

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 Suite 600 Washington DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00040584 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 11 / 01 / 2015 through 11 / 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 01 / 19 / 2016

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="12859.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10413.44"/>	<input type="text" value="37054.62"/>
(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="23273.34"/>	<input type="text" value="52671.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1007.54"/>	<input type="text" value="30405.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22265.80"/>	<input type="text" value="22265.80"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	3143.44	21310.75
(ii) Unitemized .....	7270.00	10098.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10413.44	31409.49
(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) .....	10413.44	36409.49
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))..... ▶	10413.44	37054.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10413.44	37054.62

**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
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 .....	106.02	601.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	106.02	601.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	901.52	29804.12
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)) ..	1007.54	30405.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1007.54	30405.89

**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) .....	10413.44	36409.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10413.44	36409.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	106.02	601.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	645.13
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	106.02	-43.36

**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 16
<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. Susan DiBartolo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2717 Felter Lane  
City Bowie State MD Zip Code 20715  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Manager, IT, Database & Website  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 15 / 2015**  
**Transaction ID : SA11AI.8199**  
Amount of Each Receipt this Period **10.00**

**B. Susan DiBartolo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2717 Felter Lane  
City Bowie State MD Zip Code 20715  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Manager, IT, Database & Website  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : SA11AI.8200**  
Amount of Each Receipt this Period **10.00**

**C. 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 **2000.00**

Date of Receipt **11 / 17 / 2015**  
**Transaction ID : SA11AI.8240**  
Amount of Each Receipt this Period **2000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2020.00**  
**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 16
<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. John Gay</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015 <b>Transaction ID : SA11AI.8201</b>
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	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) ▼	Aggregate Year-to-Date ▼ 2187.57	

Full Name (Last, First, Middle Initial) <b>B. John Gay</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015 <b>Transaction ID : SA11AI.8202</b>
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	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) ▼	Aggregate Year-to-Date ▼ 2291.74	

Full Name (Last, First, Middle Initial) <b>C. Travis Gibbons</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015 <b>Transaction ID : SA11AI.8203</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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	229.18
<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 16
	<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. 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 ▼ 458.48

Date of Receipt 11 / 30 / 2015  
**Transaction ID : SA11AI.8204**

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 ▼ 437.64

Date of Receipt 11 / 15 / 2015  
**Transaction ID : SA11AI.8205**

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 ▼ 458.48

Date of Receipt 11 / 30 / 2015  
**Transaction ID : SA11AI.8206**

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 16
<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. 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 ▼ 437.64

Date of Receipt 11 / 15 / 2015  
**Transaction ID : SA11AI.8207**

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 ▼ 458.48

Date of Receipt 11 / 30 / 2015  
**Transaction ID : SA11AI.8208**

Amount of Each Receipt this Period 20.84

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

Mailing Address 100 I Street SE Apt. 214

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 ▼ 437.64

Date of Receipt 11 / 15 / 2015  
**Transaction ID : SA11AI.8209**

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: PAGE 10 OF 16  
(check only one)

<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)  
**A. Kaelan Hollon**

Mailing Address 100 I Street SE  
Apt. 214

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 ▼ **458.48**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : SA11AI.8210**

Amount of Each Receipt this Period **20.84**

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

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 **11 / 15 / 2015**

**Transaction ID : SA11AI.8211**

Amount of Each Receipt this Period **20.84**

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

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 ▼ **458.48**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : SA11AI.8212**

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 11 OF 16
<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. 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 / 2015**

**Transaction ID : SA11AI.8213**

Amount of Each Receipt this Period  
**10.00**

**B. 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 ▼ **220.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : SA11AI.8214**

Amount of Each Receipt this Period  
**10.00**

**C. 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 ▼ **4374.94**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 15 / 2015**

**Transaction ID : SA11AI.8215**

Amount of Each Receipt this Period  
**208.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>228.33</b>
<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 12 OF 16
<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 ▼ 4583.27

Date of Receipt 11 / 30 / 2015  
**Transaction ID : SA11AI.8216**

Amount of Each Receipt this Period 208.33

**B. 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 ▼ 1312.71

Date of Receipt 11 / 15 / 2015  
**Transaction ID : SA11AI.8219**

Amount of Each Receipt this Period 62.51

**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 ▼ 1375.22

Date of Receipt 11 / 30 / 2015  
**Transaction ID : SA11AI.8220**

Amount of Each Receipt this Period 62.51

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 333.35

**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 13 OF 16
<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  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

**Transaction ID : SA11AI.8221**

Amount of Each Receipt this Period  

41.67
-------

**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 ▼ **916.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : SA11AI.8222**

Amount of Each Receipt this Period  

41.67
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**C. Maria Sarabia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 240 Manor Circle  
Apartment 1

City Takoma Park	State MD	Zip Code 20912
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FEC ID number of contributing federal political committee. **C**

Name of Employer Consumer Healthcare Products	Occupation Manager, Meetings & Events
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

**Transaction ID : SA11AI.8223**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>93.34</b>
<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 14 OF 16
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Maria Sarabia</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 240 Manor Circle Apartment 1		<b>Transaction ID : SA11AI.8224</b>
City Takoma Park	State MD	Zip Code 20912
FEC ID number of contributing federal political committee.	C	
Name of Employer Consumer Healthcare Products	Occupation Manager, Meetings & Events	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Emily Skor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015
Mailing Address 2113 12th Street NW		<b>Transaction ID : SA11AI.8227</b>
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee.	C	
Name of Employer Consumer Healthcare Products	Occupation Vice President, Communications	Amount of Each Receipt this Period 20.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.28	

Full Name (Last, First, Middle Initial) <b>C. Emily Skor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 2113 12th Street NW		<b>Transaction ID : SA11AI.8228</b>
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee.	C	
Name of Employer Consumer Healthcare Products	Occupation Vice President, Communications	Amount of Each Receipt this Period 20.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.12	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.68
<b>TOTAL</b> This Period (last page this line number only).....▶	3143.44

**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.8198**

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

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NAME OF COMMITTEE (In Full)

**Consumer Healthcare Products Association PAC (CHPA/PAC)**

Full Name (Last, First, Middle Initial)

### A. Consumer Healthcare Products Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Mailing Address 1625 Eye Street NW  
Suite 600

City Washington State DC Zip Code 20006

Purpose of Disbursement  
In-Kind for Brady for Congress

Candidate Name

**BRADY FOR CONGRESS**

Category/  
Type

**Transaction ID : SB23.8197**

Amount of Each Disbursement this Period

901.52
--------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

901.52
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901.52
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