

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street) 900 19th Street, NW  
Suite 700  
 Check if different than previously reported. (ACC)  
Washington DC 20006

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)  
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 01 01 2011 through 06 30 2011

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 Roman G. Blazauskas

Signature of Treasurer Electronically Filed by Roman G. Blazauskas Date 07 28 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 

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

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |         |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | X                       | Y                                 | Y | Y | 2 | 0 | 1 | 1 |  | 6729.91 |
| X   | Y                       | Y                                 | Y |   |   |   |   |   |  |         |
| 2   | 0                       | 1                                 | 1 |   |   |   |   |   |  |         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 6729.91                 |                                   |   |   |   |   |   |   |  |         |
| (c) Total Receipts (from Line 19) .....   | 21227.66                | 21227.66                          |   |   |   |   |   |   |  |         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 27957.57                | 27957.57                          |   |   |   |   |   |   |  |         |
| 7. Total Disbursements (from Line 31) .....   | 12469.86                | 12469.86                          |   |   |   |   |   |   |  |         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 15487.71                | 15487.71                          |   |   |   |   |   |   |  |         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |         |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |         |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 

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

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| 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) .....  | 12762.58                      | 12762.58                          |
| (ii) Unitemized .....  | 965.08                        | 965.08                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 13727.66                      | 13727.66                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 7500.00                       | 7500.00                           |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 21227.66                      | 21227.66                          |
| 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                          | 0.00                              |
| 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 Transfer (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)) .....                          | 21227.66                      | 21227.66                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 21227.66                      | 21227.66                          |

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)  |                               |                                   |
| (i) Federal Share.....   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating<br>Expenditures.....   | 139.73                        | 139.73                            |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))..... ▶                           | 139.73                        | 139.73                            |
| 22. Transfers to Affiliated/Other Party<br>Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 12330.13                      | 12330.13                          |
| 24. Independent Expenditure<br>(use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(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<br>Than Political Committees .....                                     | 0.00                          | 0.00                              |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds<br>(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) Shared Federal Election Activity<br>(from Schedule H6)   |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....   | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 12469.86                      | 12469.86                          |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 12469.86                      | 12469.86                          |

| 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) .....        | 21227.66                      | 21227.66                          |
| 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) .....   | 21227.66                      | 21227.66                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 139.73                        | 139.73                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 139.73                        | 139.73                            |

**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 / 19 |
|   | <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)

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. J.P. Borneman        | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2011 |
|   | Mailing Address 722 Harriton Road                                   | <b>Transaction ID:</b> SA11AI.6001                  |
|   | City State Zip Code<br>Bryn Mawr PA 19010                           | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Hylands   | Occupation<br>Chairman & CEO  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Chris Combe              | Date of Receipt<br>MM / DD / YYYY<br>05 / 18 / 2011 |
|   | Mailing Address 1 Spring Road                                       | <b>Transaction ID:</b> SA11AI.5995                  |
|   | City State Zip Code<br>Greenwich CT 06830                           | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Combe Incorporated  | Occupation<br>Chairman  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Chris DeWolf             | Date of Receipt<br>MM / DD / YYYY<br>06 / 15 / 2011 |
|   | Mailing Address 2320 Linden Dr SE                                   | <b>Transaction ID:</b> SA11AI.6005                  |
|   | City State Zip Code<br>Cedar Rapids IA 52403                        | Amount of Each Receipt this Period<br>2000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Lil' Drug Store Products, Inc   | Occupation<br>President and CEO                                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00                                 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4000.00 |
| <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 7 / 19  
(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)

**A.** Full Name (Last, First, Middle Initial)  
Scott Emerson

Mailing Address 407 East Lancaster Ave.

City State Zip Code  
Wayne PA 19087

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Emerson Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** SA11AI.6008

Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Vera L. Grill

Mailing Address 1924 North Woodley Street

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CHPA Director, Federal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2011

**Transaction ID:** SA11AI.6092

Amount of Each Receipt this Period 62.50

**C.** Full Name (Last, First, Middle Initial)  
Vera L. Grill

Mailing Address 1924 North Woodley Street

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CHPA Director, Federal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt MM / DD / YYYY  
05 / 15 / 2011

**Transaction ID:** SA11AI.6093

Amount of Each Receipt this Period 62.50

**SUBTOTAL** of Receipts This Page (optional) ..... 2125.00

**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 8 / 19  
(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)

**A.** Full Name (Last, First, Middle Initial)  
Vera L. Grill

Mailing Address 1924 North Woodley Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
CHPA Director, Federal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID:** SA11AI.6094

Amount of Each Receipt this Period  
62.50

**B.** Full Name (Last, First, Middle Initial)  
Vera L. Grill

Mailing Address 1924 North Woodley Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
CHPA Director, Federal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2011

**Transaction ID:** SA11AI.6095

Amount of Each Receipt this Period  
62.50

**C.** Full Name (Last, First, Middle Initial)  
Vera L. Grill

Mailing Address 1924 North Woodley Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
CHPA Director, Federal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.6096

Amount of Each Receipt this Period  
62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 187.50

**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: PAGE 9 / 19

(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.**

Full Name (Last, First, Middle Initial)  
Bill Head

Mailing Address 501 Slaters Lane  
Apt. 816

City State Zip Code  
Alexandria VA 22314

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 ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 15 / 2011

Transaction ID: SA11AI.6039

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
Bill Head

Mailing Address 501 Slaters Lane  
Apt. 816

City State Zip Code  
Alexandria VA 22314

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2011

Transaction ID: SA11AI.6040

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Lonergan

Mailing Address 165 Northfield Avenue

City State Zip Code  
Edison NJ 08837

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

Name of Employer NUMARK Labs  
Occupation Partner, President

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 21 / 2011

Transaction ID: SA11AI.6007

Amount of Each Receipt this Period

1000.00

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

1150.00

**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 / 19                 |
|   | <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)

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>James L. Medford  | Date of Receipt<br>MM / DD / YYYY<br>06 / 28 / 2011 |
|           | Mailing Address 107 Outrigger  | <b>Transaction ID:</b> SA11AI.6011                  |
|           | City Greenwood State SC Zip Code 29649   | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Aaron Industries, Inc. Occupation President and CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Scott M. Melville  | Date of Receipt<br>MM / DD / YYYY<br>01 / 15 / 2011 |
|           | Mailing Address 1596 Lupine Den Court   | <b>Transaction ID:</b> SA11AI.6060                  |
|           | City Vienna State VA Zip Code 22182   | Amount of Each Receipt this Period<br>208.34        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Consumer Healthcare Products Occupation President and CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>208.34 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Scott M. Melville  | Date of Receipt<br>MM / DD / YYYY<br>01 / 31 / 2011 |
|           | Mailing Address 1596 Lupine Den Court   | <b>Transaction ID:</b> SA11AI.6062                  |
|           | City Vienna State VA Zip Code 22182   | Amount of Each Receipt this Period<br>208.34        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Consumer Healthcare Products Occupation President and CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>416.68 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1416.68</b> |
| <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 11 / 19                 |
|   | <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)

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Scott M. Melville        |   | Date of Receipt   |
|   | Mailing Address 1596 Lupine Den Court                               |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 2 / 1 5 / 2 0 1 1 |
|   | City  | State   | Zip Code  |
|   | Vienna  | VA  | 22182   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6063  |
| Name of Employer<br>Consumer Healthcare Products  |   | Occupation<br>President and CEO                         | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 625.02 | <input type="text"/> 208.34   |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Scott M. Melville        |   | Date of Receipt   |
|   | Mailing Address 1596 Lupine Den Court                               |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 2 / 2 8 / 2 0 1 1 |
|   | City  | State   | Zip Code  |
|   | Vienna  | VA  | 22182   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6064  |
| Name of Employer<br>Consumer Healthcare Products  |   | Occupation<br>President and CEO                         | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 833.36 | <input type="text"/> 208.34   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Scott M. Melville        |  | Date of Receipt   |
|   | Mailing Address 1596 Lupine Den Court                               |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 3 / 1 5 / 2 0 1 1 |
|   | City  | State  | Zip Code  |
|   | Vienna  | VA   | 22182   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> SA11AI.6065  |
| Name of Employer<br>Consumer Healthcare Products  |   | Occupation<br>President and CEO                          | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 1041.70 | <input type="text"/> 208.34   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 625.02 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 19  
(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.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Scott M. Melville  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2011 |
| Mailing Address 1596 Lupine Den Court   |                                     | <b>Transaction ID:</b> SA11AI.6066                  |
| City<br>Vienna  | State<br>VA                         | Zip Code<br>22182                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>208.34        |
| Name of Employer<br>Consumer Healthcare Products  | Occupation<br>President and CEO     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1250.04 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Scott M. Melville  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 15 / 2011 |
| Mailing Address 1596 Lupine Den Court   |                                     | <b>Transaction ID:</b> SA11AI.6067                  |
| City<br>Vienna  | State<br>VA                         | Zip Code<br>22182                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>208.34        |
| Name of Employer<br>Consumer Healthcare Products  | Occupation<br>President and CEO     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1458.38 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Scott M. Melville  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2011 |
| Mailing Address 1596 Lupine Den Court   |                                     | <b>Transaction ID:</b> SA11AI.6068                  |
| City<br>Vienna  | State<br>VA                         | Zip Code<br>22182                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>208.34        |
| Name of Employer<br>Consumer Healthcare Products  | Occupation<br>President and CEO     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1666.72 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>625.02</b> |
| <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 / 19  
(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.**

Full Name (Last, First, Middle Initial)  
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: Consumer Healthcare Products  
Occupation: President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1875.06

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2011

**Transaction ID:** SA11AI.6069

Amount of Each Receipt this Period  
208.34

**B.**

Full Name (Last, First, Middle Initial)  
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: Consumer Healthcare Products  
Occupation: President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.40

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID:** SA11AI.6070

Amount of Each Receipt this Period  
208.34

**C.**

Full Name (Last, First, Middle Initial)  
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: Consumer Healthcare Products  
Occupation: President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2291.74

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2011

**Transaction ID:** SA11AI.6071

Amount of Each Receipt this Period  
208.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.02**

**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 14 / 19  
(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)

**A.** Full Name (Last, First, Middle Initial)  
Scott M. Melville  
 Mailing Address 1596 Lupine Den Court  
 City State Zip Code  
 Vienna VA 22182  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1  
**Transaction ID:** SA11AI.6072  
 Amount of Each Receipt this Period  
 208.34  
 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

**B.** Full Name (Last, First, Middle Initial)  
Adam Raczkowski  
 Mailing Address 37 Timber Drive  
 City State Zip Code  
 East Longmeadow MA 01028  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 1 1  
**Transaction ID:** SA11AI.6000  
 Amount of Each Receipt this Period  
 800.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer W. F. Young, Inc.  
 Occupation Exec. VP & COO  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

**C.** Full Name (Last, First, Middle Initial)  
Emily Skor  
 Mailing Address 2113 12th Street NW  
 City State Zip Code  
 Washington DC 20009  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 1 1  
**Transaction ID:** SA11AI.6009  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Healthcare Products  
 Occupation Vice President, Communications  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1508.34**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 15 / 19                |                             |
|   | (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"/> 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)

|           |   |  |  |                             |  |
|-----------|---|--|--|-----------------------------|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>David Spangler   |  | Date of Receipt                              |                             |  |
|           | Mailing Address 1449 N Street, NW<br>Apartment 3  |  | M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 1 1   |                             |  |
|           | City<br>Washington  | State<br>DC                                      | Zip Code<br>20005                            | Transaction ID: SA11AI.6002 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>500.00 |                             |  |
|           | Name of Employer<br>CHPA  | Occupation<br>Senior VP., Policy & Int'l Affairs |  |                             |  |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00               |  |                             |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 500.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 12762.58 |

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

|   |                              |   |
|---|------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 16 / 19                            |
|   | (check only one)             |   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" 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)

|   |  |                          |   |
|---|--|--------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC) |                          | Date of Receipt   |
|   | Mailing Address 601 PENNSYLVANIA AVE., NW<br>NORTH BUILDING, SUITE 1200  |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 2 / 1 7 / 2 0 1 1 |
|   | City   | State                    | Zip Code  |
|   | WASHINGTON   | DC                       | 20004   |
|   | FEC ID number of contributing federal political committee.   |                          | Transaction ID: SA11C.5997  |
|   | C <input type="text"/>   |                          | Amount of Each Receipt this Period  |
| Name of Employer  |  | Occupation               | <input type="text"/> 2500.00  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ | <input type="text"/> 2500.00  |

|   |  |                          |   |
|---|--|--------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>PFIZER INC. PAC |                          | Date of Receipt   |
|   | Mailing Address 235 EAST 42ND STREET                       |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 2 / 2 8 / 2 0 1 1 |
|   | City   | State                    | Zip Code  |
|   | NEW YORK   | NY                       | 10017   |
|   | FEC ID number of contributing federal political committee. |                          | Transaction ID: SA11C.5999  |
|   | C C00016683 <input type="text"/>                           |                          | Amount of Each Receipt this Period  |
| Name of Employer  |  | Occupation               | <input type="text"/> 5000.00  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ | <input type="text"/> 5000.00  |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/> 7500.00 |



**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)

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>Blackburn for Congress   | Transaction ID: SB23.6056<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address P.O. Box 3750   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 3 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 6   |  | 1       | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Brentwood State TN Zip Code 37024  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement   | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name MARSHA MRS. BLACKBURN  | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TN District: 07 | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>BOB CASEY FOR SENATE INC   | Transaction ID: SB23.6103<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 700 13TH STREET NW<br>SUITE 600   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 4 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 6   |  | 2       | 4 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20005   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement   | <table border="1"><tr><td>3500.00</td></tr></table>  | 3500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3500.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name ROBERT P JR CASEY  | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 00 | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>Cathy McMorris Rodgers for Congress  | Transaction ID: SB23.6050<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address P.O. Box 137  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 4 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 5   |  | 2       | 4 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Spokane State WA Zip Code 99210  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement   | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name CATHY MCMORRIS RODGERS   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District: 05 | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>5500.00</td></tr></table> | 5500.00 |
| 5500.00  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

**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)

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Consumer Healthcare Products Association</p> <p>Mailing Address 900 19th Street, NW<br/>Suite 700</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement<br/>In-Kind Payment to Senator Robert Casey, Jr. (reimbursement)</p> <p>Candidate Name<br/>BOB CASEY FOR SENATE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 00</p> <p>Disbursement For: 2012<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.6130<br/><b>Date of Disbursement</b><br/>06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period<br/>330.13</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Erik Paulsen for Congress</p> <p>Mailing Address P.O. BOX 44369</p> <p>City EDEN PRAIRIE State MN Zip Code 55347</p> <p>Purpose of Disbursement</p> <p>Candidate Name<br/>ERIK PAULSEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MN District: 03</p> <p>Disbursement For: 2012<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB23.6045<br/><b>Date of Disbursement</b><br/>02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FRIENDS OF JOE PITTS</p> <p>Mailing Address PO BOX 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement</p> <p>Candidate Name<br/>JOSEPH R. PITTS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 16</p> <p>Disbursement For: 2012<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB23.6043<br/><b>Date of Disbursement</b><br/>05 / 11 / 2011</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |

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

2330.13

**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)

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Nelson 2012  | Transaction ID: SB23.6100<br>Date of Disbursement  |
|    | Mailing Address P.O. Box 8666   | <input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>  |
|    | City Omaha State NE Zip Code 68108  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement   | <input type="text" value="2500.00"/>   |
|    | Candidate Name E BENJAMIN NELSON  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NE District: 00 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Roberts for Senate   | Transaction ID: SB23.6053<br>Date of Disbursement  |
|    | Mailing Address P.O. Box 433  | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>  |
|    | City Great Bend State KS Zip Code 67530   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement   | <input type="text" value="1000.00"/>   |
|    | Candidate Name PAT ROBERTS  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KS District: 00 | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>The Freedom Project/Friends of John Boehner (TFP-FOJB)<br>Committee  | Transaction ID: SB23.6097<br>Date of Disbursement  |
|    | Mailing Address 7908 Cincinnati-Dayton Rd.<br>Suite I-2   | <input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>  |
|    | City West Chester State OH Zip Code 45069   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement   | <input type="text" value="1000.00"/>   |
|    | Candidate Name John Boehner   | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 08 | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="4500.00"/>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="12330.13"/> |