

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="26775.86"/>	<input type="text" value="26775.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21818.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1100.10"/>	<input type="text" value="25750.17"/>
(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="22918.76"/>	<input type="text" value="52526.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16052.68"/>	<input type="text" value="45659.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6866.08"/>	<input type="text" value="6866.08"/>
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

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).....	1000.10	17688.16
(ii) Unitemized	100.00	2386.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1100.10	20074.34
(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)	1100.10	25074.34
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))..... ▶	1100.10	25750.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1100.10	25750.17

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	52.68	470.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	52.68	470.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	45189.01
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)) ..	16052.68	45659.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16052.68	45659.95

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)	1100.10	25074.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1100.10	25074.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	52.68	470.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	675.83
38. 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 17
	<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	

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 ▼ 1770.89

Date of Receipt
 09 / 15 / 2014
Transaction ID : SA11AI.7556

Amount of Each Receipt this Period
 104.17

B. John Gay
Full Name (Last, First, Middle Initial)

Mailing Address 3180 N. Quincy St.

City Arlington State VA Zip Code 22207

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

Name of Employer Consumer Healthcare Products Occupation Vice President, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.06

Date of Receipt
 09 / 30 / 2014
Transaction ID : SA11AI.7557

Amount of Each Receipt this Period
 104.17

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 ▼ 354.28

Date of Receipt
 09 / 15 / 2014
Transaction ID : SA11AI.7558

Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.18

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: (check only one)	PAGE 7 OF 17
	<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
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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 ▼ **375.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.7559

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
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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 ▼ **354.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : SA11AI.7560

Amount of Each Receipt this Period

20.84

C. Carlos Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 926 North Barton Street

City Arlington	State VA	Zip Code 22201
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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 ▼ **375.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.7561

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 8 OF 17
<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. Mary Kassouf		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 Transaction ID : SA11AI.7562
Mailing Address 501 Slaters Lane Apt. 404		Amount of Each Receipt this Period 20.84
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 354.28
Name of Employer CHPA	Occupation Director, Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mary Kassouf		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.7563
Mailing Address 501 Slaters Lane Apt. 404		Amount of Each Receipt this Period 20.84
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 375.12
Name of Employer CHPA	Occupation Director, Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Barbara A. Kochanowski		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 Transaction ID : SA11AI.7564
Mailing Address 951 Hidden Park Place		Amount of Each Receipt this Period 20.84
City Herndon	State Zip Code VA 20170	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 354.28
Name of Employer CHPA	Occupation Vice President, Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 17
<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. 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 ▼ 375.12

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.7565
 Amount of Each Receipt this Period 20.84

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 ▼ 3541.78

Date of Receipt 09 / 15 / 2014
Transaction ID : SA11AI.7568
 Amount of Each Receipt this Period 208.34

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 ▼ 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)..... ▶ 437.52
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 10 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Lindsay Morris		Date of Receipt 09 / 15 / 2014 Transaction ID : SA11AI.7570
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 ▼ 1062.67	

Full Name (Last, First, Middle Initial) B. Lindsay Morris		Date of Receipt 09 / 30 / 2014 Transaction ID : SA11AI.7571
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 ▼ 1125.18	

Full Name (Last, First, Middle Initial) C. Ted Peterson		Date of Receipt 09 / 15 / 2014 Transaction ID : SA11AI.7572
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 ▼ 708.39	

SUBTOTAL of Receipts This Page (optional).....▶	166.69
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 11 OF 17
(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)

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 ▼ 750.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014
Transaction ID : SA11A1.7573
Amount of Each Receipt this Period
41.67

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	41.67
TOTAL This Period (last page this line number only).....▶	1000.10

**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

001

Candidate Name

Category/
Type

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
09 / 11 / 2014

Transaction ID : SB21B.7553

Amount of Each Disbursement this Period

52.68

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

52.68

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

52.68

**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

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

JOHN A. BOEHNER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	4

Transaction ID : SB23.7582

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers for Congress

Mailing Address P.O. Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

Candidate Name

CATHY MCMORRIS RODGERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : SB23.7583

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVENUE

City ELMHURST State NY Zip Code 11373

Purpose of Disbursement

Candidate Name

JOSEPH CROWLEY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : SB23.7603

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement

Candidate Name

DIANE L MRS. BLACK

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB23.7585

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City State Zip Code
CODY WY 82414

Purpose of Disbursement

Candidate Name

MICHAEL B ENZI

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2014

Transaction ID : SB23.7599

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369
250 PRAIRIE CENTER DRIVE

City State Zip Code
EDEN PRAIRIE MN 55344

Purpose of Disbursement

Candidate Name

ERIK PAULSEN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2014

Transaction ID : SB23.7597

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARROW

Mailing Address PO BOX 1001

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement

Candidate Name

JOHN J. BARROW

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB23.7596

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

MARK ROBERT WARNER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : SB23.7595

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

FRANK JR PALLONE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : SB23.7600

Amount of Each Disbursement this Period

2000.00

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

4000.00

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. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

PATTY MURRAY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

Transaction ID : SB23.7594

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement

Candidate Name

MICHAEL R POMPEO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : SB23.7601

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name

RENEE JACISIN ELLMERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	4

Transaction ID : SB23.7584

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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. Roberts for Senate

Mailing Address P.O. Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement

Candidate Name

PAT ROBERTS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : SB23.7598

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City State Zip Code
PROVIDENCE RI 02940

Purpose of Disbursement

Candidate Name

SHELDON II WHITEHOUSE

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	4

Transaction ID : SB23.7586

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City State Zip Code
HOPKINSVILLE KY 42241

Purpose of Disbursement

Candidate Name

ED WHITFIELD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : SB23.7602

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	6	0	0	0	0	0	0	0	0