Image# 13941763925				PAGE 1 / 12
	PORT OF F ND DISBURS Other Than An Author	SEMENTS	0/5-1-1	
1. NAME OF <b>TYP</b>	E OR PRINT V	Example: If typing, type	Office U	ise Only
COMMITTEE (in full)		over the lines.	12FE4M5	_
Consumer Healthcare Pro	oducts Association I	PAC (CHPA/PAC)		
ADDRESS (number and street)	00 19th Street, NW			
Check if different	uite 700			
then providually	Vashington		DC 2000	6
2. FEC IDENTIFICATION NUMB		<b></b>	STATE 🔺	ZIP CODE
C C00040584	3. IS REI		AMENDED	
(Choose One)	b) Monthly Report Due On: Mar 24			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20	) (M4) Jul 20 (M	17) Oct 20 (M10)	Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2)	<b>PRE</b> -Election Report for the:	Convention (12C)	Special (12S)	_
October 15 Quarterly Report (Q3)		M M / D D	/	in the
January 31 Year-End Report (YE)	Election	on		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on / D = D		in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2013	through 08		13
I certify that I have examined this R	eport and to the best of m	y knowledge and belief it i	s true, correct and comple	ete.
Type or Print Name of Treasurer	isa Early			
Signature of Treasurer		[Electronically Filed]	Date 10 / 11	2013
NOTE: Submission of false, erroneous	or incomplete information	may subject the person signi	ng this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				<b>FORM 3X</b> Rev. 12/2004

#### 10/11/2013 14 : 52

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	Report Covering the Period: From:	8 / D D / Y Y Y Y 8 01 2013 Te	b: 08 / D D / Y Y Y Y 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	28765.99	
	(c) Total Receipts (from Line 19)	1690.08	36543.57
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	30456.07	40320.03
7.	Total Disbursements (from Line 31)	52.51	9916.47
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30403.56	30403.56
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

X

		DETAILED SUMMARY PAGE of Receipts	Г
	C Form 3X (Rev. 06/2004)		Page 3
	ype Committee Name		
Consu	mer Healthcare Products A	ssociation PAC (CHPA/PAC)	
Report Co	overing the Period: From:	08 / D D / Y Y Y Y 01 2013	To: 08 / D D / Y Y Y Y Y 31 2013
	I. Receipts	COLUMN B Calendar Year-to-Date	
	utions (other than loans) From:		
. ,	lividuals/Persons Other an Political Committees		
	Itemized (use Schedule A)	1500.08	16442.09
(1)	itemized (use Schedule A)		7 7
(ii)	Unitemized	190.00	7063.62
	) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	1690.08	23505.71
<i></i>		0.00	0.00
. ,	litical Party Committees	0.00	0.00
( )	her Political Committees uch as PACs)	0.00	10000.00
	tal Contributions (add Lines		
	(a)(iii), (b), and (c)) (Carry		
To	tals to Line 33, page 5)	1690.08	33505.71
	rs From Affiliated/Other		
Party C	committees	0.00	0.00
12 411 00	ns Received	0.00	0.00
15. All Lua			
14 Loop D	anaymenta Dessived	0.00	0.00
	epayments Received To Operating Expenditures		0.00
	ds, Rebates, etc.)		
	Totals to Line 37, page 5)	0.00	537.86
16. Refund	s of Contributions Made		
	eral Candidates and Other		
	I Committees	0.00	2500.00
	Federal Receipts	0.00	0.00
•	nds, Interest, etc.) rs from Non-Federal and Levin Fund	0.00	0.00
	n-Federal Account		
	om Schedule H3)	0.00	0.00
(b) Lev	in Funds (from Schedule H5)	0.00	0.00
(c) Tota	I Transfers (add 18(a) and 18(b))	0.00	0.00
	eceipts (add Lines 11(d),		
12, 13,	14, 15, 16, 17, and 18(c))▶	1690.08	36543.57
20 Total F	adoral Rocainta		
	ederal Receipts ct Line 18(c) from Line 19)▶	1690.08	36543.57
Junia		7 7 7	7 7 7

Image# 13941763927

#### DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>Operating Expenditures:</li> <li>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</li> </ul>		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	52.51	487.80
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ►	52.51	487.80
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	9428.67
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	7 7 7	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
Other Disbursements	0.00	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
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))►		
Total Disbursements (add Lines 21(c), 22,	50.54	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52.51	9916.4
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	52.51	9916.47
	7 7	

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#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	1690.08	33505.71
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1690.08	33505.71
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	52.51	487.80
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	537.86
. Net Operating Expenditures (subtract Line 37 from Line 36)	52.51	-50.06

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page	2	11a		11b 14	11c	12		17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r							soliciting			าร			
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A													
Α.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk Mailing Address 626 F St, NE			Date of Receipt										
	City Washington	State DC	Zip Code 20002		08     15     2013       Transaction ID : SA11AI.7046       Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7	- 7		20.84	1			
	Name of Employer       CHPA       Receipt For:       Primary       Other (specify) ▼		ommunications & Media Year-to-Date ▼ 312.60											
В.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk Mailing Address 626 F St, NE				Date o	f Re	D . D	) / Y	Ŷ	/ Y	1			
	City Washington FEC ID number of contributing	State DC	Zip Code 20002		08     31     2013       Transaction ID : SA11AI.7047       Amount of Each Receipt this Period									
	federal political committee. Name of Employer	Occupation				-	7			20.84				
	CHPA Receipt For: Primary General Other (specify) ▼		ommunications & Media Year-to-Date ▼ 333.44											
C.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			_	Date o		eceipt	у / у	Y	/ Y	1			
	City Arlington FEC ID number of contributing	State VA	Zip Code 22207	_				SA11AI. Receipt th	iis Peri		7			
	federal political committee. Name of Employer Consumer Healthcare Products Receipt For:	Occupation Vice Presid	ent, Government Affairs Year-to-Date ▼				7	7						
	Primary General Other (specify) ▼	, iggi egale	1562.55											
s	UBTOTAL of Receipts This Page (optional)		•				3		1.	45.85				
Т	OTAL This Period (last page this line number or	nly)	••••••				7							

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 7 OF

••			Detailed Summary Page		11a 13		1b 4	11c	12 16	17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname and a	ay not be sold or used by any pe ddress of any political committee	erson to so	for the	purpo	se of	soliciting	contrib	utions			
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)										
Α.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			Date of Receipt									
	City Arlington	State VA	Zip Code 22207					SA11AI.		d			
	FEC ID number of contributing federal political committee.	С				. 7				4.17			
	Name of Employer Consumer Healthcare Products Receipt For:		ent, Government Affairs Year-to-Date ▼										
	Primary General Other (specify) ▼		1666.72										
в.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	f Rece	eipt						
	Mailing Address 728 18th Street S.	State	Zip Code		08 15 2013 Transaction ID : SA11AI.7050								
	Arlington	22202					eceipt th		d				
	FEC ID number of contributing federal political committee.	С			20.84								
	Name of Employer Consumer Healthcare Products	Occupation Assoc. Dire	ctor, Federal Affairs										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.60										
c.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	f Rece	eipt						
	Mailing Address 728 18th Street S.				м м 08	/	D D 31	/ Y	2013	Y			
	City Arlington	State VA	Zip Code 22202					SA11AI.		d			
	FEC ID number of contributing federal political committee.	С							2	0.84			
	Name of Employer	Occupation	I	_									
	Consumer Healthcare Products	Assoc. Dire	ctor, Federal Affairs										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General Other (specify) ▼		333.44										
s	UBTOTAL of Receipts This Page (optional)		•			- 1		7	14	5.85			
Т	OTAL This Period (last page this line number of	nly)	····· •	.									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CHPA/PAC	C)				
Full Name (Last, First, Middle Initial)         A.       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         Other (specify)	State     Zip Code       VA     22201       C       Occupation       Director, State Affairs       Aggregate Year-to-Date ▼       312.60	Date of Receipt				
Full Name (Last, First, Middle Initial) B. Carlos Gutierrez Mailing Address 926 North Barton Street	Carlos Gutierrez					
City Arlington FEC ID number of contributing federal political committee.	State     Zip Code       VA     22201	08     31     2013       Transaction ID : SA11AI.7053       Amount of Each Receipt this Period       20.84				
Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	Occupation Director, State Affairs Aggregate Year-to-Date ▼ 333.44					
Full Name (Last, First, Middle Initial)         C. 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 ▼         312.60         2	Date of Receipt 08 15 2013 Transaction ID : SA11AI.7056 Amount of Each Receipt this Period 20.84				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number						

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 9 OF

'			Detailed Summary Page		-		11b	11c		12	<b>_</b>					
An	y information copied from such Reports and S	Statements ma	l ay not be sold or used by any pe	erson	13 for the	 puri	14 pose of	15 soliciting		16 ntribut	17 ions					
	for commercial purposes, other than using the															
$\backslash$	NAME OF COMMITTEE (In Full)															
/	Consumer Healthcare Products	SASSOCIA														
	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of Receipt											
Α.	Mailing Address 951 Hidden Park Place			-		_			- V	V	V					
				08 31 2013												
	City	State VA	Zip Code 20170	Transaction ID : SA11AI.7057												
	Herndon	VA	20170	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7	7	_	20.	84					
	Name of Employer	Occupation	1													
	СНРА	Vice Presid	ent, Regulatory Affairs													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		333.44													
R	Full Name (Last, First, Middle Initial) Matthew M. Mannelly				Date of	f Re										
υ.	Mailing Address 941 Silvermine Rd.							/ Y	Y	Y	Y					
					08		19		20	013						
	City New Canaan	State CT	Zip Code 06840-4339					SA11AL								
	FEC ID number of contributing			- '	Amoum			eceipt th	15 F	renou						
	federal political committee.	С					7	9	_	500.	00					
	Name of Employer Prestige Brands Holdings, Inc.	Occupation														
	Receipt For:	Chief Execu		_												
	Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)	L	500.00													
<u>с.</u>	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	f Re	eceipt									
	Mailing Address 1596 Lupine Den Court				м м 08	/	15	/ Y		)13	Y					
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	705	8						
	Vienna	VA	22182		Amount	t of	Each R	eceipt th	is F	Period						
	FEC ID number of contributing federal political committee.	С					7		_	208	33					
	Name of Employer	Occupation	I	-												
	Consumer Healthcare Products	President a	nd CEO													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		3125.02													
s	UBTOTAL of Receipts This Page (optional)			•						729.	17					
т	OTAL This Period (last page this line number	only)		-			7									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		11 14		11c 15		12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)											
	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court				Date		ecei	ipt	/ 7		Y	Y		
	City	State	Zip Code	08 31 2013 Transaction ID : SA11AI.7059										
	Vienna	VA	22182	_	Amou	nt of	f Ea	ch Re	ceipt t	his F	Period			
	FEC ID number of contributing federal political committee.	С					7		7	_	208	.33		
	Name of Employer	Occupation		1										
	Consumer Healthcare Products	President a	nd CEO											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		3333.35											
В.	Full Name (Last, First, Middle Initial) Lindsay Morris				Date	of Re	ecei	ipt						
	Mailing Address 7605 Trail Run Rd.				08 15 2013									
-	City	State VA	Zip Code						A11AI					
	Falls Church	VA	22042	-	Amou	nt of	t Ea	eceipt tl	nis F	Period				
	FEC ID number of contributing federal political committee.	С			62.51									
	Name of Employer Consumer Healthcare Products	Occupation Governmen												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		937.65											
с.	Full Name (Last, First, Middle Initial)				Date	of Re	ecei	ipt						
	Mailing Address 7605 Trail Run Rd.				M 08	M	/	D D 31	/ Y	Y 20	у 013	Y		
	City Falls Church	State VA	Zip Code 22042						SA11A					
	FEC ID number of contributing federal political committee.	С			Amou		i Ea		iceipt ti			.51		
	Name of Employer	Occupation		-										
	Consumer Healthcare Products	Governmer	t Affairs											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		1000.16											
s	UBTOTAL of Receipts This Page (optional)						1		- 1		333.	35		
т	OTAL This Period (last page this line number c	only)					,		,					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ	cts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial)         A.         Ted Peterson         Mailing Address 8417 Weller Avenue         City         McLean         FEC ID number of contributing federal political committee.         Name of Employer	State Zip Code VA 22102 C Occupation	Date of Receipt 08 15 2013 Transaction ID : SA11AI.7062 Amount of Each Receipt this Period 41.67
CHPA Receipt For: Primary General Other (specify)	VP Aggregate Year-to-Date ▼ 625.05	
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	State     Zip Code       VA     22102       C     Occupation       VP     Aggregate Year-to-Date ▼	Transaction ID : SA11AI.7063         Amount of Each Receipt this Period         41.67
C. Mailing Address	666.72	Date of Receipt
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 ▼	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optiona	I)	83.34

SCHEDULE B (FEC Form 3X)	LINE N	NUMBER: PAGE 12 OF 12											
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	2	4   8c	25 29	26 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full) Consumer Healthcare Products As	sociation PAC (Cl	HPA/I	ΡΑ(	C)									
Full Name (Last, First, Middle Initial) A. Wells Fargo Bank					Date o	of Dis	sburse	ement					
Mailing Address 1800 K Street NW					08 12 / Y Y Y Y Y 2013								
City Washington	State Zip Code DC 20006				Transaction ID : SB21B.7077								
Purpose of Disbursement			001		Amoun	it of	Each	Disbu	seme	nt this	Period		
Candidate Name Office Sought: House Disburser	ment For:		egor ype	y/			7		,	52	2.51		
Senate President	Primary General Other (specify)												
State: District:													
B. Mailing Address					Date o	_	sburse		Y	YY	Ŷ		
	State Zip Code		_										
Purpose of Disbursement				-	Amoun	nt of	Each	Disbu	somo	nt this	Period		
Candidate Name		y/	Amount of Each Disbursement this Period										
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	1											
State: District: Full Name (Last, First, Middle Initial) C.					Date o	of Die	eburec	mont					
Mailing Address						_			Y	YY	Y		
City	State Zip Code									_			
Purpose of Disbursement			_		Amoun	nt of	Each	Disbu	seme	nt this	Period		
Candidate Name			egor ype	ry/			,	Bioba	,				
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify)		_										
SUBTOTAL of Disbursements This Page (optional)					_	-		-		52	2.51		
TOTAL This Period (last page this line number only)					Ē	in the second se	7		7	52	2.51		