address 19110 Mateny Hill Road | | | | | M 11 | | 30 | | 2021 | | | | | | |
| | City Germantown | State MD | Zip Code 20874 | | _ | | | | : SA11AI | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | 20074 | | | Amour | nt of | FEach F | Receipt th | | od 0.84 | 4 | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Prod. Assn | | upation (for Individua President, Finance & | | CFO) | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ | 437.64 | | | | | | | | | | | | |
| | UBTOTAL of Receipts This Page (optional) | | | | • - | | | , , , , | · · · | 6 | 2.52 | 2 | | | | |

| SCHEDULE A | (FEC Form 3X) |
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PAGE 8 OF

| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | > | 11 | | | 1 ² | 1b 4 | | 11c 15 | | 12 16 | 17 | |
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| | NAME OF COMMITTEE (In Full) Consumer Healthcare Products A | Associat | tion PAC (CHPA/PAC) | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , , | l) or Full C | Drganization Name | | Date | e of | f Re | ece | eipt | | | | | | |
| | Mailing Address 926 North Barton Street | | | | | [™] | / | l | 15 | - | / Y | 2 | 021 | Y | |
| | City Arlington | State VA | Zip Code 22201 | | | | | - | | - | A11AI. ceipt th | | - | | |
| | FEC ID number of contributing federal political committee. | C | | 20.84 | | | | | | | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼ | Dire | Occupation (for Individual) Director, State Affairs gate Year-to-Date ▼ 437.64 | | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , , Mailing Address 926 North Barton Street | Date of Receipt | | | | | | | | | | | | | |
| | City Arlington | State VA | Zip Code 22201 | _ | | | | | | | A11AI. ceipt th | .112 | 11 | | |
| | FEC ID number of contributing federal political committee. | С | | | 20.84 | | | | | | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products | | cupation (for Individual) ector, State Affairs | | Ц | M | emc | o It | tem | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 458.48 | | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initia Holgate, Taylor, , , | l) or Full C | Drganization Name | | Date | e of | f Re | ece | eipt | | | | | | |
| | Mailing Address 676 4th st NE #104 | | | | | [™] | 1 | l | D 15 | | / Y | |)21 [°] | Y | |
| | City Washington | State DC | Zip Code 20002 | | | | | | | | A11AI | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | , | | | y | | 20. | 84 | |
| | Name of Employer (for Individual) Consumer Healthcare Products A Receipt For: Primary General Other (specify) | Man | upation (for Individual) hager, Federal Government Affairs Year-to-Date ▼ 437.64 | | | Μ | emo | o It | tem | | | | | | |
| | UBTOTAL of Receipts This Page (optional) | | | | | | | , | | - | 5 | | 62. | 52 | |

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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PAGE 9 OF

| | | | | Detailed Summary Page | × | 11a 13 | \vdash | 1 [.] | 1b 4 | 1 ⁻ | 1c 5 | 12 16 | 17 | | | | |
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| $\left\rangle$ | NAME OF COMMITTEE (In Full) Consumer Healthcare Products A | Associat | tior | n PAC (CHPA/PAC) |) | | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Holgate, Taylor, , , Mailing Address 676 4th st NE #104 | al) or Full O |)rga | nization Name | | Date of | | | | | | | | | | | |
| | | Ototo | | Zin Oada | | 11 | | I. | 30 | / | Ŷ | 2021 | Ŷ | | | | |
| | City Washington | State DC | | Zip Code 20002 | / | | | | n ID : S ach Re | | | Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 20.84 | | | | | | | | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products A | Mar | nage | tion (for Individual) er, Federal Government Affairs | airs | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Yea | ar-to-Date ▼ 458.48 | 1 | | | | | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initia Karp, Marina, , , | Date of Receipt | | | | | | | | | | | | | | | |
| | Mailing Address 4440 Willard Ave #1521 | | | | 11 / D D / Y Y Y Y 11 15 / 2021 | | | | | | | | | | | | |
| | City Chevy Chase | State MD | | Zip Code 20815 | | | | | ID : S ach Re | | | 1228 Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 10.00 | | | | | | | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products A | | • | tion (for Individual) ner Healthcare | Memo Item | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Yea | ar-to-Date ▼ 210.00 | | | | | | | | | | | | | |
| C. | Full Name of Individual (Last, First, Middle Initia Karp, Marina, , , | al) or Full O | rga | nization Name | | Date of | Re | ece | eipt | | | | | | | | |
| | Mailing Address 4440 Willard Ave #1521 | | | | | ^M 11 | 1 | I | ^D 30 | / | Y | y y 2021 | Y | | | | |
| | City Chevy Chase | State MD | | Zip Code 20815 | | | | | n ID : \$ ach Re | - | | 1229 Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | y | | | , , | 10. | 00 | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products A | Con | sum | tion (for Individual) her Healthcare | | Memo Item | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Yea | ar-to-Date ▼ 220.00 | | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | | , | | | , | 40.8 | 34 | | | | |
| т | OTAL This Period (last page this line number or | nly) | | | | | | | | | | | | | | | |

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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PAGE 10 OF

| | | | Detaile | ed Summary Page | × | 11a 13 | | 11b | | 11c 15 | 12 | Г | 17 | | | | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) Consumer Healthcare Products A | ssociat | ion PA | C (CHPA/PAC | C) | | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) Kochanowski, Barbara, A., Dr., | or Full O | rganizatic | n Name | | Date of | f Re | eceipt | | | | | | | | | |
| | Mailing Address 951 Hidden Park Place | | | | | м м 11 | / | D 1 | | / Y | y y 2021 | Y | 1 | | | | |
| | City Herndon | State VA | - | Code 170 | | | | | | . 11AI.1 eipt thi | 1 1214 s Peric | d | _ | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | -y | | | | 1.67 | | | | | |
| | Name of Employer (for Individual) CHPA | | • | or Individual) it, Regulatory Affairs | Memo Item | | | | | | | | | | | | |
| | Receipt For: µ Primary General Other (specify) ▼ | Aggregate | Year-to-D | ate ▼ 875.07 | | | | | | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initial) Kochanowski, Barbara, A., Dr., | or Full O | rganizatio | n Name | | Date of | f Re | eceipt | | | | | | | | | |
| | Mailing Address 951 Hidden Park Place | 01-1 | _ . | | | 11 / D D / Y Y Y Y 2021 | | | | | | | | | | | |
| | City Herndon | State VA | Zip (201 | Code 70 | Transaction ID : SA11AI.11215 Amount of Each Receipt this Period | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 41.67 | | | | | | | | | | | |
| | Name of Employer (for Individual) CHPA | | | or Individual) nt, Regulatory Affairs | | M | emc |) Item | I | | | | | | | | |
| | Receipt For: µ Primary General Other (specify) ▼ | Aggregate | Year-to-D | ate ▼ 916.74 | | | | | | | | | | | | | |
| C. | Full Name of Individual (Last, First, Middle Initial) | or Full O | rganizatic | n Name | I | Date of | f Re | eceipt | | | | | | | | | |
| | Mailing Address 2017 6th Street S. | _ | | | | 11 ^M | / | the second se | 5 | | 2021 | Y |] | | | | |
| | City Arlington | State VA | Zip (222 | Code 04 | | | | - | - | 11AI. 1 eipt thi | 11216 s Peric | d | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | y . | | y | 1 | 0.00 | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Prod. Asso Receipt For: | Com | municatio | | | M | emo | o Item | 1 | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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PAGE 11 OF

| | | | Detailed Summary Page | | 11a 13 | | 11b 14 | 11c 15 | 12 | 17 | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | mon cu | muu | | SIT SUC | | | | | | | |
| | Consumer Healthcare Products | Associat | ion PAC (CHPA/PAC) |) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Leonard, Mary, , , | ial) or Full C | rganization Name | | Date o | f Rec | eipt | | | | | | | | |
| | Mailing Address 2017 6th Street S. | | | | M M | / | 30 | / Y | 2021 | Ŷ | | | | | |
| | City | State | Zip Code | | Trans | actio | n ID : | SA11AI. | | | | | | | |
| - | Arlington | VA | 22204 | _ | Amoun | t of E | ach R | eceipt th | is Perioc | l | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 10.00 | | | | | | | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Prod. Asso | | upation (for Individual) nmunications | Memo Item | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 220.00 | | | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initi Lykins, Deana, , , | ial) or Full C | rganization Name | | Date o | f Bec | oint | | | | | | | | |
| | Mailing Address 121 Wintermute Rd. | | | M = M / D = D / Y = Y = Y | | | | | | | | | | | |
| | | | | | 11 | | 15 | L | 2021 | | | | | | |
| | City Newton | State NJ | Zip Code 07860 | | | | | SA11AL. | | | | | | | |
| - | FEC ID number of contributing | | 07000 | | Amoun | | ach R | eceipt tri | is Perioc | _ | | | | | |
| | federal political committee. | С | | 50.00 | | | | | | | | | | | |
| | Name of Employer (for Individual) GSK | | upation (for Individual) nsumer Healthcare | | Memo Item | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Other (specify) ▼ | | 450,00 |] | | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle Initi Melville, Scott, M., , | ial) or Full C | rganization Name | | Date o | f Rec | eipt | | | | | | | | |
| | Mailing Address 1596 Lupine Den Court | | | | м м 11 | / | D D 15 | / Y | 2021 | Y | | | | | |
| | City Vienna | State VA | Zip Code 22182 | | | | | SA11AI. | | | | | | | |
| - | | •^ | 22102 | | Amoun | t of E | ach R | eceipt th | is Perioc | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | Ļ. | | | y | 208 | .00 | | | | | |
| | Name of Employer (for Individual) | | upation (for Individual) | | Memo Item | | | | | | | | | | |
| | Consumer Healthcare Products Receipt For: | | sident and CEO | _ | | | | | | | | | | | |
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| | Other (specify) | | 4368.00 | 58.00 | | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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PAGE 12 OF

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| | ny information copied from such Reports and Stat for commercial purposes, other than using the n | | | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) Consumer Healthcare Products A | ssociat | ion PAC (CHPA/PAC) | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial Melville, Scott, $M.$, |) or Full O | rganization Name | Da | te of I | Receipt | | | | | | | | |
| | Mailing Address 1596 Lupine Den Court | | | M | [™] | | D / 80 | | 021 | Y | | | | |
| | City Vienna | State VA | Zip Code 22182 | Transaction ID : SA11AI.11219 Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 208.00 | | | | | | | | | | |
| | Name of Employer (for Individual) Consumer Healthcare Products | | upation (for Individual) sident and CEO | | Mer | no Item | l | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4576.00 | | | | | | | | | | | |
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| | Mailing Address 8221 Larry PI. | | | M | [™] | | 5 | | 021 | ŕ | | | | |
| | City Chevy Chase | State MD | Zip Code 20815 | | | | : SA11 Receip | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | neceip | | 25.0 | 0 | | | | |
| | Name of Employer (for Individual) Cons. Healthcare Prod. Assn. | | upation (for Individual) Dir., Fed. Affairs | Memo Item | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 525.00 | | | | | | | | | | | |
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| | Mailing Address 8221 Larry PI. | State | Zip Code | 4 6 | 11 ^M | 3 | 30 0 : SA11 | 20 | 021 | Y | | | | |
| | Chevy Chase | MD | 20815 | | | | Receip | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | | | | | | | | | | |
| | Name of Employer (for Individual) Cons. Healthcare Prod. Assn. | | upation (for Individual) Dir., Fed. Affairs | | Mer | no Item | 1 | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 550.00 | | | | | | | | | | | |
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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PAGE 13 OF

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| | y information copied from such Reports and Staten for commercial purposes, other than using the nam | | | | | | or the | | | | soliciti | | ontrib | | s | |
| \rangle | NAME OF COMMITTEE (In Full) Consumer Healthcare Products As | socia | tior | PAC (CHPA/PAC) | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial) of Spangler, David, , , Mailing Address 1449 N Street, NW Apartment 3 | or Full C | Drgar | nization Name | _ | ate o M M | | _ | ipt D D 15 | / | | ү ү 2021 | Y | | | |
| | , | State DC | | Zip Code 20005 | | | | - | | SA11A | | | d | - | | |
| | FEC ID number of contributing federal political committee. | | | | Amount of Each Receipt this Period 175.00 | | | | | | | | | | | |
| | Name of Employer (for Individual) CHPA | | • | tion (for Individual) VP., Policy & Int'l Affairs | Memo Item | | | | | | | | | | | |
| | Receipt For: Ag Primary General Other (specify) ▼ | gregate | Yea | ar-to-Date ▼ 3325.00 | | | | | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initial) of Spangler, David, , , | or Full C | Drgar | nization Name | | D | ate o | f Re | ece | ipt | | | | | | |
| | Mailing Address 1449 N Street, NW Apartment 3 City | State | | Zip Code | 11 30 2021 Transaction ID : SA11AI 11223 | | | | | | | | | | | |
| | - | DC | | 20005 | | Transaction ID : SA11AI.11223 Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | | | | | 175.00 | | | | | | | | | | |
| | Name of Employer (for Individual) CHPA | | tion (for Individual) VP., Policy & Int'l Affairs | Memo Item | | | | | | | | | | | | |
| | Receipt For: Ag Primary General Other (specify) ▼ | gregate | Yea | ar-to-Date ▼ 3500.00 | | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initial) o | or Full C | Drgar | nization Name | | D | ate o | f Re | ece | ipt | | | | | | |
| | Mailing Address 2115 12th Place NW | | | | | | ^M 11 | / | E | 15 | / | | 2021 | Y | | |
| | 5 | State DC | | Zip Code 20009 | | | | | - | | SA11A eceipt | | | d | | |
| | FEC ID number of contributing federal political committee. | | | | | ļ | | | y | | , | _ | | 1.67 | | |
| | Name of Employer (for Individual) Consumer Healthcare Prod. Assn | | • | tion (for Individual) Comms. & Pub. Aff. | Memo Item | | | | | | | | | | | |
| | Receipt For: Ag Primary General Other (specify) | gregate | Yea | ar-to-Date ▼ 875.07 | | | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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PAGE 14 OF

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| 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 |
| | the name and a | ddress of any political committe | ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Consumer Healthcare Produc | ts Associat | ion PAC (CHPA/PAC | ;) |
| Full Name of Individual (Last, First, Middle Tringale, Mike, , , | Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address 2115 12th Place NW | | | M M / D D / Y Y Y Y 11 30 2021 |
| City Washington | State DC | Zip Code 20009 | Transaction ID : SA11AI.11227 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 41.67 |
| Name of Employer (for Individual) Consumer Healthcare Prod. Assn | | upation (for Individual) Dir., Comms. & Pub. Aff. | Memo Item |
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| Full Name of Individual (Last, First, Middle B. | Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address | | | |
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| SCHEDULE B (FEC Form 3X) | | | FOR LINE I | NUMBER: PAGE 15 OF 16 |
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| NAME OF COMMITTEE (In Full) | _ | | | |
| Consumer Healthcare Products As | sociatio | n PAC(CHF | PA/PAC) | |
| Full Name (Last, First, Middle Initial) A. Wells Fargo Bank | Date of Disbursement | | | |
| Mailing Address 1510 K Street NW | | | | 11 / D D / Y Y Y Y Y 12 2021 |
| City Washington | State DC | Zip Code 20005 | | FEC Identification Number |
| Purpose of Disbursement | | 20003 | | С |
| Candidate Name | | | Category/ | Transaction ID : SB21B.11231 Amount of Each Disbursement this Period |
| Office Sought | mont Free | | Type | 55.70 |
| Office Sought: House Disburser Senate President | ment For: Primary Other (spec | General | | |
| State: District: | 、 | <i>,</i> , , | | Memo Item |
| Full Name (Last, First, Middle Initial) B. | | | | Date of Disbursement |
| Mailing Address | | | | |
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| Purpose of Disbursement | | | | C |
| Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period |
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| NAME OF COMMITTEE (In Full) | | | | |
| Consumer Healthcare Products As | sociatio | n PAC (CHF | PA/PA | C) |
| Full Name (Last, First, Middle Initial) A. KURT SCHRADER FOR CONGRESS | | | | Date of Disbursement |
| Mailing Address PO BOX 3314 | | | | 11 15 2021 |
| , , , , , , , , , , , , , , , , , , , | State | Zip Code | | FEC Identification Number |
| OREGON CITY | OR | 97045 | | |
| Purpose of Disbursement | | | | C C00446906 |
| Candidate Name | | | | Transaction ID : SB23.11232 |
| SCHRADER, KURT, , , | | | Categor | |
| | ment For: 2 | 0000 | Туре | 1000.00 |
| Senate | Primary | General | | |
| State: OR District: 05 | Other (spec | | | Memo Item |
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| B. | | | | Date of Disbursement |
| Mailing Address | | | | |
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| Candidate Name Category/ Type | | | | |
| Office Sought: House Disbursement For: Senate Primary General | | | | |
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| Full Name (Last, First, Middle Initial) | | | | Date of Disbursement |
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