Image# 13942316217 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than	An Authorized	Committee	;e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typir or the lines.	g, type	12FE4M5	
Consumer Healthcare F	Products Ass	ociation PAC	(CHPA/F	PAC)		
<u> </u>						
ADDRESS (number and street)	900 19th Street,	NW				
Check if different	Suite 700					
than previously reported. (ACC)	Washington				DC	20006
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		5	STATE 🛦	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	\sim	IEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) X Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Buc oii.	Mar 20 (M3)		un 20 (M6)	-	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1		Apr 20 (M4)		ul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(c) 12-Day PRE-E	lection for the:	Primary (12P Convention (General (
October 15 Quarterly Report (Q3	,	ioi tiic.	Convention	120)	Opeciai (120)
January 31 Year-End Report (YE		Election on	M = M /	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-	Election for the:	General (30G	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	пероп	Election on	M = M /	D D /	Y = Y = Y	in the State of
5. Covering Period 10	01	2013	through	10	/ 31 /	2013
I certify that I have examined this Type or Print Name of Treasurer	s Report and to the	ne best of my kno	wledge and b	elief it is tru	e, correct and	complete.
Signature of Treasurer Lisa Ed	arly		[Electronically	Filed] D	ate 11	/ 18 / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
NOTE: Submission of false, erroned	ous, or incomplete	information may su	ubject the pers	on signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 10 01 2013 To: 10 31 2013

		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	30944.84	
	(c) Total Receipts (from Line 19)	1790.08	39923.73
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32734.92	43700.19
7.	Total Disbursements (from Line 31)	3045.53	14010.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29689.39	29689.39
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)

ributions (other than loans) From: Individuals/Persons Other	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Individuals/Persons Other		
Than Political Committees	1500.08	19442.25
(i) Itemized (use Schedule A)	1300.00	7
(ii) Unitemized	290.00	7443.62
Lines 11(a)(i) and (ii)	1790.08	26885.87
Political Party Committees	0.00	0.00
Other Political Committees (such as PACs)	0.00	10000.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	1790.08	36885.87
sfers From Affiliated/Other	0.00	0.00
oans Received	0.00	0.00
Repayments Received	0.00	0.00
ets To Operating Expenditures		
unds, Rebates, etc.)		
ry Totals to Line 37, page 5)	0.00	537.86
nds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
ederal Candidates and Other		
cal Committees	0.00	2500.00
r Federal Receipts		
dends, Interest, etc.)	0.00	0.00
		, , , , , , , , , , , , , , , , , , , ,
(from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	(iii) Unitemized	(iii) Unitemized

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

		II. Disbursements COLUMN A Total This Period					
۱.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
	(i) Federal Share	0.00	0.00				
	()						
	(ii) Non-Federal Share	0.00	0.00				
	(b) Other Federal Operating	45.53	582.13				
	Expenditures(c) Total Operating Expenditures	45.55	302.13				
	(add 21(a)(i), (a)(ii), and (b))▶	45.53	582.13				
	Transfers to Affiliated/Other Party	7					
	Committees	0.00	0.00				
	Contributions to Federal Candidates/Committees and Other Political Committees	3000.00	13428.67				
	Independent Expenditures						
	(use Schedule E)	0.00	0.00				
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00					
	(use Schedule F)	0.00	0.00				
	Loan Repayments Made	0.00	0.00				
	Loan riepayments wade	7 7					
	Loans Made	0.00	0.00				
	Refunds of Contributions To: (a) Individuals/Persons Other						
	Than Political Committees	0.00	0.00				
	i						
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees	0.00	0.00				
	(such as PACs)	0.00	0.00				
	(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)	0.00	0.00				
	(i) Federal Share						
	(ii) "Levin" Share	0.00	0.00				
	(b) Federal Election Activity Paid Entirely		7 7				
	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				
	T. 18:1						
	Total Disbursements (add Lines 21(c), 22,	2015 50					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3045.53	14010.80				
	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)						
	from Line 31)	3045.53	14010.80				

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)	1790.08	36885.87
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1790.08	36885.87
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	45.53	582.13
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	537.86
3. Net Operating Expenditures (subtract Line 37 from Line 36)	45.53	44.27

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

FOR LINE NUMBER:					PAGE	6	OF	13
(che	eck only							
×	11a		11b		11c	12		
	13		14		15	16	;	17

	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
Consumer Healthcare Produ	cts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Lizabeth Funderburk		Date of Receipt
Mailing Address 626 F St, NE		10 15 2013
City	State Zip Code	Transaction ID : SA11AI.7124
Washington	DC 20002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	†
СНРА	Director, Communications & Media	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	395.96	
Full Name (Last, First, Middle Initial) Elizabeth Funderburk		Date of Receipt
Mailing Address 626 F St, NE		10 31 2013
City	State Zip Code	Transaction ID : SA11AI.7125
Washington	DC 20002	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA 	Director, Communications & Media	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	416.80	
Full Name (Last, First, Middle Initial) C. John Gay		Date of Receipt
Mailing Address 3180 N. Quincy St.		10 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.7126
Arlington	VA 22207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	-
Consumer Healthcare Products	Vice President, Government Affairs	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1979.23	
SUBTOTAL of Receipts This Page (optional	1)	145.85
	<u> </u>	
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

13

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2013 10 31 City State Zip Code Transaction ID: SA11AI.7127 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.40 Other (specify) Full Name (Last, First, Middle Initial) B. Travis Gibbons Date of Receipt Mailing Address 728 18th Street S. 10 15 2013 City State Zip Code Transaction ID: SA11AI.7128 VA Arlington 22202 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 395.96 Other (specify) Full Name (Last, First, Middle Initial) c. Travis Gibbons Date of Receipt Mailing Address 728 18th Street S. 10 31 2013 City Zip Code State Transaction ID: SA11AI.7129 Arlington VA 22202 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 416.80 Other (specify) 145.85 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOR LINE NOMBE (check only one)

X 11a 11b

FOF	OR LINE NUMBER:					-	8	OF	13
(check only one)									
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	13		14		15		16	;	17

Any information copied from such Reports and or for commercial purposes, other than using	Statements may not be sold or used by any persthe name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street City Arlington	State Zip Code VA 22201	Date of Receipt 10 15 2013 Transaction ID : SA11AI.7130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	Occupation Director, State Affairs Aggregate Year-to-Date ▼ 395.96	20.84
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:	State Zip Code VA 22201 C Occupation Director, State Affairs Aggregate Year-to-Date ▼	Date of Receipt 10 31 2013 Transaction ID: SA11AI.7131 Amount of Each Receipt this Period 20.84
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify) ▼	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affairs Aggregate Year-to-Date 395.96	Date of Receipt 10 15 2013 Transaction ID: SA11AI.7134 Amount of Each Receipt this Period 20.84
		62.52
IUIAL Inis Period (last page this line numb	er only)	

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

					PAGE	9	OF	13	
(ch	ne	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee ucts Association PAC (CHPA/PAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affairs	Date of Receipt 10 31 2013 Transaction ID: SA11AI.7135 Amount of Each Receipt this Period 20.84
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.80	
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court		Date of Receipt 10 15 2013
City Vienna FEC ID number of contributing federal political committee.	State Zip Code VA 22182	Transaction ID : SA11AI.7148 Amount of Each Receipt this Period 208.33
Name of Employer Consumer Healthcare Products Receipt For:	Occupation President and CEO Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3958.34	
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court		Date of Receipt 10 31 2013
City Vienna FEC ID number of contributing federal political committee.	State Zip Code VA 22182	Amount of Each Receipt this Period 208.33
Name of Employer Consumer Healthcare Products	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4166.67	
SUBTOTAL of Receipts This Page (optional	al)	437.50
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 10 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	e) 11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a	, , , ,				_		

A NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 10 2013 15 City State Zip Code Transaction ID: SA11AI.7136 VA Falls Church 22042 Amount of Each Receipt this Period FEC ID number of contributing C 62.51 federal political committee. Name of Employer Occupation Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1187.69 Other (specify) Full Name (Last, First, Middle Initial) **B.** Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 10 31 2013 City State Zip Code Transaction ID: SA11AI.7137 Falls Church VA 22042 Amount of Each Receipt this Period FEC ID number of contributing 62.51 federal political committee. Name of Employer Occupation Consumer Healthcare Products Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.20 Other (specify) Full Name (Last, First, Middle Initial) c. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue M = M / 10 15 2013 City State Zip Code Transaction ID: SA11AI.7138 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation VΡ **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 791.73 Other (specify) 166.69 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NUMBER:			PAGE	. 1	11	OF		13			
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

		atements may not be sold or used by any perso name and address of any political committee to				
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	Consumer Healthcare Products	Association PAC (CHPA/PAC)				
۸.	Full Name (Last, First, Middle Initial) Ted Peterson	Date of Receipt				
	Mailing Address 8417 Weller Avenue	10 31 2013				
	City	State Zip Code	Transaction ID : SA11AI.7139			
	McLean	VA 22102	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	41.67			
	Name of Employer	Occupation				
	CHPA	VP				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	833.40				
3.	Full Name (Last, First, Middle Initial) Emily Skor		Date of Receipt			
	Mailing Address 2113 12th Street NW	M = M / D = D / Y = Y = Y				
	City	10 15 2013				
	Washington	State Zip Code DC 20009	Transaction ID : SA11AI.7113 Amount of Each Receipt this Period			
	FEC ID number of contributing		Amount of Each freedipt this Feriou			
	federal political committee.	C	500.00			
	Name of Employer	Occupation				
	Consumer Healthcare Products	Vice President, Communications				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	500.00				
).	Full Name (Last, First, Middle Initial)		Date of Receipt			
	Mailing Address		M = M / D = D / Y = Y = Y			
City		State Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	Allount of Laur Heceipt this Feriou			
	Name of Employer	Occupation				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
s	UBTOTAL of Receipts This Page (optional)		541.67			
Т	OTAL This Period (last page this line number of	only)	1500.08			
	, , ,	· ·				

S 17

SCHEDULE B (FEC Form 3X)		F65	NUMBER: PAGE 12 OF 13				
•	Use separate schedule(s)	-	OIT EINE NOMBEIT.				
ITEMIZED DISBURSEMENTS	for each category of the	X 21b	(check only one) X 21b 22 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c	$ \frac{20}{29}$ $\frac{20}{30b}$			
Any information copied from such Reports and Statem	pente may not be cold or use						
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
Consumer Healthcare Products As	sociation PAC (CHF	PA/PAC)					
/ Full Name (Last, First, Middle Initial)							
A. Wells Fargo Bank	Date of Disbursement						
	10 11 2013						
Mailing Address 1800 K Street NW							
City	State Zip Code		Transaction ID : SB21B.71	21			
Washington	DC 20006		Transaction ib . 36216.71	21			
Purpose of Disbursement		001	Amount of Each Disburseme	ant this Pariod			
Candidate Name			Amount of Lacif Disburseme	ent this Feriod			
		Category/ Type		45.53			
Office Sought: House Disbursen							
	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B.			Date of Disbursement				
Mailing Address							
City							
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period				
Candidate Name							
		Category/ Type					
Office Sought: House Disbursen	nent For:						
	Primary General						
	Other (specify) ▼						
State: District:							
C.	Full Name (Last, First, Middle Initial)						
		M M / D D / Y	Y Y Y				
Mailing Address							
City							
Purpose of Disbursement							
. a.poso or biobursoment	Amount of Each Disburseme	ant this Pariod					
Candidate Name	Amount of Each dispurseme	ent this Period					
	Category/ Type						
Office Sought: House Disbursen							
	Primary General						
State: District:	Other (specify) ▼						
otate. District.							
SUBTOTAL of Disbursements This Page (optional)				45.53			
COSTOTAL OF DISSURGEMENTS THIS Fage (optional)							
TOTAL This Period (last page this line number only).				45.53			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF 13				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)			
	Detailed Summary Page	21b	22 🗙 23 24 25 26			
Г		27	28a 28b 28c 29 30b			
Any information copied from such Reports and Sta or for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)						
Consumer Healthcare Products A	Association PAC (CH	PA/PAC)				
Full Name (Last, First, Middle Initial)						
A. FRIENDS OF JOE PITTS	Date of Disbursement					
Mailing Address PO BOX 775			10 30 2013			
City	State Zip Code					
Unionville	PA 19375		Transaction ID : SB23.7120			
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
JOSEPH R. PITTS	. =	Туре	100.00			
	sement For: 2014					
Senate President	✓ Primary General Other (specify) ▼					
State: PA District: 16	Other (specify)					
Full Name (Last, First, Middle Initial)						
B. RICHARD E NEAL FOR CONGR	RESS COMMITTEE		Date of Disbursement			
MONTAND E NEAET ON CONCI	(LOO OOMMITTEL		M M / D D / Y Y Y Y			
Mailing Address 76 MAGNOLIA TERRACE		10 29 2013				
City	State Zip Code		Transaction ID : SB23.7119			
SPRINGFIELD	MA 01108					
Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name			Amount of Each Biobarcoment this Feriod			
RICHARD E MR. NEAL		Category/ Type	1000.00			
	sement For: 2014	71	,			
Senate	Y Primary General					
President	Other (specify) ▼					
State: MA District: 01						
Full Name (Last, First, Middle Initial)						
C. WELCH FOR CONGRESS	Date of Disbursement					
Mailing Address PO BOX 1682			10 03 2013			
Mailing Address PO BOX 1682	10 03 2013					
City	State Zip Code		T (' ID ODGG 7440			
BURLINGTON	VT 05402		Transaction ID: SB23.7118			
Purpose of Disbursement						
One Palata Name		Amount of Each Disbursement this Period				
Candidate Name PETER WELCH		Category/	1000.00			
	sement For: 2014	Туре				
Senate	Primary General					
President	Other (specify)					
State: VT District: 00	(space 3)/ V					
SUBTOTAL of Disbursements This Page (optional)		3000.00			
TOTAL This Period (last page this line number or	ly)		3000.00			