

# 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 Suite 700 Washington DC 20006

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00040584

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7) [checked], Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on [MM] / [DD] / [YYYY] in the State of [ ]

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period 06 / 01 / 2014 through 06 / 30 / 2014

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 07 / 16 / 2014

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<br>This Period               | COLUMN B<br>Calendar Year-to-Date     |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="26775.86"/> | <input type="text" value="26775.86"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="30768.39"/> |                                       |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="5041.78"/>  | <input type="text" value="22366.51"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="35810.17"/> | <input type="text" value="49142.37"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="11050.72"/> | <input type="text" value="24382.92"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="24759.45"/> | <input type="text" value="24759.45"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 4791.78                       | 14604.50                          |
| (ii) Unitemized .....   | 250.00                        | 2086.18                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 5041.78                       | 16690.68                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 5000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 5041.78                       | 21690.68                          |
| 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                          | 675.83                            |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 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))..... ▶                        | 5041.78                       | 22366.51                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 5041.78                       | 22366.51                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 50.72                         | 305.86                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 50.72                         | 305.86                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 11000.00                      | 24077.06                          |
| 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)) ..      | 11050.72                      | 24382.92                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 11050.72                      | 24382.92                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 5041.78                       | 21690.68                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 5041.78                       | 21690.68                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 50.72                         | 305.86                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 675.83                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 50.72                         | -369.97                           |

**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 18  |
| <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. Jennifer Hawks Bland**  
Full Name (Last, First, Middle Initial)

Mailing Address 3037 Wellington Court

City Atlanta State GA Zip Code 30339

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

Name of Employer Merck, Inc. Occupation Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : SA11AI.7436**

Amount of Each Receipt this Period 450.00

**B. 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 ▼ 229.24

Date of Receipt 06 / 15 / 2014  
**Transaction ID : SA11AI.7446**

Amount of Each Receipt this Period 20.84

**C. 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 ▼ 250.08

Date of Receipt 06 / 30 / 2014  
**Transaction ID : SA11AI.7447**

Amount of Each Receipt this Period 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 491.68

**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 18  
(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. John Gay**

Mailing Address 3180 N. Quincy St.

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Consumer Healthcare Products Vice President, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1145.87**

Date of Receipt  
MM / DD / YYYY  
**06 / 15 / 2014**

**Transaction ID : SA11AI.7448**

Amount of Each Receipt this Period  
**104.17**

Full Name (Last, First, Middle Initial)  
**B. John Gay**

Mailing Address 3180 N. Quincy St.

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Consumer Healthcare Products Vice President, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1250.04**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2014**

**Transaction ID : SA11AI.7449**

Amount of Each Receipt this Period  
**104.17**

Full Name (Last, First, Middle Initial)  
**C. Jeffery H. Gerchenson**

Mailing Address 7711 Merrimac Ave.

City State Zip Code  
Niles IL 60714

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

Name of Employer Occupation  
Alva-Amco Pharmacal Co. Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 17 / 2014**

**Transaction ID : SA11AI.7443**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **508.34**

**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 18                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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. Travis Gibbons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 340 Cloudes Mill Ct.  
City Alexandria State VA Zip Code 22304  
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 **229.24**

Date of Receipt **06 / 15 / 2014**  
**Transaction ID : SA11AI.7450**  
Amount of Each Receipt this Period **20.84**

**B. Travis Gibbons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 340 Cloudes Mill Ct.  
City Alexandria State VA Zip Code 22304  
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 **250.08**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : SA11AI.7451**  
Amount of Each Receipt this Period **20.84**

**C. Carlos Gutierrez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 926 North Barton Street  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer Healthcare Products Occupation Director, State Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **229.24**

Date of Receipt **06 / 15 / 2014**  
**Transaction ID : SA11AI.7452**  
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 9 OF 18  |
| <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 Arlington State VA Zip Code 22201

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

Name of Employer Consumer Healthcare Products Occupation Director, State Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 30 / 2014  
**Transaction ID : SA11AI.7453**

Amount of Each Receipt this Period 20.84

**B. Kenneth W. Hoffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 9809 Redwing Drive

City Perry Hall State MD Zip Code 21128

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

Name of Employer Consumer Healthcare Products Occupation Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : SA11AI.7437**

Amount of Each Receipt this Period 500.00

**C. Mary Kassouf**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Slaters Lane Apt. 404

City Alexandria State VA Zip Code 22314

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

Name of Employer CHPA Occupation Director, Meetings

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 06 / 15 / 2014  
**Transaction ID : SA11AI.7454**

Amount of Each Receipt this Period 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.68

**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 10 OF 18  
(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. Mary Kassouf**

Mailing Address 501 Slaters Lane  
Apt. 404

City Alexandria State VA Zip Code 22314

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

Name of Employer CHPA Occupation Director, Meetings

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : SA11AI.7455**

Amount of Each Receipt this Period  
20.84

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

Mailing Address 951 Hidden Park Place

City Herndon State VA Zip Code 20170

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

Name of Employer CHPA Occupation Vice President, Regulatory Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  
06 / 15 / 2014  
**Transaction ID : SA11AI.7456**

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 Herndon State VA Zip Code 20170

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

Name of Employer CHPA Occupation Vice President, Regulatory Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : SA11AI.7457**

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 11 OF 18   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. James Mackey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Brandeis Ct.  
 City Basking Ridge State NJ Zip Code 07920-1221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Merck Consumer Care Occupation Senior Vice President, U.S. Region Hea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : SA11AI.7442**  
 Amount of Each Receipt this Period  
 2000.00

**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 ▼ 2291.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : SA11AI.7460**  
 Amount of Each Receipt this Period  
 208.34

**C. 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 ▼ 2500.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : SA11AI.7461**  
 Amount of Each Receipt this Period  
 208.34

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2416.68 |
| <b>TOTAL</b> 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 12 OF 18 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br><b>A. Lindsay Morris</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 15 / 2014<br><b>Transaction ID : SA11AI.7462</b> |
| Mailing Address 7605 Trail Run Rd.  |                                    | Amount of Each Receipt this Period<br>62.51   |
| City Falls Church   | State VA                           | Zip Code 22042  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>Consumer Healthcare Products  | Occupation<br>Government Affairs   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>687.61 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Lindsay Morris</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2014<br><b>Transaction ID : SA11AI.7463</b> |
| Mailing Address 7605 Trail Run Rd.  |                                    | Amount of Each Receipt this Period<br>62.51   |
| City Falls Church   | State VA                           | Zip Code 22042  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>Consumer Healthcare Products  | Occupation<br>Government Affairs   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.12 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ted Peterson</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 15 / 2014<br><b>Transaction ID : SA11AI.7464</b> |
| Mailing Address 8417 Weller Avenue  |                                    | Amount of Each Receipt this Period<br>41.67   |
| City McLean   | State VA                           | Zip Code 22102  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>CHPA  | Occupation<br>VP                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>458.37 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 166.69 |
| <b>TOTAL</b> 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 13 OF 18  
(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 ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014  
**Transaction ID : SA11AI.7465**  
Amount of Each Receipt this Period  
41.67

**B. Randy Sloan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 46 Old Pine Drive  
City Manhasset State NY Zip Code 11030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lornamead, Inc. Occupation President and CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014  
**Transaction ID : SA11AI.7438**  
Amount of Each Receipt this Period  
500.00

**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

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 541.67  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 4791.78 |

**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.7435**

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. 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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.7425**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement

Candidate Name

**SHELLEY MOORE CAPITO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.7426**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. CARPER FOR SENATE**

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement

Candidate Name

**THOMAS R CARPER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.7429**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

**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. 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

MM / DD / YYYY  
06 / 04 / 2014

Transaction ID : **SB23.7423**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 50 E ST, SE  
SUITE 1

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
**LINDA SANCHEZ**

Office Sought:  House  
 Senate  
 President  
State: CA District: 38

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : **SB23.7433**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement

Candidate Name  
**BILL JOHNSON**

Office Sought:  House  
 Senate  
 President  
State: OH District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : **SB23.7432**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00



**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  
06 / 13 / 2014

**Transaction ID : SB23.7428**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name

**RENEE JACISIN ELLMERS**

Office Sought:  House  Senate  President

State: NC District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

**Transaction ID : SB23.7434**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Roberts for Senate**

Mailing Address P.O. Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Candidate Name

**PAT ROBERTS**

Office Sought:  House  Senate  President

State: KS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : SB23.7430**

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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. TEAM GRAHAM INC**

Mailing Address PO BOX 1801

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement

Candidate Name

**LINDSEY OLIN GRAHAM**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.7424**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.7427**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | 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)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |