Image# 14978428534		PAGE 1 / 17
	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	Office Use Only
1. NAME OF TYP	E OR PRINT ▼ Example: If typing, type	12FE4M5
COMMITTEE (in full)	over the lines.	12FE4M5
Consumer Healthcare Pro	oducts Association PAC (CHPA/PAC)	
ADDRESS (number and street)	625 Eye Street NW	
▼ `` ´	uite 600	
then providually	Vashington	DC 20006
2. FEC IDENTIFICATION NUMB	ER V CITY	STATE ZIP CODE
C C00040584	3. IS THIS REPORT X (N) OR	AMENDED (A)
(Choose One)	Monthly Report Feb 20 (M2) May 20 (M5) Due On: Mar 20 (M3) Jun 20 (M6)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non Election
(a) Quarterly Reports:	Apr 20 (M4) Jul 20 (M7)	X Oct 20 (M10) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the: Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)	M M / D D /	Y Y Y in the
January 31 Year-End Report (YE)	Election on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 09	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	/ D / Y
I certify that I have examined this R	eport and to the best of my knowledge and belief it is tru	ue, correct and complete.
Type or Print Name of Treasurer	Brian Green	
Signature of Treasurer	en [Electronically Filed]	Date 10 / 16 / 2014
NOTE: Submission of false, erroneous	, or incomplete information may subject the person signing t	his Report to the penalties of 2 U.S.C. §437g.
Office Use		FEC FORM 3X Rev. 12/2004

10/16/2014 16 : 45

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write	or	Type	Committee	Name

FEC Form 3X (Rev. 02/2003)

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From: 09	M / D D / Y Y Y Y 01 2014 To:	M M / D D / Y Y Y Y 09 30 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		26775.86
	(b) Cash on Hand at Beginning of Reporting Period	21818.66	
	(c) Total Receipts (from Line 19)	1100.10	25750.17
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	22918.76	52526.03
7.	Total Disbursements (from Line 31)	16052.68	45659.95
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6866.08	6866.08
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

X

Γ	ſ	DETAILED SUMMARY PAGE of Receipts	
	FEC Form 3X (Rev. 06/2004)		Page 3
Writ	e or Type Committee Name		
Co	onsumer Healthcare Products As	sociation PAC (CHPA/PAC)	
Rep	port Covering the Period: From:	19 01 <u>Y Y Y Y</u> 10 01 2014 To	09 30 / Y Y Y Y 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C	Contributions (other than loans) From:	I	
(a) Individuals/Persons Other		
	Than Political Committees	1000.10	17688.16
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	100.00	2386.18
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	1100.10	20074.34
		0.00	0.00
	b) Political Party Committees	0.00	0.00
(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)	1100.10	25074.34
	ransfers From Affiliated/Other		
F	Party Committees	0.00	0.00
12 /	All Loans Received	0.00	0.00
15. 7			
1/ 1	oan Repayments Received	0.00	0.00
	Diffsets To Operating Expenditures		
	Refunds, Rebates, etc.)		
	Carry Totals to Line 37, page 5)	0.00	675.83
16. F	Refunds of Contributions Made		
	o Federal Candidates and Other		
	Political Committees	0.00	0.00
	Other Federal Receipts	0.00	0.00
	Dividends, Interest, etc.) ransfers from Non-Federal and Levin Funds	0.00	0.00
-	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. T	otal Receipts (add Lines 11(d),		
1	2, 13, 14, 15, 16, 17, and 18(c))	1100.10	25750.17
	otal Federal Receipts	4400.40	05750.47
(	subtract Line 18(c) from Line 19)►	1100.10	25750.17

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-lo-Dale
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	52.68	470.94
(c) Total Operating Expenditures	52.68	470.94
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	16000.00	45189.01
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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	0.00	0.00
(add Lines 28(a), (b), and (c))▶		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
<ul> <li>(c) Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b))▶</li> </ul>	0.00	0.00
Total Disbursements (add Lines 21(c), 22, $24, 25, 26, 27, 28(d), 20, and 20(a)$ )		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16052.68	45659.98
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	16052.68	45659.95

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### **DETAILED SUMMARY PAGE**

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	1100.10	25074.34
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	1100.10	25074.34
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	52.68	470.94
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	675.83
. Net Operating Expenditures (subtract Line 37 from Line 36)	52.68	-204.89

# 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

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciti		ontribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)	)							
<b>A</b> .	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.				Date of	_	eceipt			2014	Y
	City Arlington	State VA	Zip Code 22207		Trans		ion ID :	SA11A Receipt	1.755	56	
	FEC ID number of contributing federal political committee.	С					7			104	17
	Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify)		ent, Government Affairs Year-to-Date ▼ 1770.89								
в.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			_	Date of	f Re	D I		Y = Y	Ý	Y
	City Arlington	State VA	Zip Code 22207					SA11A Receipt	1.755		
	FEC ID number of contributing federal political committee.	С					7			104.	17
	Name of Employer Consumer Healthcare Products	Occupation Vice Preside	ent, Government Affairs								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1875.06								
c.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	f Re	eceipt				
	Mailing Address 340 Cloudes Mill Ct.	State	Zip Code		09	1	15	JL	2	014	Y
	Alexandria	VA	22304					: SA11A Receipt			
	FEC ID number of contributing federal political committee.	С					7			20	.84
	Name of Employer	Occupation									
	Consumer Healthcare Products	Assoc. Dire	ctor, Federal Affairs								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 354.28								
s	UBTOTAL of Receipts This Page (optional)			•			,			229.	18
т	OTAL This Period (last page this line number o	nly)	••••••	•			7				

## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)		
Α.	Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct. City	State	Zip Code	Date of Receipt	
	Alexandria	VA	22304	Transaction ID : SA11AI.7559          Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		20.84	
	Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼		actor, Federal Affairs Year-to-Date ▼ 375.12		
В.	Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street			Date of Receipt	
	City Arlington FEC ID number of contributing federal political committee.	State VA	Zip Code 22201	09 15 2014 Transaction ID : SA11AI.7560 Amount of Each Receipt this Period 20.84	
	Name of Employer Consumer Healthcare Products	Occupation Director, Sta		_	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 354.28		
С.	Full Name (Last, First, Middle Initial)			Date of Receipt	_
	Mailing Address 926 North Barton Street			09 / D D / Y Y Y Y 2014	
	City Arlington	State VA	Zip Code 22201	Transaction ID : SA11AI.7561           Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		20.84	
	Name of Employer	Occupation	1		
	Consumer Healthcare Products	Director, St	ate Affairs		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.12		
s	UBTOTAL of Receipts This Page (optional)		•	62.52	_
т	OTAL This Period (last page this line number o	nly)	•		

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

	EIMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		]11b		11c		12				
_					13		14		15		16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the														
$\backslash$	NAME OF COMMITTEE (In Full)														
	Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)												
Α.				Date of Receipt											
	Mailing Address 501 Slaters Lane				M M	/	D	D	/ Y	Y	Y	Υ			
	Apt. 404	State	Zip Code	- 1	09			15			014				
	Alexandria	VA	22314						SA11AI						
	FEC ID number of contributing federal political committee.	С			Amoun		5		eceipt th			.84			
	Name of Employer	Occupation	1	_											
	СНРА	Director, Me	eetings												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General														
	Other (specify)		354.28												
в.	Full Name (Last, First, Middle Initial) Mary Kassouf			[	Date o	f Re	eceipt	:							
	Mailing Address 501 Slaters Lane				M M	/	D	D	/ Y	Y	Y	Y			
	Apt. 404	<b>a</b>			09 30 2014 Transaction ID : SA11AI.7563										
	City	State VA	Zip Code												
	Alexandria	VA	22314	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				_	7	_		_	20	.84			
	Name of Employer	Occupation	l												
	CHPA	Director, Me	eetings												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		375.12												
	Other (specify)		373.12												
с.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski			(	Date o	f Re	eceipt	;							
	Mailing Address 951 Hidden Park Place				м м 09	/		D 15	/ Y		)14	Y			
	City	State	Zip Code		Trans	sact	ion II	D:	SA11AI	.756	4				
	Herndon	VA	20170	/	Amoun	t of	Each	۱Re	eceipt th	nis P	Period				
	FEC ID number of contributing federal political committee.	С					,	_			20	0.84			
	Name of Employer	Occupation	1												
	СНРА	Vice Presid	lent, Regulatory Affairs												
	Receipt For:	Aggregate	Year-to-Date ▼	_											
	Primary General	33 - 3													
	Other (specify)		354.28												
s	UBTOTAL of Receipts This Page (optional)			.				Ξ			62	.52			
F	OTAL This Period (last page this line number				-	-	7			-	-	Ħ			
L '		J	····· P			1.0	7	-		-	1				

# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	s Association PAC (CHPA/PAC	C)
Full Name (Last, First, Middle Initial)         Dr. Barbara A. Kochanowski         Mailing Address 951 Hidden Park Place         City         Herndon         FEC ID number of contributing federal political committee.         Name of Employer         CHPA         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         VA       20170         C       Occupation         Vice President, Regulatory Affairs         Aggregate Year-to-Date ▼         375.12	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Scott M. Melville         Mailing Address 1596 Lupine Den Court         City         Vienna         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       VA     22182       C       Occupation       President and CEO       Aggregate Year-to-Date ▼       3541.78	Date of Receipt 09 15 2014 Transaction ID : SA11AI.7568 Amount of Each Receipt this Period 208.34
Full Name (Last, First, Middle Initial)         C.       Scott M. Melville         Mailing Address 1596 Lupine Den Court         City         Vienna         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       VA     22182       C       Occupation       President and CEO       Aggregate Year-to-Date ▼       3750.12	Date of Receipt 09 30 2014 Transaction ID : SA11AI.7569 Amount of Each Receipt this Period 208.34
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		

# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	s Associat	ion PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Lindsay Morris Mailing Address 7605 Trail Run Rd.			Date of Receipt
City Falls Church	State VA	Zip Code 22042	09     15     2014       Transaction ID : SA11AI.7570       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.51
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation Governmen Aggregate		
Full Name (Last, First, Middle Initial) <b>B.</b> Lindsay Morris Mailing Address 7605 Trail Run Rd.			Date of Receipt
City Falls Church FEC ID number of contributing federal political committee.	State VA	Zip Code 22042	09 30 2014 Transaction ID : SA11AI.7571 Amount of Each Receipt this Period 62.51
Name of Employer Consumer Healthcare Products	Occupation Governmen		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.18	
Full Name (Last, First, Middle Initial) C. Ted Peterson	1		Date of Receipt
Mailing Address 8417 Weller Avenue		7. 0.1	09 / D D / Y Y Y Y 2014
City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.7572           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer	Occupation		
CHPA Receipt For: Primary General Other (specify) ▼	VP           Aggregate	Year-to-Date ▼ 708.39	
SUBTOTAL of Receipts This Page (optional)			

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

Detailed Summary Page       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 for such committee.       NAME OF COMMITTEE (In Full)       NAME OF COMMITTEE (In Full)       Consumer Healthcare Products Association PAC (CHPA/PAC)         Full Name (Last, First, Middle Initial)       Ted Peterson       Date of Receipt         Mailing Address 8417 Weller Avenue       09       30       2014         City       State       Zip Code         McLean       VA       22102       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation       VP         Name of Employer       Occupation       VP         Primary       General       Aggregate Year-to-Date ▼       750.06         Full Name (Last, First, Middle Initial)       Ted Peterson       Feury       Feury		EIVIIZED RECEIPIS		for each category of the Detailed Summary Page		11a		1	1b	11c		12			
or for commercial puppese, 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 Initia)				Detailed Summary Faye		-		-		-		-	17		
Consumer Healthcare Products Association PAC (CHPA/PAC)         Full Name (Last, First, Middle Initial)         And Peterson         City         State         City         FEC ID number of contributing         City         City         Receipt For:         City         State         City         State         City         State         City	Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson f to sol	or the licit co	pur ntrib	po out	ose of s tions fro	oliciting	j coi h co	ntribut mmitt	tions ee.		
Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       City       State       Zip Code         City       VA       Zi102       Transaction D: SA11AL7573         Amount of contributing       C       City       Amount of Each Receipt Ihis Period         FEC 1D number of contributing       Occupation       Year-to-Date ▼       Proceed         Preceipt For:       Aggregate Year-to-Date ▼       Proceed       Proceed         Point (specify)       State       Zip Code       Amount of Each Receipt Ihis Period         FUI Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Proceed         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Proceed         Primary       General       C       Aggregate Year-to-Date ▼       Proceed         Name of Employer       Occupation       C       Amount of Each Receipt Ihis Period       Amount of Each Receipt Ihis Period         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼       Amount of Each Receipt Ihis Period         Full Name (Last, First, Middle Initial)       Maling Address       City       State       Zip Code         Full Name (Last, First, Middle Initial)       Maling Address       City       Amount of Each R	$\backslash$	. ,	<b>.</b>												
A. Ted Peterson       Date of Receipt         Mailing Address 6417 Weller Avenue       09       2014         City       State       Zip Code         VA       22102       Amount of Each Receipt this Period         FEC. 1D number of contributing federal political committee.       Occupation       41.67         Name of Employer       Occupation       750.06       Amount of Each Receipt this Period         Full Hame (Last, First, Middle Initial)		Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)											
City       Sinte       Zip Code         McLean       VA       22102         FEC ID number of contributing federal political committee.       C       Agregate Year-to-Date ▼         Name of Employer       Occupation       VP         Receipt For:       Aggregate Year-to-Date ▼       Pfinary         Other (specify) ▼       State       Zip Code         FUI Name (Last, First, Middle Initial)       Date of Receipt for:       Amount of Each Receipt files         City       State       Zip Code       Amount of Each Receipt files         Receipt For:       Aggregate Year-to-Date ▼       Amount of Each Receipt files       Amount of Each Receipt files         City       State       Zip Code       Amount of Each Receipt files       Amount of Each Receipt files         Name of Employer       Occupation       Occupation       Amount of Each Receipt files       Amount of Each Receipt files         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Amount of Each Receipt files       Amount of Each Receipt files         Pill Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Amount of Each Receipt files       Amount of Each Receipt files         City       State       Zip Code       Amount of Each Receipt files       Amount of Each Receipt         Receipt	Α.					Date o	f Re	ece	eipt						
McLean       VA       22102         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       VP         Receipt For:       Primary       General       750.06         Pull Name (Last, First, Middle Initial)       Date of Receipt       Aggregate Year-to-Date ▼         Mailing Address       City       State       Zip Code         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation       Amount of Each Receipt         Receipt For:       Primary       General       Other (specify) ▼         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Occupation         Receipt For:       Aggregate Year-to-Date ▼       Other (specify) ▼       Amount of Each Receipt         Mailing Address       C       Aggregate Year-to-Date ▼       Other (specify) ▼       Amount of Each Receipt         Receipt For:       Primary       General       C       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period <td></td> <td>Mailing Address 8417 Weller Avenue</td> <td></td> <td></td> <td></td> <td colspan="10"></td>		Mailing Address 8417 Weller Avenue													
FEC ID number of contributing federal political committee.       C       41.67         Name of Employer CHPA Receipt For: CHPA Primary City       General Cher (specify) ✓       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial)       Jate Zip Code       Amount of Each Receipt this Period       Amount of Each Receipt this Period         FCC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         FCC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         FUI Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial)       C       Aggregate Year-to-Date ▼         City       State       Zip Code       Amount of Each Receipt         Mailing Address       C       Aggregate Year-to-Date ▼       Amount of Each Receipt         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         SUBTOTAL of Receipts This Page (optional) <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>Trans</td> <td>sact</td> <td>io</td> <td>n ID : S</td> <td>A11AI.</td> <td>757</td> <td>3</td> <td></td>		-				Trans	sact	io	n ID : S	A11AI.	757	3			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12 OF 17										
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)										
	Detailed Summary Page	X 21b 27	22         23         24         25         26           28a         28b         28c         29         30b										
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or use	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.										
Consumer Healthcare Products As	sociation PAC (CHF	PA/PAC)											
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement											
Mailing Address 1510 K Street NW			09 / D D / Y Y Y Y 09 11 2014										
City S Washington	State Zip Code DC 20005		Transaction ID : SB21B.7553										
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<b>^</b> .	BUENNER FUR SPEAKER			09 / 09 / Y Y Y Y 09 / 09 / 2014													
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	5	State	Zip Code				Transaction ID : SB23.7582										
	WASHINGTON	DC	20003														
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υ.	Cathy McMorris Rodgers for Cong	ress	655							D							
	Mailing Address P.O. Box 137							09	ĺ		/ 1		014	Ţ			
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~	Full Name (Last, First, Middle Initial)							Date o	fDi	buro	~ m /	ont					
С.	CROWLEY FOR CONGRESS							D			X	Y					
	Mailing Address 84-56 GRAND AVENUE							09	/		30	/ Y		014	Y		
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^	Full Name (Last, First, Middle Initial)						Data a	f Die	huron	mont								
А.	DIANE BLACK FOR CONGRESS						Date of Disbursement											
	Mailing Address PO BOX 1437						09 16 2014											
	5	State	Zip Code				Transaction ID : SB23.7585											
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	Mailing Address P.O. BOX 44369						м м 09	/	D 1		ү ү 20	14						
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۸	Full Name (Last, First, Middle Initial)						Data o	f Die	burco	mont							
А.	FRIENDS OF JOHN BARROW						Date of Disbursement										
	Mailing Address PO BOX 1001						09 17 _2014										
	5	State	Zip Code				Transaction ID : SB23.7596										
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В.	Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER			Date o	f Dis	burse											
	Mailing Address 201 NORTH UNION STREET SUI	TE 300	300					09 18 / Y Y Y Y 2014									
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	Mailing Address PO BOX 3176						м м 09	/	D 2		201						
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А.	PEOPLE FOR PATTY MURRAY						Date of Disbursement											
	Mailing Address PO BOX 3662						09 17 2014											
	City	State	Zip Code				Transaction ID : SB23.7594											
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В.	Full Name (Last, First, Middle Initial) POMPEO FOR CONGRESS INC			Date o	f Disl	burse	ment											
	Mailing Address PO BOX 780146								09 / D D / Y Y Y Y 29 2014									
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А.	Roberts for Senate						Date of Disbursement										
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