Image# 202201109474904961					PAGE 1 / 15
FEC AN	PORT OF F ND DISBURS Other Than An Author	SEMENT	S	Offic	ce Use Only
1. NAME OF TYPE COMMITTEE (in full)	e or print ▼	Example: If typi over the lines.	ng, type	12FE4M5	
Consumer Healthcare Pro	ducts Association I	PAC (CHPA/I	PAC)		
ADDRESS (number and street)	525 Eye Street NW				
Check if different	uite 600 Vashington				0006
2. FEC IDENTIFICATION NUMB	FR V CITY		S		
C C00040584	3. IS ⁻		NEW (N) OR	AMEND (A)	DED
 4. TYPE OF REPORT (In (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) 	b) Monthly Report Due On: Apr 20	D (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (N Sep 20 (N Oct 20 (N	M9) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	 (c) 12-Day PRE-Election Report for the: 	Primary (12F		General (12G) Special (12S)) Runoff (12R)
January 31 Year-End Report (YE)	Election	on /		Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on/	D D /	Y Y Y Y Y	in the State of
5. Covering Period 12	01 / Y Y Y Y 01 2021	through	12 M	/ D D / Y 31	2021
I certify that I have examined this Re G Type or Print Name of Treasurer	eport and to the best of m reen, Brian, , ,	y knowledge and	belief it is true	e, correct and con	nplete.
Signature of Treasurer	an, , ,	[Electronical]	y Filed] Da	ate 01	10 / Y Y Y Y 2022
NOTE: Submission of false, erroneous,	or incomplete information r	nay subject the per	son signing thi	s Report to the pe	nalties of 52 U.S.C. § 3010
Office Use Only				F	EC FORM 3X Rev. 05/2016

01/10/2022 12 : 28

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	eport Covering the Period: From:	2 01 Y Y Y Y 2 01 To	12 / D D / Y Y Y Y 12 31 2021
		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	38242.38	
	(c) Total Receipts (from Line 19)	1266.60	37116.55
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	39508.98	62732.11
7.	Total Disbursements (from Line 31)	65.86	23288.99
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39443.12	39443.12
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:	7 01 7 Y Y Y Y T 01 2021 To:	12 / D D / Y Y Y Y Y 12 31 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)	1266.60	17573.88
	(ii) Unitemized	0.00	18946.12
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1266.60	36520.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 11(c)(iii) (b) and (c)) (Campione) 	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1266.60	36520.00
12.	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 Other Federal Receipts	0.00	0.00
	(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))▶	1266.60	37116.55
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	1266.60	37116.55

- 7

Page 3

- 7

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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)		Calendar Tear-IO-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	65.86	788.99
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	65.86	788.99
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	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)	0.00	0.00
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
	47. 47. 1 47.	
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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)).	65.86	23288.99
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	05.00	
	65.86	23288.99

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

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)

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				1266.60
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				65.86
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- E							
							596.55
- L.			-7			-	000.00
1.10							
							192.44
			-7-				102.11

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

PAGE 6 OF

			Use separate schedule(s)	(check	only c	one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page			11b	11c		12	47
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for	the pu	rpose of		g con		
		lame and a	ddress of any political committee		contri	butions	from suc		nmille	е.
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	Associat	ion PAC (CHPA/PAC)							
Α.	Full Name of Individual (Last, First, Middle Initia Bloomberg, Lauren, , ,	al) or Full O	rganization Name	Dat	e of R	eceipt				
	Mailing Address 405 Constitution Ave, NE			M	[™] 12	/ D 15	D / Y	Y 20	ү 21	ſ
	City Washington	State DC	Zip Code 20002				SA11AI Receipt th			
	FEC ID number of contributing federal political committee.	С							10.00)
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) nmunications		Mem	io Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00							
в.	Full Name of Individual (Last, First, Middle Initia Bloomberg, Lauren, , ,	al) or Full O	rganization Name	Dat	e of R	eceipt				
	Mailing Address 405 Constitution Ave, NE			M	[™] 12	/ D 29	D / Y	202	21	
	City Washington	State DC	Zip Code 20002				SA11AI. Receipt th			_
	FEC ID number of contributing federal political committee.	С				- 7 -			10.00)
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) nmunications		Mem	io Item				
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, 240.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Brikman, Anita, , ,	al) or Full O	rganization Name	Dat	e of R	eceipt				
	Mailing Address 8300 Comanche Court				12 ^M	/ 15		y 202	21	
	City Bethesda	State MD	Zip Code 20817				: SA11AI Receipt th			
	FEC ID number of contributing federal political committee.	С				y :	y		20.84	4
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) munications		Merr	no Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 437.64							
s	UBTOTAL of Receipts This Page (optional)		•			,	. ,		40.84	1
Т	OTAL This Period (last page this line number or	וע)		Г						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 7 OF

	13 14 15 16 erson for the purpose of soliciting contributions is to solicit contributions from such committee. Date of Receipt 12 29 2021 Transaction ID : SA11AI.11253 Amount of Each Receipt this Period 20.68 Memo Item
dual)	Date of Receipt
dual) 458.32	M M / 29 2021 Transaction ID : SA11AI.11253 Amount of Each Receipt this Period 20.68 Memo Item
458.32	12 29 2021 Transaction ID : SA11AI.11253 Amount of Each Receipt this Period 20.68 20.68 20.68 Memo Item 20.68 Date of Receipt 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
458.32	Amount of Each Receipt this Period 20.68 Memo Item
458.32	Date of Receipt
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	Date of Receipt
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 8 OF

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$\left \right\rangle$	Consumer Healthcare Products	Associat	ion PAC (CHPA/P	PAC)											
Α.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , ,	al) or Full C	rganization Name			Date of Receipt									
	Mailing Address 926 North Barton Street					2 ^M	1	D 15			y y 2021	Y			
	City Arlington	State VA	Zip Code 22201		Transaction ID : SA11AI.11238 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 Individual) ector, State Affairs		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.32	2											
в.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Carlos, , ,	al) or Full C	rganization Name			Date	e of	Re	eceipt						
	Mailing Address 926 North Barton Street				12 / 29 / Y Y Y 2021										
	City Arlington	State VA	Zip Code 22201						SA11A						
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	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) ector, State Affairs		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	0											
с.	Full Name of Individual (Last, First, Middle Initia Holgate, Taylor, , ,	al) or Full C	rganization Name			Date	e of	Re	eceipt						
	Mailing Address 676 4th st NE #104						2 ^M	1	D 15			y y 2021	Y		
	City Washington	State DC	Zip Code 20002							: SA11/					
	FEC ID number of contributing federal political committee.	С					unt	OT		Receipt	this	20.			
	Name of Employer (for Individual) Consumer Healthcare Products A		upation (for Individual) ager, Federal Government /	Affairs			Me	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 479.32	2											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 9 OF

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\backslash	NAME OF COMMITTEE (In Full)													
\sum	Consumer Healthcare Products	Associat	tior	PAC (CHPA/PAC))									
Α.	Full Name of Individual (Last, First, Middle Init Holgate, Taylor, , ,	ial) or Full C	Drgar	nization Name	[Date of	f Re	ceipt						
	Mailing Address 676 4th st NE #104					^M 12	/	D D 29	/ Y)21	Y		
	City	State		Zip Code		Trans	acti	ion ID : S	SA11AI.	1124	41			
	Washington	DC		20002	Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Consumer Healthcare Products A		•	ion (for Individual) r, Federal Government Affairs		M	emo	ltem						
	Receipt For:		•	r-to-Date ▼										
	Primary General	, iggi egale	100											
	Other (specify) ▼	L	-	500.00										
В.	Full Name of Individual (Last, First, Middle Init Karp, Marina, , ,	ial) or Full C	Drgar	nization Name	[Date of	f Re	ceipt						
	Mailing Address 4440 Willard Ave #1521					м м 12	/	D D 15	/ Y	20	21	Ŷ		
	City	State		Zip Code	Transaction ID : SA11AI.11256									
	Chevy Chase	MD		20815	Amount of Each Receipt this 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		M	emo	tem						
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		<u>,</u>	230.00										
С.	Full Name of Individual (Last, First, Middle Init Karp, Marina, , ,	ial) or Full C	Drgar	nization Name		Date of	f Re	ceipt						
	Mailing Address 4440 Willard Ave #1521					^M 12	1	29	/ Y)21 	Y		
	City	State		Zip Code		Trans	act	ion ID : S	SA11AI.	112	57			
	Chevy Chase	MD		20815	/	Amount	t of	Each Re	eceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С						,	. y		10.0	0		
	Name of Employer (for Individual)		•	ion (for Individual)		М	emc	tem						
	Consumer Healthcare Products A Receipt For:			er Healthcare	_									
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	Other (specify)			240.00										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 10 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	_	11a 13] 1′ 14	1b 4		11c 15		12 16	17	,
	y information copied from such Reports and State for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products As	ssociat	ior	PAC (CHPA/PAC)											
Α.	Full Name of Individual (Last, First, Middle Initial) Kochanowski, Barbara, A., Dr., Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing	State VA	Irgai	nization Name Zip Code 20170			/ sacti	ior	15 1 D :		/ Y A11AI. eipt th	20 112	Period	Y	
	federal political committee. Name of Employer (for Individual) CHPA Receipt For:	Vice	e Pre	tion (for Individual) esident, Regulatory Affairs ar-to-Date ▼ 958.41		М	emo	o It	em	_		-	41.	67	
в.	Full Name of Individual (Last, First, Middle Initial) Kochanowski, Barbara, A., Dr., Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee.	or Full O State VA	orgai	Zip Code 20170			/ acti	ion	29	-	/ Y AllAL eipt th	1124	-	59	
	Name of Employer (for Individual) CHPA Receipt For: Primary General Other (specify) ▼	Vice	e Pr	tion (for Individual) esident, Regulatory Affairs ar-to-Date ▼ 1000.00		М	emo	o It	em						
C.	Arlington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Consumer Healthcare Prod. Asso	State VA C Occu Com	upat	Tip Code 22204 tion (for Individual) nications tr-to-Date ▼ 230.00		moun	/ sact	ior Ea	15 1 D : ach R	SA	/ Y A11AI. eipt th	20 112		У 20	
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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PAGE 11 OF

	IZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17				
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	ME OF COMMITTEE (In Full)	Associat	tion PAC (CHPA/PAC)											
A. Le	Name of Individual (Last, First, Middle Initi onard, Mary, , ,	al) or Full C	Drganization Name		Date o	f Rec	ceipt							
Mai City	ling Address 2017 6th Street S.	State	Zip Code		12 29 2021 Transaction ID : SA11AI.11245									
	ington	VA	22204				-	Receipt th	-	d				
	C ID number of contributing eral political committee.	С					y		10	.00				
Cor	ne of Employer (for Individual) nsumer Healthcare Prod. Asso	Con	cupation (for Individual) mmunications		М	emo	Item							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
	Name of Individual (Last, First, Middle Initikins, Deana, , ,	al) or Full C	Drganization Name		Date o	f Rec	ceipt							
	ling Address 121 Wintermute Rd.				12 / ^{D D /} ^{Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y}									
City Nev	wton	State NJ	Zip Code 07860	,				SA11AL.		d				
	C ID number of contributing eral political committee.	С					y		50	.00				
GSł			cupation (for Individual) nsumer Healthcare		M	emo	Item							
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
	Name of Individual (Last, First, Middle Initi elville, Scott, M., ,	al) or Full C	Drganization Name		Date o	f Rec	ceipt							
	ling Address 1596 Lupine Den Court	1-			^M 12		D 15		2021 Y	Y				
City Vie	enna	State VA	Zip Code 22182					SA11AI.		d				
	C ID number of contributing eral political committee.	С					y .		208	_				
Cor	ne of Employer (for Individual) nsumer Healthcare Products reipt For:	Pres	eupation (for Individual) sident and CEO		M	lemo	ltem							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4784.00											
SUBT	OTAL of Receipts This Page (optional)		•				y		268	.00				
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 12 OF

171			Use separate schedule(s)	(ch	eck only	y or	ne)	L					
			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c 15	12		17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g contril	butio	ns		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	ssociati	tion PAC (CHPA/PAC	;)									
<u> </u>	Full Name of Individual (Last, First, Middle Initial Melville, Scott, M., ,	l) or Full Or	Organization Name		Date of	F Do							
Α.	Mailing Address 1596 Lupine Den Court				M M	/	D D	/ Y	Y Y		1		
	City	State	Zip Code		12 Trans	act	29 ion ID :	SA11AI.	2021 11247				
	Vienna	VA	22182		Amount	t of	Each R	eceipt th	is Perio	bd			
	FEC ID number of contributing federal political committee.	С							21	6.00			
	Name of Employer (for Individual) Consumer Healthcare Products		upation (for Individual) sident and CEO		M	emo	tem						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		5000.00	1									
	Full Name of Individual (Last, First, Middle Initial	l) or Full Or	Drganization Name										
Β.	Schloss, Marc, , ,				Date of	f Re	eceipt						
	Mailing Address 8221 Larry PI.				^M 12	/	D D D 15	/ Y	2021	Y			
	City Chevy Chase	State MD	Zip Code 20815	-				SA11AI.		1			
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	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		M	emo) Item						
		Aggregate	Year-to-Date 🔻										
	Other (specify)		575.00]									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial Schloss, Marc, , ,	l) or Full Or	Organization Name		Date of	f Re	eceipt						
	Mailing Address 8221 Larry Pl.				12 ^M	1	D D D 29	/ Y	2021	Y	1		
	City Chevy Chase	State MD	Zip Code 20815					SA11AI.			_		
	FEC ID number of contributing federal political committee.	С					Each R	eceipt th		5.00			
	Name of Employer (for Individual) Cons. Healthcare Prod. Assn.		upation (for Individual) Dir., Fed. Affairs		Memo Item								
	Pagaint For:	I	Year-to-Date ▼ 600.00]									
s	UBTOTAL of Receipts This Page (optional)			•					26	6.00			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

			Detailed Summary Page	×	11a 13		11b 14	11c 15		12 16	17				
An or	Detailed Summary P tormation copied from such Reports and Statements may not be sold or used I commercial purposes, other than using the name and address of any political of ME OF COMMITTEE (In Full) onsumer Healthcare Products Association PAC (CHPA) I Name of Individual (Last, First, Middle Initial) or Full Organization Name pangler, David, , , . illing Address 1449 N Street, NW Apartment 3 y ashington C Primary General Other (specify) ▼ I Name of Individual (Last, First, Middle Initial) or Full Organization Name pangler, David, , , IIIng Address 1449 N Street, NW Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ I Name of Individual (Last, First, Middle Initial) or Full Organization Name pangler, David, , , IIIIng Address 1449 N Street, NW Apartment 3 y ashington C Intame of Individual) PA State Zip Code 20005 C Dumber of contributing eral political committee. Primary		ay not be sold or used by any pe address of any political committee	erson for to sol	or the j icit con	purp ntrib	oose of s utions fr	soliciting om sucl) cor 1 co	ntributi mmitte	ons e.				
\rangle	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	ssociat	tion PAC (CHPA/PAC)												
Α.	Full Name of Individual (Last, First, Middle Initial Spangler, David, , ,	l) or Full O	Organization Name		Date of Receipt										
					м м 12	/	D D D 15	/ Y	1.00)21	Y				
	City Washington			A			on ID : S Each Re								
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	Name of Employer (for Individual) CHPA		,		Me	emo	Item								
	Primary General	Aggregate	Year-to-Date ▼ 3675.00												
B.	Spangler, David, , ,	l) or Full O	Organization Name		Date of	Re	ceipt								
	Apartment 3	01-1-	7.0.0.1		^M ^M 12	/	^D 29	/ Y	20	21 21	Y				
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	Name of Employer (for Individual) CHPA		1 ()		Me	emo	ltem								
	Primary General	Aggregate	Year-to-Date ▼ 3850.00												
C.	Tringale, Mike, , ,	l) or Full O	Organization Name		Date of	Re	ceipt								
	Mailing Address 2115 12th Place NW				^M 12	/	D D D 15	/ Y		21 21	Y				
	City Washington			A			on ID : S Each Re								
	FEC ID number of contributing federal political committee.	С					, .	, ,	_	41.6	7				
	Name of Employer (for Individual) Consumer Healthcare Prod. Assn	Sr. E	Dir., Comms. & Pub. Aff.		Me	emo	Item								
	Primary General	Aggregate	Year-to-Date ▼ 958.41												
s	UBTOTAL of Receipts This Page (optional)		·····				,	,		391.6	7				
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SCHEDULE A (FEC Form 3X) _ _ _

FOR LINE NUMBER:

PAGE 14 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 person for the purpose of soliciting contributions te to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ	cts Associat	ion PAC (CHPA/PAC)								
Full Name of Individual (Last, First, Middle A. Tringale, Mike, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2115 12th Place NW			12 29 2021								
City Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.11255 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.59								
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 ▼ 1000.00]								
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name	Data of Dessint								
B Mailing Address			Date of Receipt								
City	State	Zip Code	Amount of Each Receipt this Period								
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Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]								
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name	Date of Receipt								
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SCHEDULE B (FEC	Form 3X)			F	DR I	NE N				P	AGE	15 OF	15				
ITEMIZED DISBURSE	MENTS		rate schedule(s) category of the		heck	only	one)										
			Summary Page			21b 28a	22 28b		23 28c	26		27 30b					
Any information copied from suc or for commercial purposes, oth					any p	erso	n for the		ose o	f solicit		ontributions					
NAME OF COMMITTEE (In I					_												
Consumer Healthca		ssociatio	n PAC(CHF	PA/F	PAC	:)											
Full Name (Last, First, Middle A. Wells Fargo Bank	e Initial)						Date o										
Mailing Address 1510 K Stree	et NW								12 13 2021								
City Washington		State DC	Zip Code 20005				FEC Id	lentifi	cation	Numb	er						
Purpose of Disbursement					-	1	С										
Candidate Name				Cate	egory. /pe					ID : SB Disburs		1260 t this Perio	d				
Office Sought: House Senat	te	ment For: Primary	General	.,	/ 00				<u> </u>			65.86					
State: District:		Other (spec	siiy) ▼				Me	emo l	tem								
Full Name (Last, First, Middle B.	e Initial)						Date o	f Dis	burser		Y	Y Y Y					
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Purpose of Disbursement						1	С		_								
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Office Sought: House Senat		ment For: Primary	General														
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Office Sought: House Senat		ment For: Primary	General						-			1 40 1					
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SUBTOTAL of Disbursements	This Page (optional).					•			,			65.86					
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