



**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.....	13417.17	
(c) Total Receipts (from Line 19) .....	2254.19	39675.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15671.36	66451.21
7. Total Disbursements (from Line 31).....	54.29	50834.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15617.07	15617.07
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

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).....	2089.99	25798.30
(ii) Unitemized .....	164.20	8201.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2254.19	33999.52
(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) .....	2254.19	38999.52
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))..... ▶	2254.19	39675.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2254.19	39675.35

**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 .....	54.29	645.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	54.29	645.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	50189.01
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)) ..	54.29	50834.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54.29	50834.14

**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) .....	2254.19	38999.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2254.19	38999.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	54.29	645.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	675.83
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	54.29	-30.70

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(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

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. Susan DiBartolo**

Mailing Address 2717 Felter Lane

City State Zip Code  
Bowie MD 20715

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

Name of Employer Occupation  
Consumer Healthcare Products Manager, IT, Database & Website

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2014

**Transaction ID : SA11Al.7770**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Susan DiBartolo**

Mailing Address 2717 Felter Lane

City State Zip Code  
Bowie MD 20715

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

Name of Employer Occupation  
Consumer Healthcare Products Manager, IT, Database & Website

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : SA11Al.7771**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**C. Susan DiBartolo**

Mailing Address 2717 Felter Lane

City State Zip Code  
Bowie MD 20715

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

Name of Employer Occupation  
Consumer Healthcare Products Manager, IT, Database & Website

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : SA11Al.7772**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<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 ▼ 2291.74

Date of Receipt 11 / 30 / 2014

**Transaction ID : SA11Al.7765**

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 ▼ 2395.91

Date of Receipt 12 / 15 / 2014

**Transaction ID : SA11Al.7768**

Amount of Each Receipt this Period 104.17

**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 ▼ 2500.08

Date of Receipt 12 / 31 / 2014

**Transaction ID : SA11Al.7769**

Amount of Each Receipt this Period 104.17

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 312.51

**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 18
<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. Travis Gibbons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 340 Cloudes Mill Ct.  
City Alexandria State VA Zip Code 22304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **458.48**

Date of Receipt **11 / 30 / 2014**  
**Transaction ID : SA11AI.7764**  
Amount of Each Receipt this Period **20.84**

**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 **12 / 15 / 2014**  
**Transaction ID : SA11AI.7766**  
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 **500.16**

Date of Receipt **12 / 31 / 2014**  
**Transaction ID : SA11AI.7767**  
Amount of Each Receipt this Period **20.84**

**SUBTOTAL** of Receipts This Page (optional)..... **62.52**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 9 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 926 North Barton Street

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Consumer Healthcare Products Director, State Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.48

Date of Receipt  
 /  /   
 11 / 30 / 2014  
**Transaction ID : SA11Al.7773**

Amount of Each Receipt this Period  
20.84

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

Mailing Address 926 North Barton Street

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Consumer Healthcare Products Director, State Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
479.32

Date of Receipt  
 /  /   
 12 / 15 / 2014  
**Transaction ID : SA11Al.7774**

Amount of Each Receipt this Period  
20.84

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

Mailing Address 926 North Barton Street

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Consumer Healthcare Products Director, State Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.16

Date of Receipt  
 /  /   
 12 / 31 / 2014  
**Transaction ID : SA11Al.7776**

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 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mary Kassouf</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.7777</b>
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 ▼ 458.48
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>B. Mary Kassouf</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2014 <b>Transaction ID : SA11AI.7778</b>
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 ▼ 479.32
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>C. Mary Kassouf</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11AI.7779</b>
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 ▼ 500.16
Name of Employer CHPA	Occupation Director, Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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: PAGE 11 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 ▼ 458.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2014  
**Transaction ID : SA11AI.7780**  
 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 ▼ 479.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2014  
**Transaction ID : SA11AI.7781**  
 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 ▼ 500.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : SA11AI.7782**  
 Amount of Each Receipt this Period  
 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.52  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

Full Name (Last, First, Middle Initial)  
**A. Mary Leonard**

Mailing Address 1200 North Veitch Street  
Apt. 526

City Arlington State VA Zip Code 22201

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

Name of Employer Consumer Healthcare Prod. Asso Occupation Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
11 / 30 / 2014  
**Transaction ID : SA11AI.7783**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Mary Leonard**

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 / 2014  
**Transaction ID : SA11AI.7784**

Amount of Each Receipt this Period  
10.00

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

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 / 2014  
**Transaction ID : SA11AI.7785**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
	<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. Scott M. Melville**  
Full Name (Last, First, Middle Initial)

Mailing Address 1596 Lupine Den Court

City Vienna State VA Zip Code 22182

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

Name of Employer Consumer Healthcare Products Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4583.48

Date of Receipt 11 / 30 / 2014  
**Transaction ID : SA11Al.7786**

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 ▼ 4791.82

Date of Receipt 12 / 15 / 2014  
**Transaction ID : SA11Al.7787**

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 ▼ 5000.00

Date of Receipt 12 / 31 / 2014  
**Transaction ID : SA11Al.7789**

Amount of Each Receipt this Period 208.18

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 624.86

**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 14 OF 18
<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. Lindsay Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11Al.7790</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 ▼ 1375.22	

Full Name (Last, First, Middle Initial) <b>B. Lindsay Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2014 <b>Transaction ID : SA11Al.7791</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 ▼ 1437.73	

Full Name (Last, First, Middle Initial) <b>C. Lindsay Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11Al.7792</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 ▼ 1500.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.53
<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: PAGE 16 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. David Spangler**

Mailing Address 1449 N Street, NW  
 Apartment 3

City Washington State DC Zip Code 20005

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

Name of Employer CHPA Occupation Senior VP., Policy & Int'l Affairs

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 / 05 / 2014

**Transaction ID : SA11AI.7815**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Rong Xu**

Mailing Address 11111 Luttrell Lane

City Silver Spring State MD Zip Code 20902

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

Name of Employer Consumer Healthcare Prod. Asso Occupation Comptroller

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2014

**Transaction ID : SA11AI.7801**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Rong Xu**

Mailing Address 11111 Luttrell Lane

City Silver Spring State MD Zip Code 20902

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

Name of Employer Consumer Healthcare Prod. Asso Occupation Comptroller

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 / 2014

**Transaction ID : SA11AI.7802**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 18  
(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.** Full Name (Last, First, Middle Initial)  
**Rong Xu**

Mailing Address 11111 Luttrell Lane

City State Zip Code  
Silver Spring MD 20902

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

Name of Employer Occupation  
Consumer Healthcare Prod. Asso Comptroller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2014

**Transaction ID : SA11A1.7803**

Amount of Each Receipt this Period  
10.00

**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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2089.99

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Wells Fargo Bank

Mailing Address 1510 K Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7816**

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)..... ▶