

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.
Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Lisa Early

Signature of Treasurer Lisa Early *[Electronically Filed]* Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="3776.46"/>	<input type="text" value="3776.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27874.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1390.08"/>	<input type="text" value="34853.49"/>
(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="29264.63"/>	<input type="text" value="38629.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="498.64"/>	<input type="text" value="9863.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28765.99"/>	<input type="text" value="28765.99"/>
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).....	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 (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)	1390.08	31815.63
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))..... ▶	1390.08	34853.49
20. Total Federal Receipts (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
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	69.97	435.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	69.97	435.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	428.67	9428.67
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)) ..	498.64	9863.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	498.64	9863.96

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)	1390.08	31815.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1390.08	31815.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	69.97	435.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	537.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69.97	-102.57

**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 13
<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)

Full Name (Last, First, Middle Initial) A. Elizabeth Funderburk		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 Transaction ID : SA11AI.7017
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	

Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : SA11AI.7018
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.76	

Full Name (Last, First, Middle Initial) C. John Gay		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 Transaction ID : SA11AI.7019
Mailing Address 3180 N. Quincy St.		Amount of Each Receipt this Period 104.17
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1354.21	

SUBTOTAL of Receipts This Page (optional).....▶	145.85
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 7 OF 13
<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. 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 ▼ 1458.38

Date of Receipt 07 / 31 / 2013
Transaction ID : SA11AI.7020
Amount of Each Receipt this Period 104.17

B. Travis Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 728 18th Street S.
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 15 / 2013
Transaction ID : SA11AI.7021
Amount of Each Receipt this Period 20.84

C. Travis Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 728 18th Street S.
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 31 / 2013
Transaction ID : SA11AI.7023
Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional).....▶ 145.85
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 13
<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. Carlos Gutierrez
Full Name (Last, First, Middle Initial)

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 ▼
270.92

Date of Receipt
07 / 15 / 2013
Transaction ID : SA11AI.7022

Amount of Each Receipt this Period
20.84

B. Carlos Gutierrez
Full Name (Last, First, Middle Initial)

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 ▼
291.76

Date of Receipt
07 / 31 / 2013
Transaction ID : SA11AI.7024

Amount of Each Receipt this Period
20.84

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

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 ▼
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)..... ▶ 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: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)
A. 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 ▼
 291.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : SA11AI.7028
 Amount of Each Receipt this Period
 20.84

Full Name (Last, First, Middle Initial)
B. Scott M. Melville
 Mailing Address 1596 Lupine Den Court
 City State Zip Code
 Vienna VA 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consumer Healthcare Products President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2708.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : SA11AI.7029
 Amount of Each Receipt this Period
 208.33

Full Name (Last, First, Middle Initial)
C. Scott M. Melville
 Mailing Address 1596 Lupine Den Court
 City State Zip Code
 Vienna VA 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consumer Healthcare Products President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2916.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : SA11AI.7030
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 437.50
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 10 OF 13
<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. 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 ▼ **812.63**

Date of Receipt **07 / 15 / 2013**
Transaction ID : SA11AI.7031
Amount of Each Receipt this Period **62.51**

B. 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 ▼ **875.14**

Date of Receipt **07 / 31 / 2013**
Transaction ID : SA11AI.7032
Amount of Each Receipt this Period **62.51**

C. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue
City McLean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **541.71**

Date of Receipt **07 / 15 / 2013**
Transaction ID : SA11AI.7033
Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **166.69**
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 11 OF 13
(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)

A. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue
City McLean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : SA11AI.7034
Amount of Each Receipt this Period
41.67

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	41.67
TOTAL This Period (last page this line number only).....▶	1000.08

**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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.7008

Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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. Consumer Healthcare Products Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

Mailing Address 900 19th Street, NW
Suite 700

City Washington State DC Zip Code 20006

Transaction ID : SB23.7006

Purpose of Disbursement
In-Kind Contribution to Matheson for Congress

Amount of Each Disbursement this Period

428.67

Candidate Name

MATHESON FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

428.67

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

428.67
