

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 ▼** C C00040584 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) 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 12 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 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 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="22265.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1120.79"/>	<input type="text" value="38175.41"/>
(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="23386.59"/>	<input type="text" value="53792.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1056.68"/>	<input type="text" value="31462.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22329.91"/>	<input type="text" value="22329.91"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	1100.79	22411.54
(ii) Unitemized	20.00	10118.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1120.79	32530.28
(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)	1120.79	37530.28
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))..... ▶	1120.79	38175.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1120.79	38175.41

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	56.68	658.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	56.68	658.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	30804.12
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)) ..	1056.68	31462.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1056.68	31462.57

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)	1120.79	37530.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1120.79	37530.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	56.68	658.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	645.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	56.68	13.32

**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. 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 ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SA11AI.8302

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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.8303

Amount of Each Receipt this Period

10.00

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 ▼ **2395.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SA11AI.8304

Amount of Each Receipt this Period

104.17

SUBTOTAL of Receipts This Page (optional).....▶	124.17
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: PAGE 7 OF 15
(check only one)
 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)

A. 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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.8305
 Amount of Each Receipt this Period
 104.09

B. 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 ▼ 479.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.8306
 Amount of Each Receipt this Period
 20.84

C. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.8307
 Amount of Each Receipt this Period
 20.68

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.61
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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 ▼ 479.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.8308
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.8309
 Amount of Each Receipt this Period
 20.68

C. 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 ▼ 479.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.8310
 Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional).....▶	62.36
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 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. 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 ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.8311

Amount of Each Receipt this Period 20.68

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 ▼ 479.32

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11AI.8312

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 ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.8313

Amount of Each Receipt this Period 20.68

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.20

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 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. 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 ▼ **230.00**

Date of Receipt
12 / 15 / 2015

Transaction ID : SA11AI.8314

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 ▼ **240.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11AI.8315

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 ▼ **4791.60**

Date of Receipt
12 / 15 / 2015

Transaction ID : SA11AI.8316

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional)..... **228.33**

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"/> 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 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 ▼ 5000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.8317

Amount of Each Receipt this Period 208.40

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 ▼ 1437.73

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11AI.8320

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 ▼ 1500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.8321

Amount of Each Receipt this Period 62.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.18

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: PAGE 12 OF 15
(check only one)
 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)
A. Ted Peterson

Mailing Address 8417 Weller Avenue

City State Zip Code
 McLean VA 22102

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

Name of Employer Occupation
 CHPA VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 958.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : SA11AI.8322

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
B. Ted Peterson

Mailing Address 8417 Weller Avenue

City State Zip Code
 McLean VA 22102

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

Name of Employer Occupation
 CHPA VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8323

Amount of Each Receipt this Period
 41.59

Full Name (Last, First, Middle Initial)
c. Maria Sarabia

Mailing Address 240 Manor Circle
 Apartment 1

City State Zip Code
 Takoma Park MD 20912

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : SA11AI.8324

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.26

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 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)

Full Name (Last, First, Middle Initial) A. Maria Sarabia		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.8325
Mailing Address 240 Manor Circle Apartment 1		Amount of Each Receipt this Period 10.00
City Takoma Park	State MD	
Zip Code 20912		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer Consumer Healthcare Products	Occupation Manager, Meetings & Events	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Emily Skor		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2015 Transaction ID : SA11AI.8328
Mailing Address 2113 12th Street NW		Amount of Each Receipt this Period 20.84
City Washington	State DC	
Zip Code 20009		Aggregate Year-to-Date ▼ 395.96
FEC ID number of contributing federal political committee. C		
Name of Employer Consumer Healthcare Products	Occupation Vice President, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Emily Skor		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.8329
Mailing Address 2113 12th Street NW		Amount of Each Receipt this Period 20.84
City Washington	State DC	
Zip Code 20009		Aggregate Year-to-Date ▼ 416.80
FEC ID number of contributing federal political committee. C		
Name of Employer Consumer Healthcare Products	Occupation Vice President, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	51.68
TOTAL This Period (last page this line number only).....▶	1100.79

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

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. Wells Fargo Bank

Mailing Address 1510 K Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

001

Candidate Name

Category/
Type

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
12		11		2015

Transaction ID : SB21B.8301

Amount of Each Disbursement this Period

56.68

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

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

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

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

Amount of Each Disbursement this Period

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

56.68

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

56.68

**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. UPTON FOR ALL OF US

Mailing Address PO BOX 490

City ST JOSEPH State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
FREDERICK STEPHEN UPTON

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB23.8330

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

1000.00