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Image# 15970159682

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIWI 3X F	or Other Than An Aut	norizea Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	pe 12FE4M5
Consumer Healthcare I	Products Association	PAC (CHPA/PAC)
ADDRESS (number and street)	1625 Eye Street NW		
Check if different	Suite 600		
than previously reported. (ACC)	Washington		DC 20006 -
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00040584		S THIS X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		O (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Con (M6) Page 20 (M12) Page 20 (M12)
(a) Quarterly Reports:		20 (M3) Jun 20	(Non-Election Year Only)
April 15 Quarterly Report (Q		20 (M4) Jul 20	(M7) Oct 20 (M10) X Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q: January 31 Year-End Report (YI	Flooring		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 11	25 2014	through	12 31 2014
I certify that I have examined this	s Report and to the best of	my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasurer	Brian Green		
Signature of Treasurer Brian	Green	[Electronically Filed	Date 01 30 / 2015
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person si	gning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

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: 11 25 2014 To: 12 31 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	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 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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

I. Receipts	COLUMN A	COLUMN B Calendar Year-to-Date				
<u> </u>	Total Tills Pellod					
. Contributions (other than loans) From: (a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A)	2089.99	25798.30				
(i) itemized (dec deficació //						
(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		20000 50				
Totals to Line 33, page 5)▶	2254.19	38999.52				
. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
	0.00					
. All Loans Received	0.00	0.00				
Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,					
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	675.83				
6. Refunds of Contributions Made		,				
to Federal Candidates and Other						
Political Committees	0.00	0.00				
. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
3. Transfers from Non-Federal and Levin Fund	ls					
(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				
(c) Total Transfers (add 18(a) and 18(b)) 1. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	2254.19	39675.3				
. Total Federal Receipts (subtract Line 18(c) from Line 19)						

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	Total Tills I Gliou	Calcilual Teal-IO-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	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	7				
(add 21(a)(i), (a)(ii), and (b))▶	54.29	645.13			
Transfers to Affiliated/Other Party					
Contributions to	0.00	0.00			
Federal Candidates/Committees	0.00	50400.04			
and Other Political Committees	0.00	50189.01			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
-					
Loan Repayments Made	0.00	0.00			
	0.00	0.00			
Loans Made Refunds of Contributions To:	0.00	0.00			
(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			
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	0.00	0.00			
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			
Emos σο(α)(i), σο(α)(ii) απα σο(σ))	7	3.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	54.29	50834.14			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)	54.29	50834.14			
from Line 31)	UT.20	00004.14			

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2254.19	38999.52
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2254.19	38999.52
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54.29	645.13
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	675.83
8. Net Operating Expenditures (subtract Line 37 from Line 36)	54.29	-30.70

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	eports and Statements may not be sold or used by any per nan using the name and address of any political committee	
NAME OF COMMITTEE (In Full) Consumer Healthcare	Products Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Init Susan DiBartolo		Date of Receipt
Mailing Address 2717 Felter Lane)	11 30 2014
City Bowie	State Zip Code MD 20715	Transaction ID : SA11AI.7770
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation Manager, IT, Database & Website Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Init Susan DiBartolo Mailing Address 2717 Felter Lane		Date of Receipt
City Bowie	State Zip Code MD 20715	Transaction ID : SA11AI.7771 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Consumer Healthcare Products	Occupation Manager, IT, Database & Website	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Init	ial)	Date of Receipt
Mailing Address 2717 Felter Lane		12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bowie	State Zip Code MD 20715	Transaction ID : SA11AI.7772 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Manager, IT, Database & Website Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page	(optional)	30.00
	<u> </u>	
IUIAL This Period (last page this	line number only)	

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

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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) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 30 2014 11 City State Zip Code Transaction ID: SA11AI.7765 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.74 Other (specify) Full Name (Last, First, Middle Initial) B. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 12 15 2014 City State Zip Code Transaction ID: SA11AI.7768 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2395.91 Other (specify) Full Name (Last, First, Middle Initial) c. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2014 12 31 City State Zip Code Transaction ID: SA11AI.7769

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SUBTOTAL of Receipts This Page (optional)					-	7	_			312	2.51	
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2500.08

22207

Vice President, Government Affairs

Aggregate Year-to-Date ▼

VA

Occupation

C

104.17

Amount of Each Receipt this Period

Arlington

FEC ID number of contributing

Consumer Healthcare Products

Other (specify)

General

federal political committee.

Name of Employer

Primary

Receipt For:

Use separate schedule(s) for each category of the

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Detailed Summary Page 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) Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 30 2014 11 City State Zip Code Transaction ID: SA11AI.7764 VA Alexandria 22304 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation Assoc. Director, Federal Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 458.48 Other (specify) Full Name (Last, First, Middle Initial) B. Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 12 15 2014 City State Zip Code Transaction ID: SA11AI.7766 VA Alexandria 22304 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 479.32 Other (specify) Full Name (Last, First, Middle Initial) **c.** Travis Gibbons Date of Receipt Mailing Address 340 Cloudes Mill Ct. 12 31 2014 City Zip Code State Transaction ID: SA11AI.7767 Alexandria VA 22304 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Name of Employer Occupation Assoc. Director, Federal Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 500.16 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional).....

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

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

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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)

Full Name (Last Flort Att 10 - 1 mg		
Full Name (Last, First, Middle Initial) Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Str	reet	11 30 2014
City	State Zip Code	Transaction ID : SA11AI.7773
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	_
Consumer Healthcare Products	Director, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	458.48	
Full Name (Last, First, Middle Initial) Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Str	reet	12 152014
City	State Zip Code	Transaction ID : SA11AI.7774
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	_
Consumer Healthcare Products	Director, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	479.32	
Full Name (Last, First, Middle Initial) Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton St	reet	12 31 2014
City	State Zip Code	Transaction ID : SA11AI.7776
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	-
Consumer Healthcare Products	Director, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.16	
SUBTOTAL of Receipts This Page (op	itional)	62.52

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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	cts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Mary Kassouf Mailing Address 501 Slaters Lane		Date of Receipt
Apt. 404		11 30 2014
City	State Zip Code	Transaction ID : SA11AI.7777
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	-
CHPA	Director, Meetings	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.48	
Full Name (Last, First, Middle Initial) 3. Mary Kassouf		Date of Receipt
Mailing Address 501 Slaters Lane Apt. 404		12 15 / 2014
City	State Zip Code	Transaction ID : SA11AI.7778
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	1
CHPA	Director, Meetings	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	479.32	
Full Name (Last, First, Middle Initial) C. Mary Kassouf		Date of Receipt
Mailing Address 501 Slaters Lane Apt. 404		12 31 2014
City Alexandria	State Zip Code VA 22314	Transaction ID : SA11AI.7779 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	-
CHPA	Director, Meetings	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.16	
, , ,) >	62.52
TOTAL This Period (last page this line number	per only)	

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	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		11 30 2014
City	State Zip Code	Transaction ID : SA11AI.7780
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	35 - 5	
Other (specify) ▼	458.48	
Full Name (Last, First, Middle Initial) 3. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		12 15 2014 _
City	State Zip Code	Transaction ID : SA11AI.7781
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	479.32	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		M = M / D = D / Y = Y = Y
City	State Zip Code	12 31 2014 Transaction ID : SA11AI.7782
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.16	
SUBTOTAL of Receipts This Page (optional)	·····	62.52
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Mary Leonard		Date of Receipt
Mailing Address 1200 North Veitch Street Apt. 526		11 30 2014
City Arlington	State Zip Code VA 22201	Transaction ID : SA11AI.7783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Consumer Healthcare Prod. Asso Receipt For: Primary General Other (specify) ▼	Occupation Communications Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Mary Leonard Mailing Address (2000 No. 1) No. 1 No. 1 No. 1 No. 1		Date of Receipt
Mailing Address 1200 North Veitch Street Apt. 526 City	State Zip Code	12 15 2014 Transaction ID : SA11AI.7784
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Consumer Healthcare Prod. Asso	Occupation Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) . Mary Leonard		Date of Receipt
Mailing Address 1200 North Veitch Street Apt. 526		12 31 2014
City Arlington	State Zip Code VA 22201	Transaction ID : SA11AI.7785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Consumer Healthcare Prod. Asso Receipt For:	Communications Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 30 2014 11 City Zip Code State Transaction ID: SA11AI.7786 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 4583.48 Other (specify) Full Name (Last, First, Middle Initial) B. Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 12 15 2014 City State Zip Code Transaction ID: SA11AI.7787 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Name of Employer Occupation Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4791.82 Other (specify) Full Name (Last, First, Middle Initial) c. Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 12 31 2014 City Zip Code State Transaction ID: SA11AI.7789 Vienna VA 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.18 С federal political committee. Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 624.86 SUBTOTAL of Receipts This Page (optional).....

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	nd Statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ Consumer Healthcare Produ	cts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		11 30 2014
City	State Zip Code	Transaction ID : SA11AI.7790
Falls Church	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer	Occupation	1
Consumer Healthcare Products	Government Affairs	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1375.22	
Full Name (Last, First, Middle Initial) Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		12 15 _ 2014 _
City	State Zip Code	12 15 2014 Transaction ID : SA11AI.7791
Falls Church	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	62.51
Name of Employer	Occupation	7
Consumer Healthcare Products	Government Affairs	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1437.73	<u></u>
Full Name (Last, First, Middle Initial) Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		M = M / D = D / Y = Y = Y
City	State Zip Code	12 31 2014
Falls Church	VA 22042	Transaction ID : SA11AI.7792 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer	Occupation	1
Consumer Healthcare Products	Government Affairs	4
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1500.24	
Other (specify) ▼	1500.24	
SUBTOTAL of Receipts This Page (ontional	l)	187.53
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TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 30 2014 11 City State Zip Code Transaction ID: SA11AI.7797 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation **CHPA** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) Full Name (Last, First, Middle Initial) B. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 12 15 2014 City State Zip Code Transaction ID: SA11AI.7799 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **CHPA** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 958.41 Other (specify) Full Name (Last, First, Middle Initial) c. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 12 31 2014 City Zip Code State Transaction ID: SA11AI.7800 McLean VA 22102 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation VΡ **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.08 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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		atements may not be sold or used by any perso name and address of any political committee to	
	F COMMITTEE (In Full))	211 25
		Association PAC (CHPA/PAC)	
	e (Last, First, Middle Initial) Spangler		Date of Receipt
	ddress 1449 N Street, NW		M = M / D = D / Y = Y = Y
City	Apartment 3	State Zip Code	12 05 2014 Transaction ID : \$41141 7815
Washingt	nc	DC 20005	Transaction ID : SA11AI.7815 Amount of Each Receipt this Period
FEC ID no	umber of contributing	C	500.00
Name of I	Employer	Occupation	
СНРА	1	Senior VP., Policy & Int'l Affairs	
Receipt Fo		Aggregate Year-to-Date ▼ 1000.00	
B. Rong X			Date of Receipt
Mailing Ac	ddress 11111 Luttrell Lane		11 30 2014
City		State Zip Code	Transaction ID : SA11AI.7801
Silver Spr	ing	MD 20902	Amount of Each Receipt this Period
	umber of contributing plitical committee.	C	10.00
Name of I Consumer	Employer r Healthcare Prod. Asso	Occupation Comptroller	
Receipt Form Other		Aggregate Year-to-Date ▼ 220.00	
Full Name	e (Last, First, Middle Initial)		Date of Receipt
	ddress 11111 Luttrell Lane		M = M / D = D / Y = Y = Y
City		State Zip Code	12 15 2014 Transaction ID : SA11AI.7802
Silver Spi	ring	MD 20902	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C	10.00
Name of I	Employer	Occupation	
	r Healthcare Prod. Asso	Comptroller	
Receipt F		Aggregate Year-to-Date ▼	
Prim Othe	nary	230.00	
SUBTOTAL	of Receipts This Page (optional)	>	520.00
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	the name and address of any political committee t	o solicit contributions from such committee.
	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Rong Xu Mailing Address 11111 Luttrell Lane		Date of Receipt
	State 7in Code	12 31 2014
City Silver Spring	State Zip Code MD 20902	Transaction ID : SA11AI.7803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Consumer Healthcare Prod. Asso Receipt For: Primary General Other (specify) ▼	Occupation Comptroller Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Amount of Each necessit this renou
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
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City	State Zip Code	Amount of Each Receipt this Period
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Name of Employer	Occupation	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		10.00
TOTAL This Period (last page this line numb		2089.99

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS				FOR LINE NUMBER: PAGE 18 OF 18 (check only one)		
		Use separate schedule(s) for each category of the	\ I -			
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		Detailed Summary Page	X 21b	22 23 24 25	26	
			27	28a 28b 28c 29	30b	
	ny information copied from such Reports and Staten				S	
or	for commercial purposes, other than using the name	e and address of any politi	cal committee to	solicit contributions from such committee.		
\	NAME OF COMMITTEE (In Full)					
\rangle	Consumer Healthcare Products As	sociation PAC (CH	IPA/PAC)			
_						
	Full Name (Last, First, Middle Initial)					
A.	Wells Fargo Bank			Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address 1510 K Street NW			12 11 2014		
	•	State Zip Code		Transaction ID : SB21B.7816		
	Washington	DC 20005		11a113aCtiOi1 ID . 3D2 ID./010		
	Purpose of Disbursement					
			003	Amount of Each Disbursement this Period	bd	
	Candidate Name		Category/	5100		
			Type	54.29		
	Office Sought: House Disbursen	nent For:				
	Senate	Primary General				
	President	Other (specify) ▼				
	State: District:					
	Full Name (Last, First, Middle Initial)					
В.				Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address					
	Č					
	City 5	State Zip Code				
	-	,				
	Purpose of Disbursement					
				Amount of Each Disbursement this Period	od	
	Candidate Name		Category/			
			Type			
	Office Sought: House Disbursen	nent For:				
		Primary General				
		Other (specify) ▼				
	State: District:	· · · · · · · · · · · · · · · · · · ·				
_	Full Name (Last, First, Middle Initial)					
C.	. s tane (Edos, 1 nos, madio madi)			Date of Disbursement		
	Mailing Address			M M / D D / Y Y Y Y		
	City	State Zip Code				
	Side Zip Oode					
	Purpose of Disbursement					
				Amount of Each Disbursement this Perio	nd	
	Candidate Name			Amount of Each bisbursement this remod		
			Category/ Type			
	Office Sought: House Disbursen	nent For:	.,,,,,			
		Primary General				
	President	Other (specify)				
	State: District:	Carol (opooliy)				
	Diotriot.					
_ ا	UIDTOTAL of Disks			54.29		
_s	SUBTOTAL of Disbursements This Page (optional)	·····	·····	34.23		
	OTAL This Period (last nage this line number only)			54.29		
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