PAGE 1 / 13

Image# 13941842708

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

r or in or	or Other Thai	1 An Authorized	Committee	;e		Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT		ample: If typir or the lines.	g, type	12FE4M5	
Consumer Healthcare F	Products Ass	sociation PAC	(CHPA/F	PAC)		
ADDRESS (number and street)	900 19th Street,	NW				
Check if different	Suite 700					
than previously reported. (ACC)	Washington				DC	20006
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		5	STATE 🛦	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	\sim	IEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Buo om	Mar 20 (M3)		un 20 (M6)	-	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4)		ul 20 (M7)	. —	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	PRE-	Election	Primary (12P Convention (General (
October 15 Quarterly Report (Q3	· ·		Convention	.20)	opoolai (
January 31 Year-End Report (YE	<u> </u>	Election on	M = M /	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST	-Election	General (30G	i)	Runoff (3	OR) Special (30S)
Termination Report (TER)	неро	t for the: Election on	M = M /	D	Y = Y = Y = Y	in the State of
5. Covering Period 09	/ D D /	2013	through	M M M	/ 30 /	2013
I certify that I have examined this Type or Print Name of Treasurer	Report and to	the best of my kno	wledge and b	elief it is tru	e, correct and	d complete.
Signature of Treasurer Lisa Ed			[Electronically	Filed] D	ate 10	/ DDD / YDY Y 17 17 17 2013
NOTE: Submission of false, erroned	ous, or incomplete	e information may su	ubject the pers	on signing th	is Report to th	ne 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) Page 2

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 09 01 2013 To: 09 30 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		3776.46
	(b) Cash on Hand at Beginning of Reporting Period	30403.56	
	(c) Total Receipts (from Line 19)	1590.08	38133.65
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31993.64	41910.11
7.	Total Disbursements (from Line 31)	1048.80	10965.27
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30944.84	30944.84
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)

ontributions (other than loans) From:) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	1500.08	17942 17
Than Political Committees	1500.08	17942.17
	1500.08	17942.17
(i) Itemized (use Schedule A)	1500.08	1/942.1/
(ii) Unitemized	90.00	7153.62
	1590.08	25095.79
Lines may(i) and (ii)	, , , , , , , , , , , , , , , , , , , ,	
,	0.00	0.00
	0.00	10000.00
•		
	1590.08	35095.79
	7	7 7
	0.00	0.00
arty committees	3.00	
I Loans Received	0.00	0.00
pan Repayments Received	0.00	0.00
ffsets To Operating Expenditures	7	7
lefunds, Rebates, etc.)		
carry Totals to Line 37, page 5)	0.00	537.86
efunds of Contributions Made		
Federal Candidates and Other		
olitical Committees	0.00	2500.00
ther Federal Receipts		
vividends, Interest, etc.)	0.00	0.00
ansfers from Non-Federal and Levin Funds		
·		
(from Schedule H3)	0.00	0.00
	0.00	0.00
) Levin Funds (from Schedule H5)	0.00	0.00
) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(such as PACs)	Lines 11(a)(i) and (ii)

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	iotai iiiio i Gilou	Calcilual Teal-10-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	200		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	48.80	536.60		
(c) Total Operating Expenditures	10.00	3		
(add 21(a)(i), (a)(ii), and (b))▶	48.80	536.60		
Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	1000.00	10428.67		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use selledule i)		0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(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		
F				
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		
Eπιου συ(α/(i), συ(α/(ii) απα συ(b)) •	7			
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1048.80	10965.27		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	1048.80	10965.27		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1590.08	35095.79
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1590.08	35095.79
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	48.80	536.60
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	537.86
3. Net Operating Expenditures (subtract Line 37 from Line 36)	48.80	-1.26

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

FOR LINE NUMBER:					PAGE	6	OF	13
(check only one)								
>	1 1a		11b		11c	12	!	
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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

ty /ashington EC ID number of contributing	State Zip Code	Date of Receipt
/ashington EC ID number of contributing	State Zip Code	09 15 2013
EC ID number of contributing		Transaction ID : SA11AI.7079
3	DC 20002	Amount of Each Receipt this Period
deral political committee.	С	20.84
ame of Employer	Occupation	
HPA	Director, Communications & Media	
eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 354.28	
ıll Name (Last, First, Middle Initial) Elizabeth Funderburk		Date of Receipt
ailing Address 626 F St, NE		M = M / D = D / Y = Y = Y
tv	State Zin Code	09 30 2013
ty /ashington	State Zip Code DC 20002	Transaction ID : SA11AI.7080
	10002	Amount of Each Receipt this Period
EC ID number of contributing deral political committee.	C	20.84
ame of Employer	Occupation	
HPA	Director, Communications & Media	
eceipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.12	
ıll Name (Last, First, Middle Initial) Iohn Gay		Date of Receipt
ailing Address 3180 N. Quincy St.		09 15 2013
ty	State Zip Code	Transaction ID : SA11AI.7081
rlington	VA 22207	Amount of Each Receipt this Period
EC ID number of contributing deral political committee.	С	104.17
ame of Employer	Occupation	
onsumer Healthcare Products	Vice President, Government Affairs	
eceipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1770.89	

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

FOR LINE NUMBER:					PAGE	7	OF	13	
(check only one)									
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		13		14		15	16	,	17

	I Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.		Date of Receipt
City Arlington	State Zip Code VA 22207	09 30 2013 Transaction ID : SA11AI.7082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer Consumer Healthcare Products Receipt For: □ Primary □ General Other (specify) ▼	Occupation Vice President, Government Affairs Aggregate Year-to-Date ▼ 1875.06	
Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 728 18th Street S.		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Arlington	State Zip Code VA 22202	Transaction ID : SA11AI.7083 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	20.84
Consumer Healthcare Products Receipt For:	Assoc. Director, Federal Affairs Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date V	
Full Name (Last, First, Middle Initial) Travis Gibbons	•	Date of Receipt
Mailing Address 728 18th Street S. City	State Zip Code	09 30 2013
Arlington	VA 22202	Transaction ID : SA11AI.7084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	-
Consumer Healthcare Products Receipt For:	Assoc. Director, Federal Affairs	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.12	
SUBTOTAL of Receipts This Page (optional).	•	145.85
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the

FOF	PAGE	8	OF	13				
(check only one)								
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

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) Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 2013 City State Zip Code Transaction ID: SA11AI.7085 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation Director, State Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 354.28 Other (specify) Full Name (Last, First, Middle Initial) **B.** Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 09 30 2013 City State Zip Code Transaction ID: SA11AI.7086 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 375.12 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Hossenlopp Date of Receipt Mailing Address 8806 Stonebriar Dr. 04 09 2013 City State Zip Code Transaction ID: SA11AI.7105 NY Clarence Center 14032 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Vice President, Finance & Admin. The Mentholatum Company Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 541.68

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

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

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

FOR	PAGE	9	OF	13			
(check only one)							
X	11a	11b		11c	12		
	13	14		15	16		17

		atements may not be sold or used by any person name and address of any political committee to	
	OF COMMITTEE (In Full)	, ,	211 25
\	, ,	Association PAC (CHPA/PAC)	
A. Dr. E	ame (Last, First, Middle Initial) Barbara A. Kochanowski		Date of Receipt
Mailinç ——	g Address 951 Hidden Park Place		09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID : SA11AI.7089
Hernd	don	VA 20170	Amount of Each Receipt this Period
	D number of contributing I political committee.	C	20.84
Name	of Employer	Occupation	
CHPA		Vice President, Regulatory Affairs	
Receip		Aggregate Year-to-Date ▼	
	Primary General	55 5	
(Other (specify) ▼	354.28	
3. <u>Dr. E</u>	ame (Last, First, Middle Initial) Barbara A. Kochanowski		Date of Receipt
Mailing	g Address 951 Hidden Park Place		09 30 2013
City		State Zip Code	Transaction ID : SA11AI.7090
Hernd	on	VA 20170	Amount of Each Receipt this Period
	D number of contributing I political committee.	С	20.84
Name	of Employer	Occupation	
CHPA		Vice President, Regulatory Affairs	
Receip		Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	375.12	
	ame (Last, First, Middle Initial) tt M. Melville		Date of Receipt
	g Address 1596 Lupine Den Court		09 15 _ 2013 _
City		State Zip Code	Transaction ID : SA11AI.7091
Vienn	a	VA 22182	Amount of Each Receipt this Period
	D number of contributing I political committee.	С	208.33
Name	of Employer	Occupation	
	ımer Healthcare Products	President and CEO	
Receip		Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3541.68	
SUBTOT	*AL of Receipts This Page (optional)		250.01
		nly)	
IUIAL	THIS I CHOOL (IAST PAGE THIS TIME NUMBER OF	ııy <i>ı</i>	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

10 OF

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	11b	11c		12 16		17
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	purpose	of solicitin	g co	ntribut	ions	

Ar 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 2013 City State Zip Code Transaction ID: SA11AI.7092 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.01 Other (specify) Full Name (Last, First, Middle Initial) **B.** Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 09 15 2013 City State Zip Code Transaction ID: SA11AI.7093 Falls Church VA 22042 Amount of Each Receipt this Period FEC ID number of contributing 62.51 federal political committee. Name of Employer Occupation Consumer Healthcare Products Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1062.67 Other (specify) Full Name (Last, First, Middle Initial) c. Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 30 09 2013 Zip Code City State Transaction ID: SA11AI.7094 Falls Church VA 22042 Amount of Each Receipt this Period FEC ID number of contributing C 62.51 federal political committee. Name of Employer Occupation Consumer Healthcare Products Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.18 Other (specify) 333.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF Use separate schedule for each category of the Detailed Summary Pa

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the age	X	11a	11b		11c		12		
		13	14		15		16		17

NAME OF COMMITTEE (In Full)	ts Association PAC (CHPA/PAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue City McLean FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 22102 C Occupation VP Aggregate Year-to-Date ▼ 708.39	Date of Receipt M
Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue City McLean FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 22102 C Occupation VP Aggregate Year-to-Date ▼ 750.06	Date of Receipt 109 30 2013 Transaction ID: SA11AI.7096 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u>_</u>	83.34

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	Check only	NOMBELL:
II LIVIIZED DISDUNSEIVIEN IS	for each category of the	(check chi)	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and Statem	ents may not be sold or us	sed by any ners	son for the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Consumer Healthcare Products As	sociation PAC (CH	IPA/PAC)	
	,	<u> </u>	
Full Name (Last, First, Middle Initial)			Pate of Pishamanan
A. Wells Fargo Bank			Date of Disbursement
Mailing Address 1800 K Street NW			09 11 2013
Maning / Manager 1000 IX Officer IVVV			2010
City	tate Zip Code		Turn and in ID 0004D 7400
r as migran	DC 20006		Transaction ID : SB21B.7106
Purpose of Disbursement		Tani I	
Condidate Name		001	Amount of Each Disbursement this Period
Candidate Name		Category/	48.80
Office Sought: House Disbursem	ent For:	Туре	
	Primary General		
	Other (specify)		
State: District:	•		
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	tate Zip Code		
Oily	tate Zip Gode		
Purpose of Disbursement			
		1	Amount of Each Disbursement this Period
Candidate Name		Category/	
	_	Type	
Office Sought: House Disbursem			
	Primary General Other (specify) ▼		
State: District:	Strict (specify)		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address			
0"			
City	tate Zip Code		
Purpose of Disbursement			-
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disbursem			
	Primary General		
State: District:	Other (specify) ▼		
Sidio. District.			
SUBTOTAL of Disbursements This Page (optional)			48.80
CODITION OF BIODUISCING IN 1 age (optional)		·····	
TOTAL This Period (last page this line number only).			48.80

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF 13
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or us e and address of any polition	sed by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Consumer Healthcare Products Ass	sociation PAC (CH	PA/PAC)	
Full Name (Last, First, Middle Initial)			D : (D:)
MARK PRYOR FOR US SENATE			Date of Disbursement
Mailing Address PO BOX 2720			09 26 2013
,	State Zip Code AR 72203		Transaction ID : SB23.7109
Purpose of Disbursement	. =200		
Candidate Name			Amount of Each Disbursement this Period
MARK L PRYOR		Category/ Type	1000.00
X Senate	nent For: 2014 Primary General Other (specify)		
State: AR District: 00			
Full Name (Last, First, Middle Initial) 8.			Date of Disbursement
		M - M / D - D / Y - Y - Y - Y	
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
C			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	1,500	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····	1000.00
TOTAL This Period (last page this line number only).			1000.00