

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street) 1625 Eye Street NW

Check if different than previously reported. (ACC) Suite 600

Washington DC 20006

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00040584

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- Jul 20 (M7)
- May 20 (M5)
- Jun 20 (M6)
- Oct 20 (M10)
- Aug 20 (M8)
- Sep 20 (M9)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian Green

Signature of Treasurer Brian Green [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="15617.07"/>	<input type="text" value="15617.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12049.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1313.44"/>	<input type="text" value="15487.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="13363.02"/>	<input type="text" value="31104.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4047.16"/>	<input type="text" value="21788.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9315.86"/>	<input type="text" value="9315.86"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: / / To: / /

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).....	1041.76	7354.39
(ii) Unitemized	271.68	2487.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1313.44	9842.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1313.44	14842.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	645.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. 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))..... ▶	1313.44	15487.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1313.44	15487.42

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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	47.16	288.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	47.16	288.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	21500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. 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 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4047.16	21788.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4047.16	21788.63

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1313.44	14842.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1313.44	14842.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	47.16	288.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	645.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	47.16	-356.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. John Gay			Date of Receipt 06 / 15 / 2015 Transaction ID : SA11AI.8013
Mailing Address 3180 N. Quincy St.			Amount of Each Receipt this Period 104.17
City Arlington	State VA	Zip Code 22207	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1145.87	
Name of Employer Consumer Healthcare Products		Occupation Vice President, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Gay			Date of Receipt 06 / 30 / 2015 Transaction ID : SA11AI.8014
Mailing Address 3180 N. Quincy St.			Amount of Each Receipt this Period 104.17
City Arlington	State VA	Zip Code 22207	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1250.04	
Name of Employer Consumer Healthcare Products		Occupation Vice President, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Travis Gibbons			Date of Receipt 06 / 15 / 2015 Transaction ID : SA11AI.8015
Mailing Address 340 Cloudes Mill Ct.			Amount of Each Receipt this Period 20.84
City Alexandria	State VA	Zip Code 22304	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 229.24	
Name of Employer Consumer Healthcare Products		Occupation Assoc. Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	229.18
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	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Travis Gibbons
 Full Name (Last, First, Middle Initial)
 Mailing Address 340 Cloudes Mill Ct.
 City Alexandria State VA Zip Code 22304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.8016
 Amount of Each Receipt this Period
 20.84

B. Brian Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 19110 Mateny Hill Road
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Prod. Assn Occupation Vice President, Finance & Ops. (CFO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.8017
 Amount of Each Receipt this Period
 20.84

C. Brian Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 19110 Mateny Hill Road
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Prod. Assn Occupation Vice President, Finance & Ops. (CFO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.8018
 Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional).....▶	62.52
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	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Carlos Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 926 North Barton Street

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Products Occupation Director, State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 06 / 15 / 2015
Transaction ID : SA11AI.8019

Amount of Each Receipt this Period 20.84

B. Carlos Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 926 North Barton Street

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Products Occupation Director, State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.8020

Amount of Each Receipt this Period 20.84

C. Kaelan Hollon
Full Name (Last, First, Middle Initial)

Mailing Address 121 C Street SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Prod. Assn Occupation Director, Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 06 / 15 / 2015
Transaction ID : SA11AI.8021

Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.52

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		FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Kaelan Hollon
Full Name (Last, First, Middle Initial)

Mailing Address 121 C Street SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Prod. Assn Occupation Director, Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.08**

Date of Receipt **06 / 30 / 2015**

Transaction ID : SA11AI.8022

Amount of Each Receipt this Period **20.84**

B. Dr. Barbara A. Kochanowski
Full Name (Last, First, Middle Initial)

Mailing Address 951 Hidden Park Place

City Herndon State VA Zip Code 20170

FEC ID number of contributing federal political committee. **C**

Name of Employer CHPA Occupation Vice President, Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **229.24**

Date of Receipt **06 / 15 / 2015**

Transaction ID : SA11AI.8023

Amount of Each Receipt this Period **20.84**

C. Dr. Barbara A. Kochanowski
Full Name (Last, First, Middle Initial)

Mailing Address 951 Hidden Park Place

City Herndon State VA Zip Code 20170

FEC ID number of contributing federal political committee. **C**

Name of Employer CHPA Occupation Vice President, Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.08**

Date of Receipt **06 / 30 / 2015**

Transaction ID : SA11AI.8024

Amount of Each Receipt this Period **20.84**

SUBTOTAL of Receipts This Page (optional)..... **62.52**

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		FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Scott M. Melville
Full Name (Last, First, Middle Initial)

Mailing Address 1596 Lupine Den Court

City Vienna	State VA	Zip Code 22182
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FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Products	Occupation President and CEO
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2291.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.8027

Amount of Each Receipt this Period
208.33

B. Scott M. Melville
Full Name (Last, First, Middle Initial)

Mailing Address 1596 Lupine Den Court

City Vienna	State VA	Zip Code 22182
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FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Products	Occupation President and CEO
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.8028

Amount of Each Receipt this Period
208.33

C. Lindsay Morris
Full Name (Last, First, Middle Initial)

Mailing Address 7605 Trail Run Rd.

City Falls Church	State VA	Zip Code 22042
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FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Products	Occupation Government Affairs
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
687.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.8031

Amount of Each Receipt this Period
62.51

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		FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

A. Lindsay Morris
Full Name (Last, First, Middle Initial)
Mailing Address 7605 Trail Run Rd.
City Falls Church State VA Zip Code 22042
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Government Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.12

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.8032
Amount of Each Receipt this Period 62.51

B. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue
City McLean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 458.37

Date of Receipt 06 / 15 / 2015
Transaction ID : SA11AI.8033
Amount of Each Receipt this Period 41.67

C. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue
City McLean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.8034
Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional).....▶	145.85
TOTAL This Period (last page this line number only).....▶	1041.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 1510 K Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.8042

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. JOHNSON FOR CONGRESS

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement

Candidate Name

BILL JOHNSON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : **SB23.8043**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

LYNN JENKINS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : **SB23.8044**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

4000.00
