



**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="2014"/>	<input type="text" value="26775.86"/>	<input type="text" value="26775.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7363.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11120.94"/>	<input type="text" value="37421.16"/>
(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="18484.84"/>	<input type="text" value="64197.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5067.67"/>	<input type="text" value="50779.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13417.17"/>	<input type="text" value="13417.17"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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: 10 / 16 / 2014 To: 11 / 24 / 2014

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).....	5520.10	23708.31
(ii) Unitemized .....	5600.84	8037.02
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11120.94	31745.33
(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) .....	11120.94	36745.33
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	675.83
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))..... ▶	11120.94	37421.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11120.94	37421.16

**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 .....	67.67	590.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	67.67	590.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	50189.01
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)) ..	5067.67	50779.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11120.94	36745.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11120.94	36745.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	67.67	590.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	675.83
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	67.67	-84.99

**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 6 OF 15
<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

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)**

**A. Scott Emerson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 407 East Lancaster Ave.  
City Wayne State PA Zip Code 19087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Emerson Group Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : SA11AI.7658**  
Amount of Each Receipt this Period 3000.00

**B. John Gay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3180 N. Quincy St.  
City Arlington State VA Zip Code 22207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Vice President, Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2083.40

Date of Receipt 10 / 31 / 2014  
**Transaction ID : SA11AI.7628**  
Amount of Each Receipt this Period 104.17

**C. John Gay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3180 N. Quincy St.  
City Arlington State VA Zip Code 22207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Vice President, Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2187.57

Date of Receipt 11 / 15 / 2014  
**Transaction ID : SA11AI.7629**  
Amount of Each Receipt this Period 104.17

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3208.34  
**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 15
<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)**

Full Name (Last, First, Middle Initial) <b>A. Travis Gibbons</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : SA11AI.7630</b>
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		
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) ▼	Aggregate Year-to-Date ▼ 416.80	

Full Name (Last, First, Middle Initial) <b>B. Travis Gibbons</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2014 <b>Transaction ID : SA11AI.7631</b>
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		
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) ▼	Aggregate Year-to-Date ▼ 437.64	

Full Name (Last, First, Middle Initial) <b>C. Carlos Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : SA11AI.7632</b>
Mailing Address 926 North Barton Street		Amount of Each Receipt this Period 20.84
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<b>TOTAL</b> 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 15
<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)**

Full Name (Last, First, Middle Initial) <b>A. Carlos Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2014 <b>Transaction ID : SA11AI.7633</b>
Mailing Address 926 North Barton Street		Amount of Each Receipt this Period 20.84
City Arlington	State Zip Code VA 22201	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 437.64
Name of Employer Consumer Healthcare Products	Occupation Director, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mary Kassouf</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : SA11AI.7634</b>
Mailing Address 501 Slaters Lane Apt. 404		Amount of Each Receipt this Period 20.84
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 416.80
Name of Employer CHPA	Occupation Director, Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mary Kassouf</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2014 <b>Transaction ID : SA11AI.7635</b>
Mailing Address 501 Slaters Lane Apt. 404		Amount of Each Receipt this Period 20.84
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 437.64
Name of Employer CHPA	Occupation Director, Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<b>TOTAL</b> 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 15
	<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"/>	<input type="checkbox"/> 17

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

**A. 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 ▼ 416.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA11AI.7636**  
 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 ▼ 437.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2014  
**Transaction ID : SA11AI.7637**  
 Amount of Each Receipt this Period  
 20.84

**C. Mary Leonard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 North Veitch Street Apt. 526  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Healthcare Prod. Asso Occupation Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2014  
**Transaction ID : SA11AI.7639**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.68
<b>TOTAL</b> 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 15
<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  
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 **4166.80**

Date of Receipt **10 / 31 / 2014**  
**Transaction ID : SA11AI.7640**  
Amount of Each Receipt this Period **208.34**

**B. Scott M. Melville**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1596 Lupine Den Court  
City Vienna State VA Zip Code 22182  
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 **4375.14**

Date of Receipt **11 / 15 / 2014**  
**Transaction ID : SA11AI.7641**  
Amount of Each Receipt this Period **208.34**

**C. 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 **1250.20**

Date of Receipt **10 / 31 / 2014**  
**Transaction ID : SA11AI.7642**  
Amount of Each Receipt this Period **62.51**

**SUBTOTAL** of Receipts This Page (optional)..... **479.19**  
**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 15
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Lindsay Morris</b>		Date of Receipt
Mailing Address 7605 Trail Run Rd.		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Falls Church	State VA	Zip Code 22042
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.7643</b>
Name of Employer Consumer Healthcare Products	Occupation Government Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="62.51"/>
	<input type="text" value="1312.71"/>	

Full Name (Last, First, Middle Initial) <b>B. Shannon Penberthy</b>		Date of Receipt
Mailing Address 3214 Porter St. NW		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.7751</b>
Name of Employer The Procter & Gamble Company	Occupation Assoc. Director, Global Gov. Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ted Peterson</b>		Date of Receipt
Mailing Address 8417 Weller Avenue		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.7644</b>
Name of Employer CHPA	Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.67"/>
	<input type="text" value="833.40"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1104.18"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 12 OF 15
<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. 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 ▼ **875.07**

Date of Receipt **11 / 15 / 2014**  
**Transaction ID : SA11AI.7645**  
Amount of Each Receipt this Period **41.67**

**B. Marc L. Rovner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Persimmon Ln.  
City White Plains State NY Zip Code 10605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boehringer Ingelheim Occupation Vice President & General Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 21 / 2014**  
**Transaction ID : SA11AI.7657**  
Amount of Each Receipt this Period **500.00**

**C. Rong Xu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11111 Luttrell Lane  
City Silver Spring State MD Zip Code 20902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Prod. Asso Occupation Comptroller  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 15 / 2014**  
**Transaction ID : SA11AI.7649**  
Amount of Each Receipt this Period **10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>551.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5520.10</b>

**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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7762**

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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. BEN SASSE FOR US SENATE INC**

Mailing Address 105 EAST 6TH STREET

City State Zip Code  
FREMONT NE 68025

Purpose of Disbursement

Candidate Name

**BENJAMIN E SASSE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : SB23.7761**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN BARROW**

Mailing Address PO BOX 1001

City State Zip Code  
AUGUSTA GA 30903

Purpose of Disbursement

Candidate Name

**JOHN J. BARROW**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : SB23.7754**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARY LANDRIEU, INC.**

Mailing Address 700 13TH STREET NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement

Candidate Name

**MARY LANDRIEU**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : SB23.7760**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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. 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

State: KS District: 02

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SB23.7753**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Roberts for Senate**

Mailing Address P.O. Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Candidate Name

**PAT ROBERTS**

Office Sought:  House  Senate  President

State: KS District: 00

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SB23.7625**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y

Amount of Each Disbursement this Period

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

2000.00

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

5000.00