

# 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.

Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼  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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 David Spangler

Signature of Treasurer David Spangler [Electronically Filed] Date  /  /

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

Office Use Only										<b>FEC FORM 3X</b> Rev. 12/2004
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**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"/>		26775.86
(b) Cash on Hand at Beginning of Reporting Period.....	24759.45	
(c) Total Receipts (from Line 19) .....	1141.78	23508.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25901.23	50284.15
7. Total Disbursements (from Line 31).....	5167.26	29550.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20733.97	20733.97
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1041.78	15646.28
(ii) Unitemized .....	100.00	2186.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1141.78	17832.46
(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) .....	1141.78	22832.46
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))..... ▶	1141.78	23508.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1141.78	23508.29

**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 .....	55.31	361.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	55.31	361.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5111.95	29189.01
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)) ..	5167.26	29550.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5167.26	29550.18

**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) .....	1141.78	22832.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1141.78	22832.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	55.31	361.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	675.83
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	55.31	-314.66

**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 14
<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. Elizabeth Funderburk</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014 <b>Transaction ID : SA11AI.7488</b>
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Funderburk</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : SA11AI.7489</b>
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.76	

Full Name (Last, First, Middle Initial) <b>C. John Gay</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2014 <b>Transaction ID : SA11AI.7490</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 ▼ 1354.21	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.85
<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 7 OF 14
<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. 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 ▼ 1458.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : SA11AI.7491**

Amount of Each Receipt this Period 104.17

**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 ▼ 270.92

Date of Receipt 07 / 15 / 2014  
**Transaction ID : SA11AI.7492**

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 ▼ 291.76

Date of Receipt 07 / 31 / 2014  
**Transaction ID : SA11AI.7493**

Amount of Each Receipt this Period 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.85

**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 14
<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 ▼ 270.92

Date of Receipt 07 / 15 / 2014  
**Transaction ID : SA11AI.7494**

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 ▼ 291.76

Date of Receipt 07 / 31 / 2014  
**Transaction ID : SA11AI.7495**

Amount of Each Receipt this Period 20.84

**C. Mary Kassouf**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Slaters Lane Apt. 404

City Alexandria State VA Zip Code 22314

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

Name of Employer CHPA Occupation Director, Meetings

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 15 / 2014  
**Transaction ID : SA11AI.7496**

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 14
	<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. Mary Kassouf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Slaters Lane  
 Apt. 404  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHPA Occupation Director, Meetings  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : SA11AI.7497**  
 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 ▼ 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2014  
**Transaction ID : SA11AI.7498**  
 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 ▼ 291.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : SA11AI.7499**  
 Amount of Each Receipt this Period  
 20.84

<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 10 OF 14
	<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 ▼ **2708.42**

Date of Receipt: **07 / 15 / 2014**

**Transaction ID : SA11AI.7502**

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 ▼ **2916.76**

Date of Receipt: **07 / 31 / 2014**

**Transaction ID : SA11AI.7503**

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 ▼ **812.63**

Date of Receipt: **07 / 15 / 2014**

**Transaction ID : SA11AI.7505**

Amount of Each Receipt this Period: **62.51**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>479.19</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 11 OF 14
	<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 M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 <b>Transaction ID : SA11AI.7506</b>
Mailing Address 7605 Trail Run Rd.		Amount of Each Receipt this Period 62.51
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.14	

Full Name (Last, First, Middle Initial) <b>B. Ted Peterson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014 <b>Transaction ID : SA11AI.7507</b>
Mailing Address 8417 Weller Avenue		Amount of Each Receipt this Period 41.67
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee.	C	
Name of Employer CHPA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	

Full Name (Last, First, Middle Initial) <b>C. Ted Peterson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 <b>Transaction ID : SA11AI.7508</b>
Mailing Address 8417 Weller Avenue		Amount of Each Receipt this Period 41.67
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee.	C	
Name of Employer CHPA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.85
<b>TOTAL</b> This Period (last page this line number only).....▶	1041.78

**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 1800 K Street NW

City Washington State DC Zip Code 20006

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.7485**

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. Blackburn for Congress**

Mailing Address P.O. Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement

Candidate Name

**MARSHA MRS. BLACKBURN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2014

**Transaction ID : SB23.7483**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Consumer Healthcare Products Association**

Mailing Address 1625 I Street NW  
Suite 600

City State Zip Code  
Washington DC 20006

Purpose of Disbursement

Candidate Name

**COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2014

**Transaction ID : SB23.7481**

Amount of Each Disbursement this Period

611.95

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS FOR CONGRESS**

Mailing Address P.O. BOX 1441

City State Zip Code  
TOPEKA KS 66601

Purpose of Disbursement

Candidate Name

**LYNN JENKINS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2014

**Transaction ID : SB23.7479**

Amount of Each Disbursement this Period

1000.00

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

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

2611.95

**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 M / D D D / Y Y Y Y Y Y  
07 / 28 / 2014

**Transaction ID : SB23.7482**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. RYAN FOR CONGRESS**

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

**PAUL D. RYAN**

Office Sought:  House  
 Senate  
 President

State: WI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2014

**Transaction ID : SB23.7480**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. 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

State: MI District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : SB23.7484**

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

5111.95