

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street) 900 19th Street, NW

Check if different than previously reported. (ACC) Suite 700

Washington DC 20006

2. **FEC IDENTIFICATION NUMBER ▼** C C00040584 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Spangler

Signature of Treasurer

David Spangler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing 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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="3776.36"/>	<input type="text" value="3776.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22120.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1255.08"/>	<input type="text" value="20873.33"/>
(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="23375.29"/>	<input type="text" value="24649.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5044.21"/>	<input type="text" value="6318.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18331.08"/>	<input type="text" value="18331.08"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	916.72	5791.85
(ii) Unitemized	338.36	2043.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1255.08	7835.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1255.08	17835.47
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	537.86
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
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))..... ▶	1255.08	20873.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1255.08	20873.33

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	44.21	318.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44.21	318.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	6000.00
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)) ..	5044.21	6318.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5044.21	6318.61

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)	1255.08	17835.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1255.08	17835.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44.21	318.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	537.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44.21	-219.25

**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 12
<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)

A. Elizabeth Funderburk
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 F St, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation Director, Communications & Media
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.6826
 Amount of Each Receipt this Period
 208.40

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 ▼ 937.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.6827
 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 ▼ 1041.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.6828
 Amount of Each Receipt this Period
 104.17

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: PAGE 7 OF 12
(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. Travis Gibbons

Mailing Address 728 18th Street S.

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation
Consumer Healthcare Products Assoc. Director, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : SA11AI.6831

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 ▼
208.40

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : SA11AI.6833

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
C. Dr. Barbara A. Kochanowski

Mailing Address 951 Hidden Park Place

City State Zip Code
Herndon VA 20170

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

Name of Employer Occupation
CHPA Vice President, Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : SA11AI.6837

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 12
<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. 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 ▼ 1875.04

Date of Receipt 05 / 15 / 2013
Transaction ID : SA11AI.6842
Amount of Each Receipt this Period 208.33

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 ▼ 2083.37

Date of Receipt 05 / 31 / 2013
Transaction ID : SA11AI.6843
Amount of Each Receipt this Period 208.33

C. Lindsay Morris
Full Name (Last, First, Middle Initial)
Mailing Address 7605 Trail Run Rd.
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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 562.59

Date of Receipt 05 / 15 / 2013
Transaction ID : SA11AI.6844
Amount of Each Receipt this Period 62.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 479.17
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 12
<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. Lindsay Morris		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 Transaction ID : SA11AI.6845
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 ▼ 625.10	

Full Name (Last, First, Middle Initial) B. Ted Peterson		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2013 Transaction ID : SA11AI.6846
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 ▼ 375.03	

Full Name (Last, First, Middle Initial) C. Ted Peterson		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 Transaction ID : SA11AI.6847
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 ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	145.85
TOTAL This Period (last page this line number only).....▶	916.72

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 1800 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2013

Transaction ID : SB21B.6841

Amount of Each Disbursement this Period

44.21

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 M	/	D 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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

44.21

44.21

**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. ALEXANDER FOR SENATE 2014 INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
LAMAR ALEXANDER

Office Sought: House
 Senate
 President
State: TN District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013

Transaction ID : **SB23.6862**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement

Candidate Name
SUSAN M COLLINS

Office Sought: House
 Senate
 President
State: ME District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013

Transaction ID : **SB23.6840**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SESSIONS SENATE COMMITTEE INC

Mailing Address P O BOX 4278

City MONTGOMERY State AL Zip Code 36103

Purpose of Disbursement

Candidate Name
JEFF SESSIONS

Office Sought: House
 Senate
 President
State: AL District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013

Transaction ID : **SB23.6864**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

MITCH MCCONNELL

Office Sought: House Senate President

State: KY District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2013

Transaction ID : SB23.6866

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 AUSTIN CENTRE BLVD
SUITE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement

Candidate Name

JOHN CORNYN

Office Sought: House Senate President

State: TX District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2013

Transaction ID : SB23.6867

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

5000.00