Image# 13964887084		PAGE 1 / 16
	<b>PORT OF RECEIPTS</b> <b>ND DISBURSEMENTS</b> Other Than An Authorized Committee	Office Use Only
	E OR PRINT V Example: If typing, type	12FE4M5
COMMITTEE (in full)	over the lines.	
Consumer Healthcare Pro	ducts Association PAC (CHPA/PAC)	
ADDRESS (number and street)	00 19th Street, NW	
Check if different	uite 700	
them musicipality	Vashington	DC
2. FEC IDENTIFICATION NUMB		STATE ZIP CODE
C C00040584	3. IS THIS REPORT X (N) OR	AMENDED (A)
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20 (M3) Mar 20 (M6)	(Non-Election Year Only) (Non-Election Year Only) (Non-Election
April 15	Apr 20 (M4) Jul 20 (M7)	Vear Only) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election       Report for the:       Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31	M = M / D = D /	Y Y Y Y in the
Year-End Report (YE) July 31 Mid-Year	(d) 30-Day	State of
Report (Non-election Year Only) (MY)	POST-Election General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2013 through 11	M / D D / Y Y Y Y 30 2013
I certify that I have examined this Re	eport and to the best of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	isa Early	
Signature of Treasurer	[Electronically Filed]	Date 12 / 16 / Y Y Y Y 2013
NOTE: Submission of false, erroneous,	or incomplete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

12/16/2013 15 : 58

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

#### Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From:		o: 11 / 30 / Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		3776.46
	(b) Cash on Hand at Beginning of Reporting Period	29689.39	
	(c) Total Receipts (from Line 19)	1590.08	41513.81
	<ul> <li>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</li> </ul>	31279.47	45290.27
7.	Total Disbursements (from Line 31)	4547.20	18558.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26732.27	26732.27
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

X

		DETAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
W	rite or Type Committee Name		
C	consumer Healthcare Products As	sociation PAC (CHPA/PAC)	
Re	eport Covering the Period: From:	M / D D / Y Y Y Y 1 01 2013 To	b: 11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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)	1560.08	21002.33
	()		
	(ii) Unitemized	30.00	7473.62
	(iii) TOTAL (add	1500.00	20175.05
	Lines 11(a)(i) and (ii)▶	1590.08	28475.95
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	10000.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1590.08	38475.95
12.	Transfers From Affiliated/Other		7 7
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	537.86
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		
	Political Committees	0.00	2500.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds	0.00	
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(a) Total Transform (and 10/c) and 10/c))	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))►	1590.08	41513.81
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	1590.08	41513.81

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#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	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)						
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	47.20	629.33				
(c) Total Operating Expenditures	47.20	629.33				
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party						
Committees Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	4500.00	17928.67				
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00				
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
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				
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00				
Other Disbursements	0.00	0.00				
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity (from Schedule H6)</li></ul>						
(i) Federal Share	0.00	0.00				
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00				
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				
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4547.20	18558.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4547.20	18558.00				

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1590.08	38475.95
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1590.08	38475.95
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	47.20	629.33
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	537.86
3. Net Operating Expenditures (subtract Line 37 from Line 36)	47.20	91.47

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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IIEN	MIZED RECEIPTS		for each category Detailed Summar		×	11a 13		11b 14	11c 15	12		17				
or for	nformation copied from such Reports and St															
	AME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHI	PA/PAC)												
	Full Name (Last, First, Middle Initial) Lisa Early						Date of Receipt									
_	ailing Address 2835 N. Van Buren St.					™ M 1_1	/	D D 19	/ Y	2013						
Cit	ty rlington	State VA	Zip Code 22213	Transaction ID : SA11AI.7192 Amount of Each Receipt this Period												
FE	EC ID number of contributing deral political committee.	С				mouni		Each R	eceipt tr		is Period 500.00					
	ame of Employer onsumer Healthcare Prod. Ass.	Occupation	ent, Finance & Admin		-											
	eceipt For:		Year-to-Date ▼	1./01 0												
	Primary General Other (specify) ▼	Aggregate		500.00												
	II Name (Last, First, Middle Initial)					ate of	f Red	ceipt								
Ma	Mailing Address 626 F St, NE							11 15 2013								
Cit W	ty /ashington	State DC	Zip Code 20002		Transaction ID : SA11AI.7165 Amount of Each Receipt this Period											
	EC ID number of contributing deral political committee.	С			20							4				
	ame of Employer IPA	Occupation Director, Co	ommunications & Med	lia												
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	437.64												
	II Name (Last, First, Middle Initial)					ate of	f Red	ceipt								
Ma	ailing Address 626 F St, NE					м м 11	/	30	/ Y	2013	Y	1				
Cit W	ty /ashington	State DC	Zip Code 20002						SA11AI. eceipt th		od					
	EC ID number of contributing deral political committee.	C						,			20.8	4				
Na	ame of Employer	Occupation	1		1											
	HPA	Director, Co	dia													
Re	eceipt For: Primary General	Aggregate	Year-to-Date 🔻													
	Primary General Other (specify) ▼		7 7	458.48												
SUB	TOTAL of Receipts This Page (optional)			····· ►				,		54	41.68	3				
тот	AL This Period (last page this line number c	only)			Ī			7	,							

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PAGE 7 OF

			Detailed Summary Page		11a 13		11b	11c		12 16	17			
	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose of	soliciting		ntribut	ions			
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)											
Α.	Full Name (Last, First, Middle Initial) John Gay			Date of Receipt										
	Mailing Address 3180 N. Quincy St.	11 / D D / Y Y Y Y 11 15 2013												
	City Arlington	State VA	Zip Code 22207	Transaction ID : SA11AI.7167           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7			104.	17			
	Name of Employer Consumer Healthcare Products	Occupation Vice Presid	ent, Government Affairs											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2187.57											
в.	Full Name (Last, First, Middle Initial) John Gay	Date of Receipt												
	Mailing Address 3180 N. Quincy St.				11 30 2013 Transaction ID : SA11AI.7168									
-	City Arlington	State VA	Zip Code 22207				on ID : Each R							
	FEC ID number of contributing federal political committee.				7		_	104.	17					
	Name of Employer Consumer Healthcare Products	Occupation Vice Preside	ent, Government Affairs											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2291.74											
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
	Mailing Address 728 18th Street S.				м м 11	/	D D 15	/ Y		)13	Y			
	City Arlington	State VA	Zip Code 22202	A			ion ID : Each R							
	FEC ID number of contributing federal political committee.	С					,	5	_	20	84			
	Name of Employer													
	Consumer Healthcare Products Receipt For:		ctor, Federal Affairs Year-to-Date ▼	_										
	Primary General Other (specify) ▼													
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т	OTAL This Period (last page this line number o	only)					,	,						

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	d Statements may not be sold or used by any the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	cts Association PAC (CHPA/PAC	2)
Full Name (Last, First, Middle Initial)         Travis Gibbons         Mailing Address 728 18th Street S.         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify)	State       Zip Code         VA       22202         C       Occupation         Assoc. Director, Federal Affairs         Aggregate Year-to-Date ▼         458.48	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Carlos Gutierrez         Mailing Address 926 North Barton Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify)	State       Zip Code         VA       22201         C       Occupation         Director, State Affairs         Aggregate Year-to-Date ▼         437.64	Date of Receipt
Full Name (Last, First, Middle Initial)         Carlos Gutierrez         Mailing Address 926 North Barton Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify)	State       Zip Code         VA       22201         C       Occupation         Director, State Affairs         Aggregate Year-to-Date ▼         458.48	Date of Receipt
	) ber only)	► 62.52

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check onl	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<b>□</b> 4 <b>→</b>						
Any information copied from such Reports or for commercial purposes, other than us													
NAME OF COMMITTEE (In Full)													
Consumer Healthcare Proc	ducts Associat	ion PAC (CHPA/PAC	)										
Full Name (Last, First, Middle Initial) A. Mary Kassouf			Date of	f Receipt									
Mailing Address 501 Slaters Lane Apt. 404			M M	M M / D D / Y Y Y Y Y 11 15 2013									
City	State	Zip Code	Transaction ID : SA11AI.7173										
Alexandria	VA	22314	Amoun	t of Each Re	eceipt this	Period							
FEC ID number of contributing federal political committee.	C			3		10.	00						
Name of Employer	Occupation												
CHPA	Director, M	eetings											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		210.00	]										
Full Name (Last, First, Middle Initial) B. Mary Kassouf			Date of	f Receipt									
Mailing Address 501 Slaters Lane Apt. 404	01-1-	7. 0.4	M M	/ D D 30		у у 2013	Y						
City Alexandria	State VA	Zip Code 22314		<b>action ID : S</b> t of Each Re									
FEC ID number of contributing federal political committee.	C					10.0	00						
Name of Employer CHPA	Occupation Director, Me												
Receipt For:		Year-to-Date ▼											
Primary General Other (specify) ▼		220.00	1										
Full Name (Last, First, Middle Initial) C. Dr. Barbara A. Kochanowski			Date of	f Receipt									
Mailing Address 951 Hidden Park Place	9		1 <u>1</u>	/ D D 15	/ Y	y y 2013	Y						
City	State	Zip Code	Trans	action ID :	SA11AI.7	175							
Herndon	VA	20170	Amoun	t of Each Re	eceipt this	Period							
FEC ID number of contributing federal political committee.	C			7		20.	.84						
Name of Employer	Occupation												
CHPA Bassint For:	I	ent, Regulatory Affairs											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		437.64											
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	2	< 11a		11b	11c		12	<u> </u>	-		
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	for commercial purposes, other than using the													
$\setminus$	NAME OF COMMITTEE (In Full)													
	Consumer Healthcare Products	s Associat	tion PAC (CHPA/PAC)	1										
Α.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	Re	eceipt							
	Mailing Address 951 Hidden Park Place		11 30 _ 2013 _											
	City	State	Zip Code			act		SA11AI.7						
	Herndon	VA	20170		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		20.84										
	Name of Employer	Occupation	1	_										
	СНРА	Vice Presid	ent, Regulatory Affairs											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		458.48											
в.	Full Name (Last, First, Middle Initial) Mary Leonard		Date of Receipt											
	Mailing Address 1200 North Veitch Street Apt. 526		11 15 2013											
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.7	7183	;				
	Arlington	VA	22201	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.				<u>т</u>	7	_	10.	00	]				
	Name of Employer	Occupation	l											
		Consumer Healthcare Prod. Asso Communications												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		210.00											
			, , , , , , , , , , , , , , , , , , , ,											
C.	Full Name (Last, First, Middle Initial) Mary Leonard				Date of	Re	eceipt							
	Mailing Address 1200 North Veitch Street Apt. 526				м м 11	/	30	) / Y	20 <sup>-</sup>	ү 13	Y			
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	7184	<u>ا</u>				
	Arlington	VA	22201	_	Amount	t of	Each R	leceipt thi	is Pe	eriod				
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	Name of Employer	Occupation	1											
	Consumer Healthcare Prod. Asso	Communic	ations											
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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)									
Α.	Full Name (Last, First, Middle Initial) Scott M. Melville			Date of Receipt								
	Mailing Address 1596 Lupine Den Court	State	Zip Code	M M / D D / Y Y Y Y Y 11 15 2013								
	Vienna	VA	22182	Transaction ID : SA11AI.7177 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		208.33								
	Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	Occupation President a Aggregate										
В.	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court	Date of Receipt										
				11 30 2013								
	City	State	Zip Code	Transaction ID : SA11AI.7178								
	Vienna FEC ID number of contributing federal political committee.	C	22182	Amount of Each Receipt this Period								
	Name of Employer Consumer Healthcare Products	Occupation President a										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4583.33									
С.	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address 7605 Trail Run Rd.			M M / D D / Y Y Y Y 11 15 2013								
	City Falls Church	State VA	Zip Code 22042	Transaction ID : SA11AI.7179 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		62.51								
	Name of Employer	Occupation		-								
	Consumer Healthcare Products											
	Receipt For:											
	Primary General Other (specify) ▼											
s	UBTOTAL of Receipts This Page (optional)		••••••	479.17								
т	OTAL This Period (last page this line number c	only)	••••••									

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			Detailed Summary Page		✓ 11a 13		11b 14	11c		12 16	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to s	for the	purp ntrib	pose of	solicitin	g co h co	ntribut	ions		
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)										
Α.	Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd. City Falls Church FEC ID number of contributing federal political committee. Name of Employer	State VA C	Zip Code 22042			/ acti	30 ion ID :	SA11AI Receipt th	2 . <b>718</b>		ў 51		
	Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	Governmen	tt Affairs Year-to-Date ▼ 1375.22										
В.	Full Name (Last, First, Middle Initial)         Ted Peterson         Mailing Address 8417 Weller Avenue         City         McLean         FEC ID number of contributing federal political committee.         Name of Employer         CHPA         Receipt For:	State VA C Occupation VP	Zip Code 22102 Year-to-Date ▼		Date of Receipt								
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		875.07										
C.	Ted Peterson         Mailing Address 8417 Weller Avenue         City         McLean         FEC ID number of contributing federal political committee.         Name of Employer         CHPA         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation VP Aggregate	Zip Code 22102 Year-to-Date ▼ 916.74			/ acti	30 ion ID :		20 . <b>718</b>				
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or for	commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit co	ntrib	oution	ns fro	om such	1 con	nmitte	e.						
\ \	ME OF COMMITTEE (In Full)																	
$\mathbf{r}$	onsumer Healthcare Products	Associat	ion PAC (CHPA/PAC)	)														
Fu A.R	ll Name (Last, First, Middle Initial) Cong Xu			1	Date of Receipt													
Ma	ailing Address 11111 Luttrell Lane		11 15 2013															
Cit	iy	State	Zip Code			acti			A11AL									
Si	Iver Spring	MD	20902	/	Amoun	t of	Each	n Re	ceipt th	is Pe	eriod							
	C ID number of contributing deral political committee.	С					,		7	Ξ	10.	00						
Na	me of Employer	Occupation																
	onsumer Healthcare Prod. Asso																	
Re	Primary Conorol	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼		210.00															
	II Name (Last, First, Middle Initial)			Date of Receipt														
Ma	Mailing Address 11111 Luttrell Lane							11 30 2013										
Cit	iy	Transaction ID : SA11AI.7188																
Si	lver Spring	20902	/	Amoun	t of	Each	n Re	ceipt th	is Pe	eriod								
	C ID number of contributing deral political committee.	10.00																
	ime of Employer nsumer Healthcare Prod. Asso	Occupation Comptroller																
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]														
Fu <b>C.</b>	Il Name (Last, First, Middle Initial)				Date o	f Re	eceip	t										
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	C ID number of contributing leral political committee.		Amount of Each Receipt this Period															
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 14 OF 16										
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)										
	Detailed Summary Page	X 21b	22 23 24 25 26 28a 28b 28c 29 30b										
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or use me and address of any politica	d by any perso	on for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
Consumer Healthcare Products As	ssociation PAC (CHF	PA/PAC)											
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement											
Mailing Address 1800 K Street NW													
City Washington	StateZip CodeDC20006		Transaction ID : SB21B.7162										
Purpose of Disbursement		001	Amount of Each Disbursement this Period										
Candidate Name		Category/ Type	47.20										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼												
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SCH	IEDULE B (FEC Form 3X)			F	OR	LIN		JMBER	:			PA	GE	15 (	OF 16	5			
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N/	AME OF COMMITTEE (In Full)																		
$\vee$	Consumer Healthcare Products A	Associati	on PAC (CH	PA/F	PA	(C)	)												
	ull Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Con					Date of Disbursement													
_	ailing Address P.O. Box 137					11 19 2013													
	ity pokane urpose of Disbursement									Transaction ID : SB23.7193									
	andidate Name							Amount of Each Disbursement this Period											
C	ATHY MCMORRIS RODGERS			Cate T	egoi ype			Ľ	_	7	_	7	_	1000	0.00				
O	ffice Sought: House Disburg Senate President	sement For: Primary Other (sp	General																
_	tate: WA District: 05 ull Name (Last, First, Middle Initial)																		
В. С	CROWLEY FOR CONGRESS							Date o	_	sburse			/ – Y	Y	Y				
Ma	ailing Address 84-56 GRAND AVENUE						11 20 2013												
	LMHURST	State NY	Zip Code 11373					Trans	sacti	ion IC	):	SB23.7	'161						
	urpose of Disbursement						1	Amount of Each Disbursement this Period											
J	andidate Name OSEPH CROWLEY			Cate T	egoi ype			1000.00											
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Ma	ailing Address PO BOX 1577						M M / D D / Y Y Y Y 11 19 2013												
	ISMARCK	State ND	Zip Code 58502					Trans	sacti	ion ID	):	SB23.7	159						
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)			/_	_																
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А.	JIM GERLACH FOR CONGRESS COMMITTEE								Dis	burse		ent	V	Y	V						
	Mailing Address PO BOX 87									11 / 14 / 2013											
	City UWCHLAND	State PA	Zip Code 19480				Transaction ID : SB23.7158														
	Purpose of Disbursement		10400	_			Amount of Each Disbursement this Period														
				L.,																	
	Candidate Name JIM GERLACH			Cate	egor ype	'y/								500	0.00						
		ment For:	2014	·	900					7											
	Senate X	Primary	General																		
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В.	JOHNSON FOR CONGRESS					Date of Disbursement															
	Mailing Address P.O. BOX 14496							м 11	/		20	1		013	Y						
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	President	Primary Other (spe	General																		
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