PAGE 1 / 13

Image# 13941763912

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than A	ii Autilorizec	Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, typer the lines.	12FE4M5	
Consumer Healthcare	Products Assoc	ciation PAC	(CHPA/PAC)		
ADDRESS (number and street)	900 19th Street, NW	<u>'</u>			
Check if different	Suite 700				
than previously reported. (ACC)	Washington			DC	20006
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	NEW (N)	OR × AI	MENDED)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Apr 20 (M4)	Jul 20 ((Non-Election Year Only)
April 15 Quarterly Report (0	Q1)	Apr 20 (W4)			
July 15 Quarterly Report (C	(C) 12-Day		Primary (12P) Convention (12C)	General Special	
October 15 Quarterly Report (0					
January 31 Year-End Report (Y	/E)	Election on	M M / D D	/	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Ele Report for		General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		Election on	M = M / D = D	/	in the State of
5. Covering Period 07		2013		07 31	2013
I certify that I have examined th	nis Report and to the	best of my kno	wledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	er Lisa Early				
Signature of Treasurer Lisa	Early		[Electronically Filed]	Date 10	11 / 2013
NOTE: Submission of false, erron	eous, or incomplete inf	formation may su	ubject the person sig	ning this Report to t	he 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: 07 01 2013 To: 07 31 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	27874.55	
	(c) Total Receipts (from Line 19)	1390.08	34853.49
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29264.63	38629.95
7.	Total Disbursements (from Line 31)	498.64	9863.96
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28765.99	28765.99
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)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	10000 10000 1	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1000.08	14942.01
(ii) Unitemized	390.00	6873.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1390.08	21815.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	10000.00
(such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	1390.08	31815.63
Totals to Line 33, page 5)	1390.08	31013.03
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. All Loans neceived	7	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	3.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	537.86
Refunds of Contributions Made	, , , , ,	337.00
to Federal Candidates and Other	0.00	2500.00
Political Committees	0.00	2300.00
Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	0.00	2.22
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),	1000.00	
12, 13, 14, 15, 16, 17, and 18(c))▶	1390.08	34853.49
. Total Federal Receipts	1000.00	04050 40
(subtract Line 18(c) from Line 19)▶	1390.08	34853.49

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 Tillo I cilou	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	69.97	435.29			
(c) Total Operating Expenditures	00.07	700.20			
(add 21(a)(i), (a)(ii), and (b))▶	69.97	435.29			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	428.67	9428.67			
Independent Expenditures	0.00	0.00			
(use Schedule E)	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use scriedule 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			
4.5 - 111 - 1 - 1 - 1 - 1 - 1 - 1 - 1	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				
(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			
(i) Federal State					
(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,	100.04				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	498.64	9863.96			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	498.64	9863.96			
	7				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		i age 3			
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)	1390.08	31815.63			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1390.08	31815.63			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	69.97	435.29			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	537.86			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	69.97	-102.57			

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

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

	Statements may not be sold or used by any personne 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) A. Elizabeth Funderburk		Date of Receipt
Mailing Address 626 F St, NE		07 15 2013
City Washington	State Zip Code DC 20002	Transaction ID : SA11AI.7017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CHPA Receipt For: Primary General Other (specify) ▼	Occupation Director, Communications & Media Aggregate Year-to-Date ▼ 270.92	
Full Name (Last, First, Middle Initial) Elizabeth Funderburk Mailing Address 626 F St, NE	Date of Receipt	
City Washington	State Zip Code DC 20002	7 31 2013 Transaction ID : SA11AI.7018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CHPA	Occupation Director, Communications & Media	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.76	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3180 N. Quincy St.		07 15 2013
City Arlington	State Zip Code VA 22207	Transaction ID : SA11AI.7019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
Consumer Healthcare Products Receipt For: □ Primary □ General □ Other (specify) ▼	Vice President, Government Affairs Aggregate Year-to-Date ▼ 1354.21	
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 Detailed Summary Page

	R LINE	PAGE	7	OF	13			
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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. 31 2013 City State Zip Code Transaction ID: SA11AI.7020 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 1458.38 Other (specify) Full Name (Last, First, Middle Initial) B. Travis Gibbons Date of Receipt Mailing Address 728 18th Street S. 07 15 2013 City State Zip Code Transaction ID: SA11AI.7021 VA Arlington 22202 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 270.92 Other (specify) Full Name (Last, First, Middle Initial) c. Travis Gibbons Date of Receipt Mailing Address 728 18th Street S. 07 31 2013 City Zip Code State Transaction ID: SA11AI.7023 Arlington VA 22202 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)		7		7	Ī	1	45.85	5
TOTAL This Period (last page this line number only)		7		7	_			

291.76

С

Occupation

Assoc. Director, Federal Affairs

Aggregate Year-to-Date ▼

20.84

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 Detailed Summary Page

FOF	PAGE		8	OF		13					
(check only one)											
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street City Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General	State Zip Code VA 22201 C Occupation Director, State Affairs Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street City Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products	State Zip Code VA 22201 C Occupation Director State Affairs	Date of Receipt O7 31 2013 Transaction ID: SA11AI.7024 Amount of Each Receipt this Period 20.84
Receipt For: Primary General Other (specify) ▼	Director, State Affairs Aggregate Year-to-Date ▼ 291.76	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affairs Aggregate Year-to-Date 270.92	Date of Receipt 07 15 2013 Transaction ID : SA11AI.7027 Amount of Each Receipt this Period 20.84
SUBTOTAL of Receipts This Page (optional)	<u> </u>	62.52
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:						PAGE	9	OF	13
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		13		14		15	16	;	17

Consumer Healthcare Products	ASSOCIATION FAC (CHEAVEAC)	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affairs Aggregate Year-to-Date ▼ 291.76	Date of Receipt O7 31 2013 Transaction ID: SA11AI.7028 Amount of Each Receipt this Period 20.84
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation President and CEO Aggregate Year-to-Date ▼ 2708.36	Date of Receipt 07 15 2013 Transaction ID : SA11AI.7029 Amount of Each Receipt this Period 208.33
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation President and CEO Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	437.50

FOR LINE NUMBER: PAGE 10 OF 13 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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) Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 2013 City Zip Code State Transaction ID: SA11AI.7031 VA Falls Church 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 812.63 Other (specify) Full Name (Last, First, Middle Initial) **B.** Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 07 31 2013 City State Zip Code Transaction ID: SA11AI.7032 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 875.14 Other (specify) Full Name (Last, First, Middle Initial) c. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 07 15 2013 City Zip Code State Transaction ID: SA11AI.7033 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 541.71 Other (specify) 166.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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

NAME OF COMMITTEE (In Full)	the name and address of any political committee the same and address of a same and a same a sa	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue	Date of Receipt		
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 ▼ 583.38	Transaction ID : SA11AI.7034 Amount of Each Receipt this Period 41.67	
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt	
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
FEC ID number of contributing federal political committee. Name of Employer Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb	<u> </u>	1000.08	

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SCHEDULE B (FEC Form 3X)		F65	NULL DED	DAGE 12 OF 12	
•	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 13 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the	X 21b		24 25 26	
	Detailed Summary Page	27		28c 29 30b	
Any information copied from such Reports and Statem	pente may not be cold or was				
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
$igr \rangle$ Consumer Healthcare Products As	sociation PAC (CHF	PA/PAC)			
/ Full Name (Last, First, Middle Initial)					
Wells Fargo Bank			Date of Disbursement		
Mailing Address 1800 K Street NW			07 11	2013	
,	state Zip Code		Transaction ID : SB	21R 7008	
Washington	DC 20006		Transaction ib . 3b.	216.7000	
Purpose of Disbursement		004	Amount of Foot Dich		
Candidate Name		001	Amount of Each Disb	ursement this Period	
Candidate Name		Category/ Type		69.97	
Office Sought: House Disbursen	nent For:				
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Data of Diahuraamant		
В.					
Mailing Address			M = M / D = D /	/	
City	state Zip Code				
Purpose of Disbursement					
Fulpose of Disbursement			Amount of Fach Disb	ursement this Period	
Candidate Name		Category/ Type or: ry General Amount of Each Disbursement this Period			
Office Sought: House Disbursen	nent For:				
Senate	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
C.					
Mailing Address			M M / D D	/ Y Y Y Y Y	
City	City State Zip Code				
Purpose of Disbursement					
			Amount of Each Disb	ursement this Period	
Candidate Name	Category/ Type				
Office Cought	ant Fam	Туре		7	
Office Sought: House Disbursen Senate					
	Primary General Other (specify) ▼				
State: District:	outor (specify)				
2.0					
SUBTOTAL of Disbursements This Page (optional)				69.97	
and the second s				7	
TOTAL This Period (last page this line number only)			1	69.97	

SCHEDULE B (FEC Form 3X)	Han annount and 11.40	FOR LINE	NUMBER:	PAGE 13 OF 13	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) Consumer Healthcare Products Ass			SOME COMMINUMENTS IT	om such committee.	
Full Name (Last, First, Middle Initial)					
Moiling Address 200 40th Street NW	sociation		Date of Disburseme	2013	
Mailing Address 900 19th Street, NW Suite 700			07 31	2013	
City State Zip Code Washington DC 20006			Transaction ID : SB23.7006		
Purpose of Disbursement In-Kind Contribution to Matheson for Congress			Amount of Each Dis	sbursement this Period	
Candidate Name MATHESON FOR CONGRESS		Category/ Type		428.67	
Senate President	nent For: 2014 Primary General Other (specify)				
State: UT District: 02					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address			_ M = M / D = D / Y = Y = Y		
City	state Zip Code				
Purpose of Disbursement		Amount of Each Disbursement this Period			
Candidate Name		Category/ Type			
	nent For: Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disburseme	ent	
Mailing Address			W - W / B - B		
City State Zip Code					
Purpose of Disbursement			Amount of Each Dir	sbursement this Period	
Candidate Name		Category/ Type			
	nent For: Primary General Other (specify)	7.		, , , , , , , , , , , , , , , , , , , ,	
SUBTOTAL of Disbursements This Page (optional)				428.67	
TOTAL This Period (last page this line number only).				428.67	