Image# 14951901985				PAGE 1 / 9
	EPORT OF REC ND DISBURSEN Other Than An Authorized	IENTS	Office Use O	nly
1. NAME OF TYP	E OR PRINT V Exam	ple: If typing, type	12FE4M5	IIIy
COMMITTEE (in full)	over	the lines.	121 14113	
	oducts Association PAC	(CHPA/PAC)		
ADDRESS (number and street)	625 Eye Street NW			
	uite 600			
then providually	Vashington		DC 20006	
2. FEC IDENTIFICATION NUME	ER V CITY	S	STATE ZIP	CODE 🔺
C C00040584	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20 (M3)	May 20 (M5)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3)		M M / D D /	in the second	the
July 31 Mid-Year	Election on	11 04	2014 Sta	ate of
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	M = M / D = D /		the ate of
5. Covering Period 10	01 / Y Y Y Y Y 2014	through 10	/ D D / Y Y Y 15 2014	Y
I certify that I have examined this R	eport and to the best of my know	ledge and belief it is true	e, correct and complete.	
Type or Print Name of Treasurer	Brian Green			
Signature of Treasurer	en [1	Electronically Filed]	ate 10 / 22	/ Y Y Y Y 2014
NOTE: Submission of false, erroneous	, or incomplete information may sub	ject the person signing th	is Report to the penalties o	f 2 U.S.C. §437g.
Office			FEC F	ORM 3X

## 10/22/2014 13 : 38

#### 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	eport Covering the Period: From:	M / D D / Y Y Y Y 01 2014 To	: 10 / 15 / Y Y Y Y 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		26775.86
	(b) Cash on Hand at Beginning of Reporting Period	6866.08	
	(c) Total Receipts (from Line 19)	550.05	26300.22
	<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>	7416.13	53076.08
7.	Total Disbursements (from Line 31)	52.23	45712.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7363.90	7363.90
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

Г		DETAILED SUMMARY PAGE of Receipts	
	<b>3X</b> (Rev. 06/2004)	•	Page <b>3</b>
Write or Type Cor			
Consumer H	ealthcare Products	Association PAC (CHPA/PAC)	
Report Covering t	he Period: From:	10 / D D / Y Y Y Y 2014	To:
l.	Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (a) Individuals	other than loans) From:		
( )	ical Committees		
	ed (use Schedule A)	500.05	18188.21
(ii)         iii - m	ined	50.00	2436.18
(ii) Unitem (iii) TOTAL	iized (add	7 7 50.00	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
( )	11(a)(i) and (ii)▶	550.05	20624.39
(b) Political Pa	arty Committees	0.00	0.00
	tical Committees		
,	PACs)	0.00	5000.00
	ributions (add Lines b), and (c)) (Carry		
	ine 33, page 5)	550.05	25624.39
12. Transfers From			
Party Committe	9es	0.00	0.00
13. All Loans Rece	eived	0.00	0.00
	nts Received	0.00	0.00
15. Offsets To Ope (Refunds, Reba			
	) Line 37, page 5)	0.00	675.83
16. Refunds of Cor			
to Federal Can	didates and Other		
Political Comm		0.00	0.00
17. Other Federal			
	erest, etc.) Non-Federal and Levin Fu		0.00
(a) Non-Federa		lus	
( )	edule H3)	0.00	0.00
(b) Levin Funds	s (from Schedule H5)	0.00	0.00
(c) Total Transf	ers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts			
12, 13, 14, 15,	16, 17, and 18(c))▶	550.05	26300.22
20. Total Federal F	Receipts		
(subtract Line	18(c) from Line 19)►	550.05	26300.22

FE6AN026

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## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	52.23	523.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	52.23	523.1
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees		
and Other Political Committees Independent Expenditures	0.00	45189.01
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
(such as PACs)	0.00	
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity	)	
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52.23	45712.1
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	52.23	45712.18

FE6AN026

L

### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	550.05	25624.39
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	550.05	25624.39
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	52.23	523.17
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	675.83
. Net Operating Expenditures (subtract Line 37 from Line 36)	52.23	-152.66

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

9

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	cts Associat	ion PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial)         John Gay         Mailing Address 3180 N. Quincy St.			Date of Receipt
City Arlington	State VA	Zip Code 22207	10 15 2014 Transaction ID : SA11AI.7606 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		104.17
Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼		ent, Government Affairs Year-to-Date ▼ 1979.23	
B. Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 340 Cloudes Mill Ct.			Date of Receipt
City Alexandria FEC ID number of contributing federal political committee.	State VA	Zip Code 22304	Transaction ID : SA11AI.7607           Amount of Each Receipt this Period           20.84
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)		ctor, Federal Affairs Year-to-Date ▼ 395.96	
C. Full Name (Last, First, Middle Initial) C. Carlos Gutierrez Mailing Address 926 North Barton Street			Date of Receipt
City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation Director, St Aggregate		10     15     2014       Transaction ID : SA11AI.7608       Amount of Each Receipt this Period       20.84
SUBTOTAL of Receipts This Page (optional)			145.85
TOTAL This Period (last page this line numb	per only)	•••••	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

9

11	TEMIZED RECEIPTS		Detailed Summary Page		< 11a	11k	b	11c	12				
	ny information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)	)									
Α.	Full Name (Last, First, Middle Initial) Mary Kassouf Mailing Address 501 Slaters Lane			Date of Receipt									
	Apt. 404 City	State VA	Zip Code 22314		10 Trans	action	15 <b>ID : \$</b>	SA11AI.	2014 <b>7609</b>				
	Alexandria FEC ID number of contributing federal political committee.	C	22314		Amount	of Eac	ch R€	eceipt th	is Period 20	.84			
	Name of Employer CHPA Receipt For: Primary General Other (specify)	Occupation Director, Me Aggregate		1									
В.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place			_	Date of		ot	/ Y	YY	Ŷ			
	City Herndon FEC ID number of contributing	State VA	Zip Code 20170					SA11AI.7 eceipt th	is Period	.84			
	federal political committee. Name of Employer CHPA	Occupation	ent, Regulatory Affairs			7		7	20	.04			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 395.96										
c.	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	Receip	ot						
	Mailing Address 1596 Lupine Den Court				м м 10	L	15		2014	Y			
	City Vienna	State VA	Zip Code 22182					SA11AL. eceipt th	<b>7612</b> is Period				
	FEC ID number of contributing federal political committee.	С				7		7	208	3.34			
	Name of Employer	Occupation	1										
	Consumer Healthcare Products	President a	nd CEO										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3958.46										
	SUBTOTAL of Receipts This Page (optional)			▶ -		- 7			250	.02			
1 1	<b>OTAL</b> This Period (last page this line number	oniy)	•••••••••••••••••••••••••••••••••••••••	•	La sur								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

9

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	Associat	tion PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Lindsay Morris Mailing Address 7605 Trail Run Rd.			Date of Receipt
City	State	Zip Code	10 15 2014 Transaction ID : SA11AI.7613
Falls Church FEC ID number of contributing federal political committee.	C	22042	Amount of Each Receipt this Period
Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	Occupation Governmer Aggregate		
Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue			Date of Receipt
City McLean	State VA	Zip Code 22102	10     15     2014       Transaction ID : SA11AI.7614       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation		41.67
CHPA Receipt For: Primary General Other (specify) ▼	VP Aggregate	Year-to-Date ▼ 791.73	
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Receipt
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	_
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	
SUBTOTAL of Receipts This Page (optional)		••••••	104.18
TOTAL This Period (last page this line number	only)	•••••	500.05

SCHEDU	LE B (FEC Form 3	3X)							PR LINE NUMBER: PAGE 9 OF 9												
ITEMIZE	DISBURSEMENT	S	Use separate schedule(s) for each category of the				eck	· · ·	nly one) b								<u> </u>				
			Detailed		ľ		27	-	28a	$\vdash$	28b	$\vdash$	28c	-	29	30b					
	on copied from such Reports rcial purposes, other than usi																				
	COMMITTEE (In Full)						• ~														
	mer Healthcare Prod	lucts As	sociatio	n PAC (Ch	HPA/	Ρ/		;)													
	(Last, First, Middle Initial) Fargo Bank								C	Date o	f Di	sburse	eme	ent							
	dress 1510 K Street NW								[	м м 10	/	D 1	D 4	/ Y		) 14	Y				
City Washingto	2	Ş	State DC	Zip Code 20005					Transaction ID : SB21B.7619												
0	f Disbursement		DC	20005		_	_														
-						001	1		А	Amoun	t of	Each	Dis	sburser	nent	this I	Period				
Candidate						teg Typ	jory/ e	′				7		7		52	.23				
Office Sou	ght: House Senate President		nent For: Primary Other (spe	General cify) ▼																	
State:	District:																				
Full Name B.	(Last, First, Middle Initial)								C	Date o	f Di	sburse	eme	ent							
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Mailing Ac	aress								ł	-			_		-	-					
City		S	State	Zip Code																	
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Candidate	Name			ory/	,	-	Amoun		Each	Dis	sourser	nem	. uns i	enou							
Office Sou	ght: House Senate President	Disbursen	nent For: Primary Other (spe	General cify) ▼																	
State:	District:																				
Full Name C.	(Last, First, Middle Initial)								۵	Date o	f Di	sburse	eme	ent							
Mailing Ac	dress									M M	/	D	D	/ Y	Y	Y	Y				
City			State	Zip Code																	
Purpose c	f Disbursement						-					<b>F</b> 1	Γ.	- <b>I</b> a - ···			Denie d				
Candidate	Name					teg Typ	jory/ e	/	Α	Amoun	t of	Each	Dis	sburser	nent	tnis i	Period				
Office Sou	Senate President		nent For: Primary Other (spe	General cify) ▼										7							
State:	District:										_										
SUBTOTAL	of Disbursements This Page	(optional)					)		[	_	_	7		3	_		.23				
TOTAL This	Period (last page this line nu	umber only)					]					,				52	.23				