Image# 14952693338 PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL FO	or Other Than An A	utilorized	Committee	=		Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼		nple: If typing the lines.	g, type	12FE4M5	
Consumer Healthcare P	roducts Associati	on PAC	(CHPA/P	AC)		
ADDRESS (number and street)	1625 Eye Street NW					
▼	Suite 600					
Check if different than previously reported. (ACC)	Washington				DC	20006
2. FEC IDENTIFICATION NUM	MBER ▼	CITY A			STATE A	ZIP CODE ▲
C C00040584	3.	IS THIS REPORT	× NE	EW) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	Feb 20 (M2) Mar 20 (M3)		ay 20 (M5)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:		Apr 20 (M4)	<u> </u>	ıl 20 (M7)	Oct 2	Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)				11 20 (1117)		
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the		Primary (12P) Convention (12	2C)	General (
October 15 Quarterly Report (Q3)	·	. П	onvention (1)	20)	opeoidi (120)
January 31 Year-End Report (YE)	Ele	ction on	M = M /	D D /	Y Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the		General (30G)		Runoff (3	OR) Special (30S)
Termination Report (TER)	Ele	ction on	11 / / / / / / / / / / / / / / / / / /	04	2014	in the State of
5. Covering Period 10	16 Y Y Z Y Z 201	4	through	M M M	/ D D /	2014
I certify that I have examined this	Report and to the best	of my know	ledge and be	elief it is tru	e, correct and	l complete.
Type or Print Name of Treasurer	Brian Green					
Signature of Treasurer Brian G	ireen	[1	Electronically I	Filed] D	ate 12	02 / 2014
NOTE: Submission of false, erroneo	us, or incomplete informa	ation may sub	ject the perso	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)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 10 16 2014 To: 11 24 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		26775.86
	(b) Cash on Hand at Beginning of Reporting Period	7363.90	
	(c) Total Receipts (from Line 19)	11120.94	37421.16
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18484.84	64197.02
7.	Total Disbursements (from Line 31)	5067.67	50779.85
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13417.17	13417.17
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)

t Covering the Period: From: 10	16 2014 To:	11 24 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	1	
	5520 10	23708.31
(i) Itemized (use Schedule A)	5525.15	20100
(ii) Unitemized	5600.84	8037.02
Lines 11(a)(i) and (ii)	11120.94	31745.33
Political Party Committees	0.00	0.00
(such as PACs)	0.00	5000.00
Total Contributions (add Lines		
Totals to Line 33, page 5)▶	11120.94	36745.33
	0.00	0.00
Loans Received	0.00	0.00
an Repayments Received	0.00	0.00
	7	
efunds, Rebates, etc.)		
arry Totals to Line 37, page 5)	0.00	675.83
funds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
	0.00	0.00
· ·		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
	ntributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

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
Operating Expenditures: (a) Allocated Federal/Non-Federal	1044 1110 1 01104	Odiendai Teal-10-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	67.67	590.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	67.67	590.84
Transfers to Affiliated/Other Party		7 1 7
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5000.00	50189.01
Independent Expenditures (use Schedule E)	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 MadeRefunds of Contributions To:	0.00	0.00
(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 Defunds		
(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
V		200
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	, , , ,	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5067.67	50779.85
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	5007.07	50770.05
from Line 31)	5067.67	50779.85

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)	11120.94	36745.33
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11120.94	36745.33
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	67.67	590.84
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	675.83
8. Net Operating Expenditures (subtract Line 37 from Line 36)	67.67	-84.99

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

		IUMBER	PAGE		6	OF		15			
(check only one)											
X	11a	11b		11c		12					
	13	14		15		16			17		

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Scott Emerson		Date of Receipt
Mailing Address 407 East Lancaster Ave.		10 21 2014
City	State Zip Code	Transaction ID : SA11AI.7658
Wayne	PA 19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3000.00
Name of Employer	Occupation	
The Emerson Group	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) John Gay		Date of Receipt
Mailing Address 3180 N. Quincy St.		M = M / D = D / Y = Y = Y
City	State 7in Codo	10 31 2014
City Arlington	State Zip Code VA 22207	Transaction ID : SA11AI.7628
Arlington	22201	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) ▼	2083.40	
Full Name (Last, First, Middle Initial) C. John Gay		Date of Receipt
Mailing Address 3180 N. Quincy St.		11 15 2014
City	State Zip Code	Transaction ID : SA11AI.7629
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) ▼	2187.57	
SUBTOTAL of Receipts This Page (optional)		3208.34
TOTAL This Period (last page this line number	only)	

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

FC	DR	LINE	PAGE		7	OF		15				
(cl	(check only one)											
	X 11a 11b							12				
		13		14		15		16	;		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)

NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) 1. Travis Gibbons		Date of Receipt
Mailing Address 340 Cloudes Mill Ct.		10 31 _ 2014 _
City Alexandria	State Zip Code VA 22304	Transaction ID : SA11AI.7630 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 416.80	
Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct.	1	Date of Receipt
City Alexandria	State Zip Code VA 22304	Transaction ID : SA11AI.7631 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.64	
Full Name (Last, First, Middle Initial) C. Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Street		10 31 2014
City Arlington	State Zip Code VA 22201	Transaction ID : SA11AI.7632 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer	Occupation	
Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Director, State Affairs Aggregate Year-to-Date ▼ 416.80	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	62.52

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

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

	_	LINE	_		PAGE	8	OF	15	
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Association PAC (CHPA/PAC) State Zip Code VA 22201 C Occupation Director, State Affairs Aggregate Year-to-Date ▼	Date of Receipt 11 15 2014 Transaction ID: SA11AI.7633 Amount of Each Receipt this Period 20.84
VA 22201 C Occupation Director, State Affairs	11 15 2014 Transaction ID: SA11AI.7633 Amount of Each Receipt this Period
VA 22201 C Occupation Director, State Affairs	11 15 2014 Transaction ID : SA11AI.7633 Amount of Each Receipt this Period
VA 22201 C Occupation Director, State Affairs	Transaction ID : SA11AI.7633 Amount of Each Receipt this Period
Occupation Director, State Affairs	
Occupation Director, State Affairs	20.84
Director, State Affairs	
· .	
Aggregate Year-to-Date ▼	
437.64	
	Date of Receipt
	M = M / D = D / Y = Y = Y
State Zin Codo	10 31 2014
·	Amount of Each Receipt this Period
	Amount of Each Receipt this Period
C	20.84
Occupation	
Director, Meetings	
Aggregate Year-to-Date ▼	
416.80	
	Date of Receipt
	11 15 2014
State Zip Code VA 22314	Transaction ID : SA11AI.7635 Amount of Each Receipt this Period
С	20.84
Occupation	
Director, Meetings	
Aggregate Year-to-Date ▼	
437.64	
	62.52
	State Zip Code VA 22314 C Occupation Director, Meetings Aggregate Year-to-Date ▼ State Zip Code VA 22314 C Occupation Director, Meetings Aggregate Year-to-Date ▼

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

		LINE			PAGE	9	OF	15	
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		10 31 2014
City	State Zip Code	Transaction ID : SA11AI.7636
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.80	
Full Name (Last, First, Middle Initial) 3. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		11 15 2014 _
City	State Zip Code	Transaction ID : SA11AI.7637
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.64	
Full Name (Last, First, Middle Initial) C. Mary Leonard		Date of Receipt
Mailing Address 1200 North Veitch Street Apt. 526		11 15 2014
City	State Zip Code	Transaction ID : SA11AI.7639
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Consumer Healthcare Prod. Asso	Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)	>	51.68
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

15

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) Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 2014 10 31 City Zip Code State Transaction ID: SA11AI.7640 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.80 Other (specify) Full Name (Last, First, Middle Initial) B. Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 11 15 2014 City State Zip Code Transaction ID: SA11AI.7641 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Name of Employer Occupation Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4375.14 Other (specify) Full Name (Last, First, Middle Initial) c. Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 10 31 2014 City Zip Code State Transaction ID: SA11AI.7642 Falls Church VA 22042 Amount of Each Receipt this Period FEC ID number of contributing 62.51 С federal political committee. Name of Employer Occupation Consumer Healthcare Products Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.20 Other (specify) 479.19 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 L	INE NU	IMBER	:	PAGE	. 1	11	OF	15
(check	only or	ne)						
X 1	1a	11b		11c		12		
1	3	14		15		16		17

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.		Date of Receipt
City	State 7: 0: 1	11 15 2014
City Falls Church	State Zip Code VA 22042	Transaction ID : SA11AI.7643
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 62.51
Name of Employer	Occupation	
Consumer Healthcare Products	Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.71	
Full Name (Last, First, Middle Initial) 3. Shannon Penberthy		Date of Receipt
Mailing Address 3214 Porter St. NW		11 13 2014
City	State Zip Code	Transaction ID : SA11AI.7751
Washington	DC 20008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Procter & Gamble Company	Occupation Assoc. Director, Global Gov. Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Ted Peterson		Date of Receipt
Mailing Address 8417 Weller Avenue		Date of Receipt 10 31 2014
City	State Zip Code	Transaction ID : SA11AI.7644
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: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	833.40	
SUBTOTAL of Receipts This Page (optional)	•	1104.18
TOTAL This Period (last page this line number	only)	

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

	OR LINE NUMBER: PAGE 12 OF								
(che	(check only one)								
X	11a	11b		11c		12			
	13	14		15		16		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) Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 2014 15 City State Zip Code Transaction ID: SA11AI.7645 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation **CHPA** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 875.07 Other (specify) Full Name (Last, First, Middle Initial) B. Marc L. Rovner Date of Receipt Mailing Address 5 Persimmon Ln. 10 21 2014 City State Zip Code Transaction ID: SA11AI.7657 White Plains NY 10605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Boehringer Ingelheim Vice President & General Manager Receipt For: Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) Cong Xu		Date of Receipt
Mailing Address 11111 Luttrell Lane		11 15 2014
City	State Zip Code	Transaction ID : SA11AI.7649
Silver Spring	MD 20902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Consumer Healthcare Prod. Asso	Comptroller	
Receipt For:	Aggregate Year-to-Date ▼	

500.00

210.00

SUBTOTAL of Receipts This Page (optional)	·····			7		I	7		551.67]
TOTAL This Period (last page this line number	only)	_	_	7	Ξ	_	7	_	5520.10	

Primary

Primary

Other (specify)

Other (specify)

General

General

S ľ

SC	CHEDULE B (FEC Form 3X)		T -			h ! !	IMPER				Гр	AGE	13	OF.	15
	EMIZED DISBURSEMENTS	Use separate schedule(s)				NUMBER: PAGE y one)						10	OI.		
111	LIVIIZED DISBURSEIVIEN IS	for each category of the	'		21b	Ϊ	22		23	Г	24		25		7 26
		Detailed Summary Page		H	27	+	28a		28b	\vdash	280		29		30b
An	y information copied from such Reports and Statem	ents may not be sold or use	ed bv	anv	pers	son	for the	pur	pose	of :	solicit	ing co	ntrib	ıtion	s
	for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full)														
$ \rangle$	Consumer Healthcare Products As	sociation PAC (CHI	PA/F	ΡΑ	C)										
\angle															
	Full Name (Last, First, Middle Initial)														
Α.	Wells Fargo Bank						Date o	of Di	sburse	eme	ent				
	Moiling Address 4540 K Chroat NW					-	M = M	7		D	/		014	Υ	
	Mailing Address 1510 K Street NW						1,1	٠.		2	1 1		014	-	
	City	State Zip Code													
	Washington	DC 20005					Tran	sact	ion ID) : \$	SB21E	B.776	2		
	Purpose of Disbursement				_										
			0	01			Amour	nt of	Each	Di	sburs	emen	t this	Peri	od
	Candidate Name		Cate		ry/								6	7.67	
	Office County		T	ype			-	-	7	-	7			07	
	Office Sought: House Disbursen														
		Primary General Other (specify) ▼													
	State: District:	outor (apoonly)													
	Full Name (Last, First, Middle Initial)														
В.	Tall Halls (Lack, Flied, Illiado Illiad)						Date o	of Di	sburse	eme	ent				
							M N	/	D	D	7 / 6	Y - Y	Y	Υ	
	Mailing Address						Ι"."		Ι.						
															1
	City	state Zip Code													
	Purpose of Disbursement					-									
	i dipose oi Dispuisement						Amour	nt of	Each	Di	sburs	emen	t this	Peri	od
	Candidate Name		C::		m . /			51	_0011	ار	J. W. O	2011		. 011	
			Cate	egoi ype	ry/				7						
	Office Sought: House Disbursen	nent For:		, 1- 0		1			,		,				
		Primary General													
	President	Other (specify) ▼													
	State: District:														
	Full Name (Last, First, Middle Initial)														
C.							Date o	of Di	sburse	eme	ent				
	Moiling Address					-	M = N	/	D	D	/	Y	Υ	Υ	
	Mailing Address							-			1 [_	-	-	
	City	state Zip Code													
	,	F													
	Purpose of Disbursement				_										
			L				Amour	nt of	Each	Di	sburs	emen	t this	Peri	od
	Candidate Name		Cate		ry/			_			-				
	Office County		T	ype				_	7		, ,				
	Office Sought: House Disbursen Senate														
		Primary General Other (specify) ▼													
	State: District:	Curon (apoonly)													
г	2.00.00														_
5	UBTOTAL of Disbursements This Page (optional)												6	7.67	
\vdash							=	÷	1		, ,	+	-		=
Т	OTAL This Period (last page this line number only)				•				,				6	7.67	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 15
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 24 📗 25 🖂 26
	_ station duffilliary i ago	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the nam	e and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Consumer Healthcare Products As	sociation PAC (CHI	PA/PAC)	
Full Name (Last, First, Middle Initial)			
A. BEN SASSE FOR US SENATE IN	C		Date of Disbursement
Moiling Address 405 5407 0711 07D557			M M / D D / Y Y Y Y Y
Mailing Address 105 EAST 6TH STREET			10 29 2014
City	State Zip Code		
FREMONT	NE 68025		Transaction ID : SB23.7761
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
BENJAMIN E SASSE Office Sought: House Disbursen	nent For: 2014	Туре	
	Primary X General		
	Other (specify)		
State: NE District: 00	(1), V		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF JOHN BARROW			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 1001			10 29 2014
City	State Zip Code		
AUGUSTA	GA 30903		Transaction ID : SB23.7754
Purpose of Disbursement			
		1 []	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
JOHN J. BARROW		Type	1000.00
	nent For: 2014 Primary		
	Primary ∑ General Other (specify) ▼		
State: GA District: 12	Carlot (opcomy)		
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF MARY LANDRIEU, I	NC.		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 700 13TH STREET NW			10 29 2014
SUITE 600	7:- O-d-		
,	State Zip Code DC 20005		Transaction ID : SB23.7760
Purpose of Disbursement	20000		
			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
MARY LANDRIEU		Type	1000.00
	nent For: 2014		
	Primary General		
State: LA District: 00	Other (specify) ▼		
District. 00			
SUBTOTAL of Disbursements This Page (optional)			3000.00
and the second s			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 15			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.			
TILIVIIZED DIODOTTOLIVILIVIO	for each category of the	21b	22 🔀 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30			
Any information copied from such Reports and Stater	nents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the nan	ne and address of any politic	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Consumer Healthcare Products As	sociation PAC (CH	PA/PAC)				
/ Consumor risalinical or readole ris	occidion i i i i (ori	. , (. , (0)				
Full Name (Last, First, Middle Initial)						
ackslash LYNN JENKINS FOR CONGRESS	LYNN JENKINS FOR CONGRESS					
			M M / D D / Y Y Y Y			
Mailing Address P.O. BOX 1441			10 29 2014			
City	State Zin Code					
City S TOPEKA	State Zip Code KS 66601		Transaction ID : SB23.7753			
Purpose of Disbursement	100001					
r dipose of Biobardenient			Amount of Each Disbursement this Period			
Candidate Name			S S S S S S S S S S S S S S S			
LYNN JENKINS		Category/ Type	1000.00			
	nent For: 2014	Type				
Senate	Primary X General					
President	Other (specify)					
State: KS District: 02	· \-i 3/ ▼					
Full Name (Last, First, Middle Initial)						
Roberts for Senate			Date of Disbursement			
Nobelia idi deliale		M = M / D = D / Y = Y = Y				
Mailing Address P.O. Box 433			10 28 2014			
1 10. Box 100						
City	State Zip Code		Transaction ID : SB23.7625			
Great Bend	KS 67530		11a113a0ti011 ID . 3D23.1023			
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
PAT ROBERTS		Туре	1000.00			
	nent For: 2014					
Senate	Primary General					
President	Other (specify) ▼					
State: KS District: 00						
Full Name (Last, First, Middle Initial)			Data of Dishursomert			
.			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
,	_ip 0000					
Purpose of Disbursement						
		Amount of Each Disbursement this Period				
Candidate Name		Category/				
		Type				
Office Sought: House Disburser	nent For:		,			
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			2000.00			
TOTAL This Period (last page this line number only)			5000.00			