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Image# 15951383181

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	or Other Than An A	Authorized C	committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼			12FE4M5	
Consumer Healthcare F	Products Associat	ion PAC ((CHPA/PAC)		
ADDRESS (number and street)	1625 Eye Street NW				
Check if different	Suite 600				
than previously reported. (ACC)	MME OF MMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. Sumer Healthcare Products Association PAC (CHPA/PAC) ESS (number and street) Chock if different than previously reported (ACC) CC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ CO0040584 3. IS THIS NEW (N) OR ★ AMENDED CO0040584 3. IS THIS NEW (N) OR ★ AMENDED CO0040584 CO0040				
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00040584	3				
(Choose One)	Report Due On:	` '			20 (M9) Dec 20 (M12) (Non-Election Year Only)
(a) Quarterly Reports:	×	Apr 20 (M4)	Jul 20 (M	(17) Oct	
	TYPE OR PRINT ▼ Example: If typing, type over the lines. Care Products Association PAC (CHPA/PAC) The port (CITY A STATE A ZIP CODE A Suite 600 The port (N) OR AMENDED A				
	PRE-Election			H	
	3)				
	TYPE OR PRINT Example: If typing, type over the lines. BY Healthcare Products Association PAC (CHPA/PAC) Late of the lines over the lines. BY Healthcare Products Association PAC (CHPA/PAC) Late of the lines over the lines ov				
Report (Non-election Year Only) (MY)					
COMMITTEE (in full) Consumer Healthcare Products Association PAC (CHPA/PAC) ADDRESS (number and street) Check if different than producusly reported. (ACC) Sulle 600 Check if different than producusly reported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE A C C00040584 C C00040584 C C00040584 C CO0040584 C C C CO0040584 C C C C C C C C C C C C C C C C C C C					
			through 03		
I certify that I have examined this	s Report and to the bes	t of my knowle	dge and belief it i	s true, correct and	d complete.
Type or Print Name of Treasurer	Brian Green				
Signature of Treasurer Brian	Green	[El	lectronically Filed]		
NOTE: Submission of false, errone	ous, or incomplete inform	ation may subje	ct the person signi	ng this Report to the	ne penalties of 2 U.S.C. §437g.
Use					

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 03 01 2015 To: 03 31 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)	2047.50	2646.56
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24255.10	24255.10
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. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 03	01 2015 To:	
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(iii) TOTAL (add	530.08	1660.26
Lines 11(a)(i) and (ii)	2363.44	5639.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	7363.44	10639.46
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	200
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	645.13
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(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
(subtract Line 18(c) from Line 19)▶	7363.44	11284.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Calcindal Teal-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal offare		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	47.50	146.56
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	47.50	146.56
	Transfers to Affiliated/Other Party	77.00	140.00
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees		
	and Other Political Committees	2000.00	2500.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)	7 7	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
	(h) Political Party Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
•	Other Dispursements	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
	(") III - : II OI - : :	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7 7
	(b) Federal Election Activity Paid Entirely 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))	2047.50	2646.56
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	2047.50	2646.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	7363.44	10639.46
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7363.44	10639.46
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	47.50	146.56
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	645.13
3. Net Operating Expenditures (subtract Line 37 from Line 36)	47.50	-498.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOF	LINE	NU	MBER	:	PAGE	6	OF	10
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

Consumer Healthcare Produc	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Chris B. Ascher Mailing Address 10234 Monrovia City Lenexa FEC ID number of contributing federal political committee. Name of Employer B.F. Ascher & Co., Inc. Receipt For: Primary General Other (specify)	State Zip Code KS 66215 C Occupation President Aggregate Year-to-Date ▼	Date of Receipt 03 02 2015 Transaction ID: SA11AI.7886 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) 3. John Gay Mailing Address 3180 N. Quincy St.		Date of Receipt
City Arlington FEC ID number of contributing federal political committee.	State Zip Code VA 22207	03 15 2015 Transaction ID : SA11AI.7892 Amount of Each Receipt this Period 104.17
Name of Employer Consumer Healthcare Products Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President, Government Affairs Aggregate Year-to-Date ▼ 520.85	
Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St. City Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For:	State Zip Code VA 22207 C Occupation Vice President, Government Affairs Aggregate Year-to-Date ▼	Date of Receipt 03 31 2015 Transaction ID : SA11Al.7893 Amount of Each Receipt this Period
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	625.02	1208.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

F	DR	LINE	NU	MBER	:	PAGE	7	OF	10
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal part of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Scott M. Melville		Date of Receipt
Mailing Address 1596 Lupine Den Court		03 15 2015
City	State Zip Code VA 22182	Transaction ID : SA11AI.7906
Vienna	22102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
Consumer Healthcare Products	President and CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1041.66	
Full Name (Last, First, Middle Initial) Scott M. Melville		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
Name of Employer	Occupation	
Consumer Healthcare Products	President and CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1249.99	
Full Name (Last, First, Middle Initial) Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		03 15 2015
City Falls Church	State Zip Code VA 22042	Transaction ID : SA11AI.7910
	VA ZZU4Z	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer	Occupation	
Consumer Healthcare Products	Government Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.04	
SUBTOTAL of Receipts This Page (optional)	•	479.17
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	LINE	NU	MBER	:	PAGE	8	OF	10
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16	;	17

	and Statements may not be sold or used by any person on the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	vata Association DAG (OUDA/DAG)	
Consumer Healthcare Produ	ucts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		03 31 2015
City	State Zip Code	Transaction ID : SA11AI.7911
Falls Church	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer	Occupation	-
Consumer Healthcare Products	Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to bate ¥	
Other (specify) ▼	312.55	
Full Name (Last, First, Middle Initial) Ted Peterson		Date of Receipt
Mailing Address 8417 Weller Avenue		03 15 2015 _
City	State Zip Code	Transaction ID : SA11AI.7912
McLean	VA 22102	Amount of Each Receipt this Period
FEC ID number of contributing		Tanasan S. 220. Nosopi tilo i slica
federal political committee.	C	41.67
Name of Employer	Occupation	1
CHPA	VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.05	
Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial) C. Ted Peterson		Date of Receipt
Mailing Address 8417 Weller Avenue		03 31 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.7913
McLean	VA 22102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	_
СНРА	VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (options	al)	145.85
	<u>^</u>	4000.00
TOTAL This Period (last page this line nur	mber only)	1833.36

SCHEDULE A (FEC ITEMIZED RECEIPTS

В.

C.

	Use separate schedule(s)			FOR LINE NUMBER: PAGE 9 (check only one)						
	Detailed Summary Page		11a 13	11b	×	11c 15	\vdash	г	1	
Associat	ion PAC (CHPA/PAC)	ı								
			Date of	Receipt						
			M - M 03	/ 0	25	/ Y				
State NY	Zip Code 10017							eriod		
C coo	0016683	[7		5000.0	0	
Occupation										
Aggregate	Year-to-Date ▼ 5000.00									
			Date of	Receipt						
		7	M = M	/ D	D	/ Y	. Y	YY	1	
State	Zip Code	Α	mount	of Each	Rece	eipt th	is P	eriod		
С		[- 1		7			_	
Occupation										
Aggregate	Year-to-Date ▼									
			Date of	Receipt						
	State NY C Coo Occupation Aggregate State C Occupation	for each category of the Detailed Summary Page atements may not be sold or used by any page name and address of any political committee Association PAC (CHPA/PAC) State Zip Code NY 10017 C C00016683 Occupation Aggregate Year-to-Date State Zip Code C Occupation	Use separate schedule(s) for each category of the Detailed Summary Page attements may not be sold or used by any person for name and address of any political committee to sold Association PAC (CHPA/PAC) State Zip Code NY 10017 C C00016683 Occupation Aggregate Year-to-Date ▼ State Zip Code C Occupation Aggregate Year-to-Date ▼	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any person for the Iname and address of any political committee to solicit consumance and address of any po	Use separate schedule(s) for each category of the Detailed Summary Page 11a	Use separate schedule(s) for each category of the Detailed Summary Page 11a	Use separate schedule(s) for each category of the Detailed Summary Page 11a	Use separate schedule(s) for each category of the Detailed Summary Page attements may not be sold or used by any person for the purpose of soliciting corname and address of any political committee to solicit contributions from such collections. Association PAC (CHPA/PAC) Date of Receipt May 25 20	Use separate schedule(s) for each category of the Detailed Summary Page 11a	

	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
	Full Name (Last, First, Middle Initial)		Date of Receipt	
	Mailing Address		M = M / D = D / Y = Y = Y	
	City	State Zip Code		
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
5	SUBTOTAL of Receipts This Page (optional)		5000.00	

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF 10
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or one and address of any poli	used by any perso tical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Consumer Healthcare Products Ass	sociation PAC (Cl	HPA/PAC)	
Full Name (Last, First, Middle Initial)			
4. LYNN JENKINS FOR CONGRESS	,		Date of Disbursement
Mailing Address P.O. BOX 1441			03 04 2015
•	State Zip Code		Transaction ID : SB23.7884
	KS 66601		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
LYNN JENKINS		Type	100.00
Senate	nent For: 2016 Primary General Other (specify)		
State: KS District: 02			
Full Name (Last, First, Middle Initial)			
3. MARTIN HEINRICH FOR SENATE			Date of Disbursement
Mailing Address P.O. BOX 25763			03 07 2015
,	State Zip Code NM 87125		Transaction ID : SB23.7885
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name MARTIN HEINRICH		Category/ Type	1000.00
	nent For: 2018	1,750	
Senate	Primary General Other (specify) ▼		
State: NM District: 01	(
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
	State Zip Code		
•	State Zip Gode		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	1,750	
State: District:			
SUBTOTAL of Disbursements This Page (optional)			2000.00
TOTAL This Period (last page this line number only).			2000.00