Image# 15951119180		PAGE 1 / 10
	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	
1. NAME OF TYP	E OR PRINT V Example: If typing, type	
COMMITTEE (in full)	over the lines.	12FE4M5
Consumer Healthcare Pro	oducts Association PAC (CHPA/PAC)	
ADDRESS (number and street)	625 Eye Street NW	
Check if different	uite 600	
then providually	Vashington	
2. FEC IDENTIFICATION NUME		STATE ZIP CODE
C C00040584	3. IS THIS REPORT X (N) C	AMENDED (A)
4. TYPE OF REPORT (Choose One)	b) Monthly Report Due On:	(Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M3) Jun 20 (M4) Jul 20 (M4)	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the: Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3) January 31	M = M / D = D	/ YEYEY in the
Year-End Report (YE) July 31 Mid-Year	(d) 30-Day	State of
Report (Non-election Year Only) (MY)	POST-Election 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 Y Y Y Y Y Y Y Y Y Y Y Y Y	3. / D D / Y Y Y Y 3. 31. 2015
I certify that I have examined this R	eport and to the best of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasurer	Brian Green	
Signature of Treasurer	en [Electronically Filed]	Date 04 / D D / Y Y Y Y 2015
NOTE: Submission of false, erroneous	, or incomplete information may subject the person signi	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use		FEC FORM 3X Rev. 12/2004

04/10/2015 09 : 20

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: 03	M / D D / Y Y Y Y 01 2015 To:	03 / D D / Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		15617.07
	(b) Cash on Hand at Beginning of Reporting Period	18939.16	
	(c) Total Receipts (from Line 19)	7363.44	11284.59
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	26302.60	26901.66
7.	Total Disbursements (from Line 31)	2000.00	2599.06
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24302.60	24302.60
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

X

Γ	DE	TAILED SUMMARY PAGE of Receipts	
	FEC Form 3X (Rev. 06/2004)		Page 3
Wri	te or Type Committee Name		
С	onsumer Healthcare Products Asse	ociation PAC (CHPA/PAC)	
Re	port Covering the Period: From:	/ D D / Y Y Y Y 01 2015 To	. 03 / D D / Y Y Y Y 31 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
((a) Individuals/Persons Other		
	Than Political Committees	1833.36	3979.20
	(i) Itemized (use Schedule A)	7 7 7	
	(ii) Unitemized	530.08	1660.26
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	2363.44	5639.46
			0.00
((b) Political Party Committees	0.00	0.00
((c) Other Political Committees	5000.00	5000.00
	(such as PACs)		
((d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 		
	Totals to Line 33, page 5)	7363.44	10639.46
12	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
13. /	All Loans Received	0.00	0.00
14. I	_oan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	,
	Refunds, Rebates, etc.)	0.00	
	Carry Totals to Line 37, page 5)	0.00	645.13
-	Refunds of Contributions Made		
	o Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts	0.00	7 7 7
	Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds		
	a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
		, , , , , , , , , , , , , , , , , , , ,	
((b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))	7363.44	11284.59
	Total Federal Receipts		
((subtract Line 18(c) from Line 19)►	7363.44	11284.59

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	99.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	99.0
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	2000.00	2500.00
Independent Expenditures (use Schedule E)	0.00	0.0
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(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
(c) Total Federal Election Activity (add	0.00	0.0
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))	2000.00	2599.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2000.00	2599.06
	2000.00	

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	7363.44	10639.46
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	7363.44	10639.46
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	99.06
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	645.13
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-546.07

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c		12										
					13		14		15		16	17									
	y information copied from such Reports and for commercial purposes, other than using t																				
\backslash	NAME OF COMMITTEE (In Full)																				
$\Big/$	Consumer Healthcare Produc	ts Associat	ion PAC (CHPA/PAC))																	
Α.	Full Name (Last, First, Middle Initial) Chris B. Ascher		Date of	f Re	eceipt																
	Mailing Address 10234 Monrovia		03 02 2015 Transaction ID : SA11AI.7886																		
	City		Trans	acti	ion ID) : S	A11AI.	788	6												
	Lenexa	KS	66215	Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	С			1000.00																
	Name of Employer B.F. Ascher & Co., Inc.	Occupation President																			
	Receipt For:		Vear-to-Date V	\neg																	
	Primary General	Aggregate	Year-to-Date ▼																		
	Other (specify)		1000.00																		
в.	Full Name (Last, First, Middle Initial) John Gay	1			Date of	f Re	eceipt														
	Mailing Address 3180 N. Quincy St.		03 15 2015																		
	City	State Zip Code								Transaction ID : SA11AI.7892											
	Arlington	VA	22207		Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	С			104.17																
	Name of Employer Consumer Healthcare Products	Occupation Vice Preside	ent, Government Affairs																		
	Receipt For:	Aggregate	Year-to-Date ▼	-																	
	Primary General Other (specify) ▼																				
<u>с.</u>	Full Name (Last, First, Middle Initial) John Gay				Date of	f Re	eceipt														
-	Mailing Address 3180 N. Quincy St.				Date of Receipt																
	City	State	Zip Code		Trans	act	ion ID) : S	A11AI.												
	Arlington	VA	22207		Amount	t of	Each	Re	ceipt th	is P	Period										
	FEC ID number of contributing federal political committee.	C					7		7		104.	17									
	Name of Employer	Occupation		\neg																	
	Consumer Healthcare Products	Vice Presid	ent, Government Affairs																		
	Receipt For:		Year-to-Date ▼																		
	Primary General	11.																			
	Other (specify)		625.02																		
s	UBTOTAL of Receipts This Page (optional).						7		-1	-	1208.:	34									
т	OTAL This Period (last page this line number	er only)					,			<u> </u>											

FOR LINE NUMBER:

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PAGE 7 OF

	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 Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products /	Associat	tion 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	03 / 15 / 2015 Transaction ID : SA11AL7906										
	Vienna	VA	22182	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		208.33										
	Name of Employer	Occupation	1											
	Consumer Healthcare Products	President a	nd CEO											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		1041.66											
В.	Full Name (Last, First, Middle Initial)	Date of Receipt												
	Mailing Address 1596 Lupine Den Court	03 31 2015												
	City	State	Zip Code	Transaction ID : SA11AI.7907										
	Vienna	VA	22182	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		208.33										
		Occupation President a												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.99											
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt										
	Mailing Address 7605 Trail Run Rd.			03 15 2015										
	City Falls Church	State VA	Zip Code 22042	Transaction ID : SA11AI.7910 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		62.51										
	Name of Employer	Occupation	1	_										
	Consumer Healthcare Products	Governmer	nt Affairs											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		250.04											
	UBTOTAL of Receipts This Page (optional)			479.17										

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

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PAGE 8 OF

or for commercial purposes, ot NAME OF COMMITTEE (In Consumer Healthca Full Name (Last, First, Midd A. Lindsay Morris Mailing Address 7605 Trail I City Falls Church FEC ID number of contribut federal political committee. Name of Employer Consumer Healthcare Produ Receipt For: Primary Gen Other (specify) ▼ Full Name (Last, First, Midd Ted Peterson			Detailed Summary Page	×	11a 13	\vdash	11b 14	11c		12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose of	soliciting		ntribut	ions				
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products														
A.	Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.	Date of Receipt													
	City	-	03312015 Transaction ID : SA11AI.7911												
	Falls Church	VA	Zip Code 22042	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.				, .		_	62	.51						
		Occupation													
		Governmer	tt Affairs Year-to-Date ▼	_											
в.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt								
	Mailing Address 8417 Weller Avenue		03 / D D / Y Y Y Y Y 2015												
			Transaction ID : SA11AI.7912												
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period												
	Name of Employer CHPA														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35												
с.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt								
	Mailing Address 8417 Weller Avenue				м м 03	1	31)15	Y				
	City McLean	State VA	Zip Code 22102					SA11AI. Receipt th							
	FEC ID number of contributing federal political committee.	FEC ID number of contributing													
	Name of Employer	Occupation		_											
	СНРА	VP													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02												
	UBTOTAL of Receipts This Page (optional)		· · · ·				7		-	145. 1833.					
1	OTAL This Period (last page this line number of	л ну)	•••••••••••••••••••••••••••••••••••••••	•		-	7		diam'ne a state	1					

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

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		Detailed Summary Page		11a 13		11b 14	X 11c	12 16	17					
Any information copied from or for commercial purposes	n such Reports and Statements ma , other than using the name and a	y not be sold or used by any p ddress of any political committee	erson fo e to soli	or the	purp ntrib	oose o	of soliciting	g contribu	tions					
	-													
Full Name (Last, First, M A. PFIZER INC. PAC	fiddle Initial)			Date of	f Re	ceipt								
Mailing Address 235 EA	ST 42ND STREET		03 25 2015											
City NEW YORK	State NY	Zip Code 10017					: SA11C.7 Receipt th							
FEC ID number of contri federal political committe		0016683				7		5000	_					
Name of Employer	Occupation													
Receipt For: Primary □ 0 Other (specify) ▼	General Aggregate	Year-to-Date ▼ 5000.00]											
Full Name (Last, First, M	liddle Initial)			Date of	f Re	ceipt								
Mailing Address			Date of Receipt											
City	State	A	Amount of Each Receipt this Period											
FEC ID number of contri federal political committe														
Name of Employer	Occupation													
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Name of Employer	Occupation													
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TOTAL This Period (last p	age this line number only)					,		5000	.00					

S	CHEDULE B (FEC Form 3X)	F	OR		E NUMBER: PAGE 10 OF 10													
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	nly one)												
_			d Summary Page			21b 27	22 28a	×	23 28b		24 28c		25 29	26 30b				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)																	
	Consumer Healthcare Products As	ssociatio	on PAC (CH	PA/F	РА	C)												
Α.	Full Name (Last, First, Middle Initial)		Date	of Di	sburse	əme	ent											
	Mailing Address P.O. BOX 1441		03	И /	D	D)4	/ Y		015	Y								
	5	State	Zip Code				Tran	sact	ion ID		SB23 7	884						
	TOPEKA	KS	66601	Transaction ID : SB23.7884														
	Purpose of Disbursement						Amou	nt of	Each	Di	sbursei	men	t this	Period				
	Candidate Name			Cate	egoi ype								1000	0.00				
		ment For: Primary Other (sp	General		<u>, , , , , , , , , , , , , , , , , , , </u>						, , ,							
	State: KS District: 02																	
в.	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR SENAT	E					Date	of Di	sburse	eme	ent							
	Mailing Address P.O. BOX 25763						03 07 2015											
	City ALBUQUERQUE	State NM	Zip Code 87125				Transaction ID : SB23.7885											
	Purpose of Disbursement						Amou	nt of	Each	Di	sbursei	men	t this	Period				
						gory/							1000	0.00				
		mant Far		Туре								1000						
		ment For: Primary Other (sp	General	General														
	State: NM District: 01																	
C.	Full Name (Last, First, Middle Initial)						Date	_			_							
	Mailing Address						M	<i>A</i> 7	D	D	/ Y	Y	Y	Ŷ				
	City	State	Zip Code															
	Purpose of Disbursement																	
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