PAGE 1 / 9

Image# 14960459816

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X F	For Other Than An Aut	horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	/pe 12FE4M5
Consumer Healthcare	Products Association	PAC (CHPA/PAC	C)
ADDRESS (number and street)	900 19th Street, NW		
Check if different	Suite 700		
than previously reported. (ACC)	Washington		DC 20006 -
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00040584		S THIS X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:			20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q	01)		O (M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Flooring	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 01	01 2014	through	M M / D D / Y Y Y Y Y O D D J J D D J D D D D D D D D D D D D
I certify that I have examined th	is Report and to the best of	my knowledge and belief	f it is true, correct and complete.
Type or Print Name of Treasure	r Lisa Early		
Signature of Treasurer	Early	[Electronically File	d) Date 02 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	eous, or incomplete information	n may subject the person s	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: 01 01 2014 To: 01 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	26775.86	
	(c) Total Receipts (from Line 19)	2787.61	2787.61
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29563.47	29563.47
7.	Total Disbursements (from Line 31)	1121.48	1121.48
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28441.99	28441.99
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)

ns) From: er es lule A)) es Lines Carry 5) er	Total This Period 1520.85 590.93 2111.78 0.00 2111.78 0.00 0.00 0.00	Calendar Year-to-Date 1520.85 590.93 2111.78 0.00 2111.78 0.00 0.00 0.00
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	3.00	0.00
illules		
je 5)	675.83	675.83
de	7	7
oe Other		
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	0.00	0.00
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and Levin Funds		
	0.00	2.00
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	0.00	
lule H5)	0.00	0.00
) and 18(b))	0.00	0.00
	and Levin Funds	0.00

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 Tille I offed	Odiendai Tedi-to-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	44.42	44.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	44.42	44.42
Transfers to Affiliated/Other Party		200
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1077.06	1077.06
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
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
man r onical committees	3.00	
(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
Fodoval Floation Activity (0.11.0.0. \$401(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 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
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1121.48	4404.40
20, 27, 20, 20, 21, 20(u), 28 and 30(o))	1121.40	1121.48
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1121.48	1121.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2111.78	2111.78	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2111.78	2111.78	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	44.42	44.42	
7. Offsets to Operating Expenditures (from Line 15, page 3)	675.83	675.83	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-631.41	-631.41	

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

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

F	OR	LINE	PAGE	6	OF	9			
(c	he	ck only	or	ıe)					
	×	11a		11b		11c	12		
		13		14		15	16	;	17

Full Name (Last, First, Middle Initial) Chris B. Ascher Mailing Address 10234 Monrovia City Lenexa FEC ID number of contributing federal political committee.	State Zip Code KS 66215	Date of Receipt 01 24 2014
Lenexa FEC ID number of contributing		
FEC ID number of contributing	KS 66215	Transaction ID : SA11AI.7225
· · · · · · · · · · · · · · · · · · ·		Amount of Each Receipt this Period
•	C	1000.00
Name of Employer	Occupation	
B.F. Ascher & Co., Inc.	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) John Gay		Date of Receipt
Mailing Address 3180 N. Quincy St.		M M / D D / Y Y Y Y
City	State Zip Code	01 31 2014 Transaction ID : \$44141 7227
Arlington	VA 22207	Transaction ID : SA11AI.7237
	··· LLLUI	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
Consumer Healthcare Products	Vice President, Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.34	
Full Name (Last, First, Middle Initial) Scott M. Melville	1	Date of Receipt
Mailing Address 1596 Lupine Den Court		01 15 2014
City	State Zip Code	Transaction ID : SA11AI.7248
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.34
Name of Employer	Occupation	-
Consumer Healthcare Products	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 -5 12 - 200 7	
Other (specify) ▼	208.34	
SUBTOTAL of Receipts This Page (optional)		1312.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	R LINE	PAGE	=	7	OF		9		
(ch	(check only one)								
	X 11a	11b		11c		12			
	13	14		15		16			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)

Consumer Healthcare Produ	ucis association PAC (ChPA/PAC)	
Full Name (Last, First, Middle Initial) A. Scott M. Melville		Date of Receipt
Mailing Address 1596 Lupine Den Court		01 31 2014
City	State Zip Code	Transaction ID : SA11AI.7249
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.34
Name of Employer	Occupation	1
Consumer Healthcare Products	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.68	
Full Name (Last, First, Middle Initial) 3.	·	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	208.34
TOTAL This Period (last page this line nur	mber only)	1520.85

S 17

<u> </u>	NIEDIUE A /EEO E 020			
50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 9 (check only one)
IT	EMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17
Ar	by information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	I ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)	
Α.	Full Name (Last, First, Middle Initial) Consumer Healthcare Products Associated in the consumer of the consume	ciation		Date of Receipt
	Mailing Address 900 19th Street, NW Suite 700			01 17 2014 a
	City	State	Zip Code	Transaction ID : SA15.7228
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		675.83
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	riggrogato	Total to Buto V	1
	Other (specify) ▼		675.83	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
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	City	State	Zip Code	
	· · · · · · · · · · · · · · · · · · ·	Olalo	p	Amount of Each Receipt this Period
	FEC ID number of contributing	1.1.1		Amount of Each freedipt this Feriod
	federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) \blacktriangledown		, , , , , , , , , , , , , , , , , , ,	
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
		10		
	Name of Employer	Occupation	l	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	55 5 11		1
	Other (specify) ▼		4	
9	UBTOTAL of Receipts This Page (optional)			675.83

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

7 7

675.83

TEMIZED DISBURSEMENTS for each	on PAC (CHF	al committee to	22 X 23 28b 28b 27 28 28 28 28 28 28 28 28 28 28 28 28 28		
or for commercial purposes, other than using the name and acceptance of NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association Full Name (Last, First, Middle Initial) Consumer Healthcare Products Association Mailing Address 900 19th Street, NW	on PAC (CHF	ed by any perso al committee to	on for the purpose of so solicit contributions fro	oliciting contributions	
NAME OF COMMITTEE (In Full) Consumer Healthcare Products Associati Full Name (Last, First, Middle Initial) Consumer Healthcare Products Associati Mailing Address 900 19th Street, NW	on PAC (CHF			m such committee.	
Consumer Healthcare Products Associati Full Name (Last, First, Middle Initial) Consumer Healthcare Products Associati Mailing Address 900 19th Street, NW	`	PA/PAC)	Date of Disbursemer		
A. Consumer Healthcare Products Associati Mailing Address 900 19th Street, NW	on		Date of Disbursemen		
Mailing Address 900 19th Street, NW	on		Date of Disbursemen	nt	
			M M / D D	/	
			01 09	2014	
City State	Zip Code		Transaction ID : SB23.7230		
Washington DC Purpose of Disbursement	20006				
In-Kind Reimbursement for Johnson for Congress			Amount of Each Disl	bursement this Period	
Candidate Name JOHNSON FOR CONGRESS		Category/		1077.06	
Office Sought: House Disbursement For:	2014	Туре			
Senate Primary	General				
President Other (sp. State: OH District: 06	pecify) 🔻				
Full Name (Last, First, Middle Initial)					
3.			Date of Disbursemen	nt	
Mailing Address			M = M / D = D	/ Y = Y = Y	
Mailing Address					
City State	Zip Code				
Purpose of Disbursement					
Candidate Name			Amount of Each Disl	bursement this Period	
Canuluate Name		Category/ Type			
Office Sought: House Disbursement For:		.,,,,		,	
Senate Primary	General				
President Other (sp. State: District:	Decity) ▼				
Full Name (Last, First, Middle Initial)					
) .			Date of Disbursemen		
Mailing Address			M M / D D	/	
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Purpose of Disbursement					
			Amount of Each Disl	bursement this Period	
Candidate Name		Category/ Type			
Office Sought: House Disbursement For:		1,460			
Senate Primary	General				
President Other (sp. State: District:	pecify) ▼				
Ciato. District.					
SUBTOTAL of Disbursements This Page (optional)		······		1077.06	
TOTAL This Period (last page this line number only)		<u> </u>		1077.06	