



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Consumer Healthcare Products Association PAC (CHPA/PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="6729.91"/>	<input type="text" value="6729.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6729.91"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="21269.33"/>	<input type="text" value="21269.33"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="27999.24"/>	<input type="text" value="27999.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12969.86"/>	<input type="text" value="12969.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15029.38"/>	<input type="text" value="15029.38"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Consumer Healthcare Products Association PAC (CHPA/PAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12762.58	12762.58
(ii) Unitemized .....	1006.75	1006.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13769.33	13769.33
(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) .....	21269.33	21269.33
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 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))..... ▶	21269.33	21269.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21269.33	21269.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	139.73	139.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	139.73	139.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12330.13	12330.13
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 .....	500.00	500.00
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)) ..	12969.86	12969.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12969.86	12969.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	21269.33	21269.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21269.33	21269.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	139.73	139.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (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 OF 20
<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. Mr. J.P. Borneman**  
Full Name (Last, First, Middle Initial)

Mailing Address 722 Harriton Road

City Bryn Mawr	State PA	Zip Code 19010
-------------------	-------------	-------------------

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

Name of Employer Hylands	Occupation Chairman & CEO
-----------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2011

**Transaction ID : SA11AI.6001**

Amount of Each Receipt this Period  
1000.00

**B. Chris Combe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Spring Road

City Greenwich	State CT	Zip Code 06830
-------------------	-------------	-------------------

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

Name of Employer Combe Incorporated	Occupation Chairman
----------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2011

**Transaction ID : SA11AI.5995**

Amount of Each Receipt this Period  
1000.00

**C. Chris DeWolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 2320 Linden Dr SE

City Cedar Rapids	State IA	Zip Code 52403
----------------------	-------------	-------------------

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

Name of Employer Lil' Drug Store Products, Inc	Occupation President and CEO
---------------------------------------------------	---------------------------------

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	/	15	/	2011

**Transaction ID : SA11AI.6005**

Amount of Each Receipt this Period  
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: (check only one)	PAGE 7 OF 20
	<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)**

Full Name (Last, First, Middle Initial)  
**A. 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  
M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2011  
**Transaction ID : SA11AI.6008**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**B. 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  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2011  
**Transaction ID : SA11AI.6092**

Amount of Each Receipt this Period  
62.50

Full Name (Last, First, Middle Initial)  
**c. 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  
M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2011  
**Transaction ID : SA11AI.6093**

Amount of Each Receipt this Period  
62.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2125.00
<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: (check only one)	PAGE 8 OF 20
<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) <b>A. Vera L. Grill</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2011 <b>Transaction ID : SA11AI.6094</b>
Mailing Address 1924 North Woodley Street		Amount of Each Receipt this Period 62.50
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Vera L. Grill</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2011 <b>Transaction ID : SA11AI.6095</b>
Mailing Address 1924 North Woodley Street		Amount of Each Receipt this Period 62.50
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

Full Name (Last, First, Middle Initial) <b>C. Vera L. Grill</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 <b>Transaction ID : SA11AI.6096</b>
Mailing Address 1924 North Woodley Street		Amount of Each Receipt this Period 62.50
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.50
<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 10 OF 20
	<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. James L. Medford**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Outrigger

City Greenwood State SC Zip Code 29649

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

Name of Employer Aaron Industries, Inc. Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2011

**Transaction ID : SA11AI.6011**

Amount of Each Receipt this Period  
 1000.00

**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 ▼ 208.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2011

**Transaction ID : SA11AI.6060**

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 ▼ 416.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2011

**Transaction ID : SA11AI.6062**

Amount of Each Receipt this Period  
 208.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1416.68
<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 11 OF 20
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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) <b>A. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2011 <b>Transaction ID : SA11AI.6063</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	

Full Name (Last, First, Middle Initial) <b>B. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2011 <b>Transaction ID : SA11AI.6064</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.36	

Full Name (Last, First, Middle Initial) <b>C. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2011 <b>Transaction ID : SA11AI.6065</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.02
<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 20
	<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. 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 ▼ 1250.04

Date of Receipt: 03 / 31 / 2011  
**Transaction ID : SA11AI.6066**

Amount of Each Receipt this Period: 208.34

**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 ▼ 1458.38

Date of Receipt: 04 / 15 / 2011  
**Transaction ID : SA11AI.6067**

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 ▼ 1666.72

Date of Receipt: 04 / 30 / 2011  
**Transaction ID : SA11AI.6068**

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: (check only one)	PAGE 13 OF 20
<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) <b>A. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2011 <b>Transaction ID : SA11AI.6069</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.06	

Full Name (Last, First, Middle Initial) <b>B. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2011 <b>Transaction ID : SA11AI.6070</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.40	

Full Name (Last, First, Middle Initial) <b>C. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2011 <b>Transaction ID : SA11AI.6071</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.74	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.02
<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 14 OF 20
<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. 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	/	2011

**Transaction ID : SA11AI.6072**

Amount of Each Receipt this Period  

208.34
--------

**B. Adam Raczkowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 Timber Drive

City East Longmeadow	State MA	Zip Code 01028
-------------------------	-------------	-------------------

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**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2011

**Transaction ID : SA11AI.6000**

Amount of Each Receipt this Period  

800.00
--------

**C. Emily Skor**  
Full Name (Last, First, Middle Initial)

Mailing Address 2113 12th Street NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

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**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2011

**Transaction ID : SA11AI.6009**

Amount of Each Receipt this Period  

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1508.34</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 15 OF 20  
(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. David Spangler**  
Full Name (Last, First, Middle Initial)

Mailing Address 1449 N Street, NW  
Apartment 3

City Washington State DC Zip Code 20005

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

Name of Employer CHPA Occupation Senior VP., Policy & Int'l Affairs

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  
05 / 01 / 2011

**Transaction ID : SA11AI.6002**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<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: (check only one)	PAGE 16 OF 20
<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)**

**A. MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2011

**Transaction ID : SA11C.5997**

Amount of Each Receipt this Period  

2500.00
---------

Mailing Address 601 PENNSYLVANIA AVE., NW  
NORTH BUILDING, SUITE 1200  
 City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

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

2500.00
---------

**B. PFIZER INC. PAC**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2011

**Transaction ID : SA11C.5999**

Amount of Each Receipt this Period  

5000.00
---------

Mailing Address 235 EAST 42ND STREET  
 City NEW YORK State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

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

5000.00
---------

**C.**

Date of Receipt  

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

Amount of Each Receipt this Period

Amount of Each Receipt this Period  

--

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 ▼  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	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)**

Full Name (Last, First, Middle Initial)

**A. Blackburn for Congress**

Mailing Address P.O. Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement

Candidate Name

**MARSHA MRS. BLACKBURN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

**Transaction ID : SB23.6056**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. BOB CASEY FOR SENATE INC**

Mailing Address 700 13TH STREET NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement

Candidate Name

**ROBERT P JR CASEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

**Transaction ID : SB23.6103**

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers for Congress**

Mailing Address P.O. Box 137

City State Zip Code  
Spokane WA 99210

Purpose of Disbursement

Candidate Name

**CATHY MCMORRIS RODGERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	1

**Transaction ID : SB23.6050**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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)..... ▶

5	5	0	0	0	0	0	0	0	0
5	5	0	0	0	0	0	0	0	0

5	5	0	0	0	0	0	0	0	0
5	5	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. Consumer Healthcare Products Association**

Date of Disbursement

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

Mailing Address 900 19th Street, NW  
Suite 700

City Washington State DC Zip Code 20006

**Transaction ID : SB23.6130**

Purpose of Disbursement  
In-Kind Payment to Senator Robert Casey, Jr. (reimbursement)

Amount of Each Disbursement this Period

330.13
--------

Candidate Name

**BOB CASEY FOR SENATE INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Erik Paulsen for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2011

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55347

**Transaction ID : SB23.6045**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**ERIK PAULSEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2011

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

**Transaction ID : SB23.6043**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**JOSEPH R. PITTS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

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

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

2330.13
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**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. Nelson 2012**

Mailing Address P.O. Box 8666

City State Zip Code  
Omaha NE 68108

Purpose of Disbursement

Candidate Name

**E BENJAMIN NELSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2011

**Transaction ID : SB23.6100**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Roberts for Senate**

Mailing Address P.O. Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement

Candidate Name

**PAT ROBERTS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2011

**Transaction ID : SB23.6053**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. The Freedom Project/Friends of John Boehner (TFP-FOJB) Committee**

Mailing Address 7908 Cincinnati-Dayton Rd.  
Suite I-2

City State Zip Code  
West Chester OH 45069

Purpose of Disbursement

Candidate Name

**John Boehner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2011

**Transaction ID : SB23.6097**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

12330.13
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# 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 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 checked="" 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. Committee to Elect Earl Ray Tomblin

Mailing Address P.O. Box 11530

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Non-Federal Election - Governor

Candidate Name

**Earl Ray Tomblin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Special-Primary

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2011

**Transaction ID : SB29.6700**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### B.

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

Amount of Each Disbursement this Period

--

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

Amount of Each Disbursement this Period

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

500.00
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**TOTAL** This Period (last page this line number only)..... ▶

500.00
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